PRINTED: 10/24/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING _____ B. WING _____	10/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CARE AND REHABILITATION	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain sanitary conditions in the kitchen by failing to ensure the exhaust hood was maintained free of grease, failed to clean the double oven to prevent the harboring of insects and pests, to clean the face of a floor fan blowing towards the dish machine drying area, and dietary staff wash hands before going from soiled to clean dishware when operating the dish machine to prevent cross contamination of dishware. The findings include: The facility Clinical Operations Policy and Procedure Manual dated 7/08, reads as follows: Policy Statement: " It is the center policy that all foodservice equipment is clean, sanitary and in proper working order. Procedure- Action Steps 1. The NSD will ensure that all equipment is routinely cleaned and maintained in accordance to manufacturer directions and training materials. "	F 371	"This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Poplar Heights Care and Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, finding, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency." F371 a. On 10/24/2012, the Dietary Manager cleaned the lower back wall to exhaust hood. b. On 10/29/2012, the Dietary Manager cleaned the double oven to remove black charred debris and foil on bottom of oven c. The floor fan was removed from the dietary department on10/18/2012 by the Dietary Manager. Dishes were rewashed by dietary staff on 10/18/12 the Nutritional Service Director removed the floor fan outside of the dietary department. D.The dietary aide was re-educated by the Dietary Manager on hand washing technique when moving from a soiled area to a clean area on 10/18/12 a. The dietary department was inspected to ensure that the area around the exhaust hood was clean by the Dietary Manager on 10/24/12. b. The equipment in the dietary department was inspected for cleanliness by Dietary Manager on 10/24/12. c. Dietary staff has been observed on hand washing techniques by Dietary Manager on 10/19/12. Amended	11/02/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Lisa B Alagarin, NHA — Administrator — 11/6/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CARE AND REHABILITATION	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

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F 371	Continued From page 1 1. During the initial kitchen tour on 10/16/12 at 9:30 AM the exhaust hood lower back wall was observed covered with a film of golden grease. A second observation on 10/17/12 at 4:51 PM revealed the exhaust hood back wall was in the same condition. A third observation on 10/18/12 at 9: 15 AM revealed the exhaust hood back wall was in the same condition. During an interview with the Dietary Manager on 10/18/12 at 9:35 AM she indicated the hood system is due to be cleaned soon. 2. During the initial kitchen tour on 10/16/12 at 9:35 AM the double oven was observed to have a build up of black charred food debris and bits of tin foil on the bottom of the ovens. A second observation on 10/17/12 at 4:52 PM revealed the double oven was in the same condition. A third observation on 10/18/12 at 9:16 AM revealed the double oven was in the same condition. During an interview with the Dietary Manger on 10/18/12 at 9:35 AM she stated she had oven cleaner on order and indicated the oven should be cleaned weekly. 3. During the initial kitchen tour on 10/16/12 at 9:40 AM, a floor fan was standing near the dish machine pointed towards the dish machine drying shelf. The front and back of the fan face was observed covered in dust, with 3 to seven dust strings attached to the fan. During a second observation on 10/17/12 at 4:50	F 371	The Dietary Manager Re educated the dietary staff on cleaning dietary equipment and hand washing technique 10/19/2012 and 10/31/2012. The Dietary Manager and/or Administrator will conduct rounds 3 x weekly x one month, then weekly x 2 months to ensure sanitary conditions are met in the dietary department and document findings on the Sanitation/Food Safety Nutritional Services Tool. The Dietary Staff will complete the Daily Cleaning Schedule each shift and submit to the Dietary Manager for review to ensure the Dietary Department is clean and sanitary. Findings will be presented to the Quality Assurance Committee by the Dietary Manager for three months or as needed to ensure compliance.	

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F 371	Continued From page 2 AM revealed the fan was in the same condition. During a third observation on 10/18/12 at 9:20 AM, the same fan was facing the dish machine drying rack. The fan was not turned on when dietary staff began to run the dish machine. At 9:22 AM a dietary staff was observed to turn the fan on and allow it to blow towards the dish machine drying rack where clean dishware were drying. During an interview on 10/18/12 at 9:25 AM dietary staff indicated she had turned the fan on to help dry the trays. In an interview on 10/18/12 at 9:35 AM the Dietary Manager stated the fan should be taken outside, it should not blow on clean dishes. 4. During an observation of the dish machine on 10/18/12 at 9:19 AM a dietary staff was observed loading dirty trays on a rack. The staff was observed to move from the dirty dishware to pull clean dishware out of the dish machine without washing her hands between. In an interview on 10/18/12 at 9:25 AM the dietary staff stated she went from putting the dirty trays on the rack, to pulling the clean trays out and then pushed the dirty trays into the dish machine. In an interview on 10/18/12 at 9:35 AM the Dietary Manager indicated to her staff you should stay on the clean side of the dish machine.	F 371		
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency	F 425		

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POPLAR HEIGHTS CARE AND REHABILITATION	604 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

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F 425	Continued From page 3 drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to label medications with the date of opening, failed to discard expired medications and failed to store unopened insulin in the refrigerator for 4 of 4 medication carts and 1 of 2 medication refrigerators. The findings include: 1. The facility ' s consulting pharmacy ' s Recommended Minimum Medication Storage Parameters (based on manufacturer package inserts) dated September 20, 2012 for Advair Diskus read: " Date the Diskus when removed from the foil pouch and discard one month after removal from foil pouch or after all blisters have	F 425	Medication without an open date or with an expired date was removed from the medication carts and medication room and disposed of on 10/18/12 by the Unit Managers. Unopened vials of insulin on medication carts were discarded and replaced on 10/18/12Replacement medication were reordered from pharmacy on 10/18/12. Medication rooms, medication and treatment carts were inspected for medications without an open date, expiration date, or unopened vials requiring refrigeration on 10/19/12 by the Unit Managers. Licensed staff was re-educated on 10/29/2012 and 10/30/2012 on medication storage guidelines and the labeling of multi-dose medications when opened. The Unit Managers will monitor medication / treatment carts and storage rooms for medications that contain open dates, expiration dates, and are properly stored as required weekly x 3 months. The Director of Nursing will review findings and present to the Quality Assurance Committee for three months or as needed to ensure compliance.	11/02/12

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POPLAR HEIGHTS CARE AND REHABILITATION	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

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F 425	Continued From page 4 been used, whichever comes first. " An observation of the medication cart containing medications for the residents on the lower 200 Hall on 10/18/12 at 1:30 PM revealed one opened Advair Diskus that was not dated when opened. The pharmacy label showed that the medication had been dispensed by the pharmacy on 09/12/12. During the observation of the medication cart, Nurse #1 stated that the Advair Diskus belonged to a resident that received the medication twice a day and had received the medication that morning. The Nurse stated that she thought that the medication was good until the container was empty. The Director of Nursing stated in an interview on 10/18/12 at 3:25 PM that the nurses should check each medication for an expiration date prior to administering the medication. 2. The facility ' s consulting pharmacy ' s Recommended Minimum Medication Storage Parameters (based on manufacturer package inserts) dated September 20, 2012 read: " Based on American Diabetes Association guidelines, all unopened insulins are recommended to be stored in the refrigerator. An observation of the medication cart containing medications for the residents on the middle 200 Hall on 10/18/12 at 2:00 PM revealed one bottle of unopened Lantus Insulin. The pharmacy label showed that the insulin had been dispensed by the pharmacy on 10/12/12 and read: " Refrigerate until opened. " There was one unopened bottle of Novolin R Insulin observed on the medication cart. The pharmacy label showed	F 425		

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F 425	Continued From page 5	F 425		

that the insulin had been dispensed by the pharmacy on 05/14/12 and read; " Refrigerate until opened. " There was one unopened bottle of Humulin R Insulin. The pharmacy label showed that the insulin had been dispensed by the pharmacy on 08/23/12 and read: " Refrigerate until opened. "

Unit Manager #1 stated in an interview on 10/18/12 at 2:25 PM that unopened insulin was supposed to be stored in the refrigerator.

The Director of Nursing stated in an interview on 10/18/12 at 3:25 PM that insulin should be stored in the refrigerator until it was needed and then put on the cart.

3. The facility ' s consulting pharmacy ' s Recommended Minimum Medication Storage Parameters (based on manufacturer package inserts) for insulin dated September 20, 2012 read: " All vials should be dated when opened and discarded 28 days after opening except for Levemir, Novolin R, Novolin N, and Novolin 70/30 which can be used up to 42 days after opening. "

An observation of the medication cart containing medications for the residents on the middle 200 Hall on 10/18/12 at 2:00 PM revealed one opened bottle of Lantus Insulin that was not labeled with the date it was opened. The pharmacy label showed that the insulin had been dispensed by the pharmacy on 08/21/12. There was one opened bottle of Lantus Insulin that was dated as opened on 09/05/12.

Unit Manager #1 stated in an interview on 10/18/12 at 2:25 PM that insulin should be dated

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POPLAR HEIGHTS CARE AND REHABILITATION	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

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F 425	Continued From page 6 when opened and once opened was good for 28 days. The Director of Nursing (DON) stated in an interview on 10/18/12 at 3:25 PM that the nurses should date the insulin when they pop the top and that the nurse should check for an expiration date prior to administering the medication. The DON stated that medications no longer in use should be removed from the medication cart. 4. The facility ' s consulting pharmacy ' s Recommended Minimum Medication Storage Parameters (based on manufacturer package inserts) for insulin dated September 20, 2012 read: " All vials should be dated when opened and discarded 28 days after opening except for Levemir, Novolin R, Novolin N, and Novolin 70/30 which can be used up to 42 days after opening. " An observation of the medication cart containing medications for the residents on the upper 200 Hall on 10/18/12 at 3:00 PM revealed one opened vial of Novolog Insulin that was not labeled with the date it was opened. The pharmacy label showed that the vial of insulin was dispensed by the pharmacy on 06/28/12. During the observation, Nurse #2 stated that the resident whose name was on the bottle no longer received the insulin. The Director of Nursing (DON) stated in an interview on 10/18/12 at 3:25 PM that the nurses should date the insulin when they pop the top. The DON stated that the resident was no longer on the insulin and it should not have been on the cart.	F 425		

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F 425	Continued From page 7 5. The facility ' s consulting pharmacy ' s Recommended Minimum Medication Storage Parameters (based on manufacturer package inserts) for Tuberculin Skin Test dated September 20, 2012 read: " Date when opened and discard unused portion after 30 days. " On 10/18/12 at 3:10 PM, an observation was made of the medication refrigerator in the medication room on the upper 200 Hall with Nurse #2. There was one opened vial of Tuberculin Skin Test that was dated as opened on 08/30/12. During the observation, Nurse #2 stated that she did not know how long the medication was good for once opened. On 10/18/12 at 3:12 PM, Unit Manager #2 stated in an interview that she would have to look up the medication to see how long the medication was good after it was opened. 6. The facility ' s consulting pharmacy ' s Recommended Minimum Medication Storage Parameters (based on manufacturer package inserts) dated September 20, 2012 read: " Based on American Diabetes Association guidelines, all unopened insulins are recommended to be stored in the refrigerator. On 10/18/12 at 3:10 PM an observation was made of the medication cart that contained medications for residents on Intermediate Care Unit. There were 2 unopened bottles of Novolog Insulin on the cart. The pharmacy labels showed that one bottle was dispensed by the pharmacy on 10/10/12 and the other bottle was dispensed by the pharmacy on 10/13/12. Both pharmacy labels read: " Refrigerate until opened. "	F 425		

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F 425	Continued From page 8 The Director of Nursing stated in an interview on 10/18/12 at 3:25 PM that insulin should be refrigerated until it is needed and then put on the cart.	F 425		

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	345267	A. BUILDING 01 - MAIN BUILDING 01 DEC 11 2012 B. WING	11/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CARE AND REHABILITATION	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction utilizing North Carolina Special locking arrangements, and is equipped with an automatic sprinkler system.	K 000	"This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Poplar Heights Care and Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, finding, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
K 012 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/16/2012 the following item was observed as noncompliant, specific findings include: The facility had unsealed penetrations in the rated ceiling of the laundry around the dryer ventilation piping	K 012	1. On 11/30/2012, the Maintenance Director sealed penetrations in ceiling of the laundry around the dryer's piping. 2. On 12/03/2012, the Maintenance Director completed rounds throughout the facility for any unsealed penetrated ceiling and documented findings on the Preventive Maintenance Form. 3. On 12/03/2012, the Maintenance Director was re-educated on properly maintaining ceiling penetrations. 4. The Maintenance Director will conduct weekly rounds for one month, then monthly for 2 months to ensure compliance with unsealed penetrations in ceilings.	12/8/12
K 045 SS=D	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045	5. The Administrator will review the Preventive Maintenance documentation and report findings to the Performance Improvement Committee monthly for 3 months to ensure compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Lisa B. Calgaro, NHA — Administrator — 12/7/12

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	345267	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/16/2012

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POPLAR HEIGHTS CARE AND REHABILITATION	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

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K 045	Continued From page 1 This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 11/16/2012 following exit discharge illumination was observed as noncompliant as the specific findings include there were no exit discharge lighting on the emergency circuit at the required exits from the right hand side of the dietary department. CFR#: 42 CFR 483.70 (a)	K 045	1. On 11/30/2012, the Maintenance Director installed proper exit discharge lighting - connecting to the emergency circuit at the right exit door of the dietary department. 2. On 12/06/12, the Maintenance Director completed an audit of all exit doors of the building and documented his findings on the Preventive Maintenance Form. 3. On 12/03/2012, the Maintenance Director was re-educated on illumination of means of egress; including, exits for discharge. 4. The Maintenance Director will conduct weekly rounds for 1 month and monthly for 2 months to ensure exit lightening is functional and on the emergency circuit as required. 5. The Administrator will review findings and report to the Performance Improvement Committee monthly for 3 months to ensure compliance.	12/8/12
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 11/16/2012 the following Life Safety item was observed as noncompliant, specific findings include: There was no sprinkler coverage in the closet of the director of social services office.	K 056		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345267	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/16/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR HEIGHTS CARE AND REHABILITATION	804 SOUTH POPULAR STREET ELIZABETHTOWN, NC 28337

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 056	Continued From page 2 CFR#: 42 CFR 483.70 (a)	K 056	1. On 12/3/2012, the Maintenance Director removed the door to the Social Services Director's office and secured remaining shelves in the closet. 2. On 12/06/2012, the Maintenance Director inspected all closets in the facility to ensure sprinkler coverage and documented on the Preventive Maintenance Form. 3. On 12/03/2012, the Maintenance Director was re-educated on properly maintaining sprinkler system and sprinkler coverage. 4. The Maintenance Director will report findings monthly for 3 months to the Administrator and report to the Performance Improvement Committee monthly for 3 months to ensure compliance.	12/8/12