

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

PRINTED: 05/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2013
NAME OF PROVIDER OR SUPPLIER HUNTER WOODS NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 620 TOM HUNTER RD CHARLOTTE, NC 28256	
(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 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, review of the facility policy and review of medical records, the facility failed to honor a resident's choice to smoke for 1 of 4 sampled residents reviewed for choices. (Resident #48)</p> <p>The findings included: The facility's smoking policy, revised 01/01/09, read in part, "Residents will be evaluated for safety regarding smoking upon admission and quarterly. The facility will maintain a list of all smokers identifying them as safe or unsafe smokers. The facility will post smoking times throughout the facility. The posting will also be present in the room of each resident who is identified as a smoker."</p> <p>Resident # 48 was admitted to the facility on 11/11/05. Diagnoses included quadriplegia, central nervous system disorder, spinal cord injury, and joint contractures.</p> <p>An admission smoking safety screen dated</p>	F 242	<ol style="list-style-type: none"> For resident number 48, a smoking assessment was completed on 5/2/13. A supervised smoking regimen began on 5/2/13. For residents residing in the facility, interviews regarding smoking preference as well as smoking assessments were conducted on 5/2/13 and 5/3/13. Care plans were updated, as needed. Education was conducted for employees regarding resident choices and notification to Executive Director (ED)/Director of Clinical Services (DCS)/Nurse Manager in the instance that any resident expresses the interest to smoke. Smoking safety assessments will be completed at that time. Smoking assessments and resident interviews regarding smoking preferences will be completed on a quarterly basis to sustain substantial compliance. The DCS/Nurse Manager will maintain a list of smokers, identifying them as safe or unsafe. The facility will post smoking times throughout the facility and in the rooms of the residents that are identified as smokers. ED/DCS/Nurse Manager will Quality Improvement (QI) Monitor scheduled smoking assessments as well as for those residents that are newly admitted and readmitted weekly for 3 	5/23/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

Executive Director

5/23/13

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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F 242	<p>Continued From page 1</p> <p>11/28/05 and resident smoking assessment dated 12/1/105 assessed Resident #48 as a smoker requiring staff supervision and assistance to light, hold and extinguish cigarettes due to contractures.</p> <p>A quarterly minimum data set dated 2/28/13 assessed Resident #48 with intact cognition and bilateral impaired range of motion of the upper/lower extremities.</p> <p>Review of the facility's smoking schedule revealed the following smoking times: 09:00 AM, 12 noon, 02:00 PM, 5:00 PM, 7:00 PM, and 10:00 PM.</p> <p>An interview with Resident #48 on 04/30/13 at 10:36 AM revealed he had been a smoker for the past eight years and just last year the previous administration told him that he could no longer smoke because staff would no longer assist him by holding his cigarettes. Resident #48 stated he has asked "everybody" to assist him with being able to smoke again.</p> <p>On 05/01/13 at 09:35 AM Resident #48 was observed reclined in his Geri chair in front of the main dining room. He stated he was not invited to participate in the 09:00 AM smoke break.</p> <p>On 05/01/13 at 3:28 PM, Resident #48 was observed in his room in a Geri chair. He stated he was not invited to participate in the 12 noon or 2:00 PM smoke breaks. There were no signs posted regarding the smoking schedule in his room.</p> <p>On 05/02/13 at 09:08 AM nursing assistant #1</p>	F 242	<p>months, then bi-weekly for 3 months, and then monthly for 6 months.</p> <p>4. Results of QI monitoring completed by the ED/DCS/Nurse Manager will be reviewed and discussed at the Quality Assurance/Performance Improvement (QA/PI) Committee Meeting monthly for 12 months to sustain substantial compliance. Re-education will be provided as needed based on the findings.</p>	

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F 242	<p>Continued From page 2</p> <p>(NA #1) stated that Resident #48 no longer smoked, but still enjoyed going outside with the other residents during smoke breaks.</p> <p>On 05/02/13 at 09:10 AM Resident #48 was observed reclined in a Geri chair during a resident smoke break looking out of the window which faced the smoking area. Residents and staff were observed smoking. Resident #48 stated he would like to smoke, but staff would no longer assist him.</p> <p>On 05/02/13 09:12 AM an interview with restorative aide #1 revealed that Resident #48 used to smoke, then after Resident #48 dropped ashes staff began to assist him with smoking by lighting and holding his cigarettes. Restorative aide #1 further stated that recently staff was told by previous administration to stop holding his cigarettes for him and as a result Resident #48 stopped smoking.</p> <p>An interview with the administrator on 05/02/13 at 09:15 AM revealed Resident #48 asked the administrator on 05/01/13 about being able to go out and smoke during smoke breaks. The administrator reviewed prior smoking assessments in the Resident's medical record which indicated he was unsafe to smoke independently. The administrator stated he asked Resident #48 to demonstrate the ability to smoke using an ink pen, but Resident #48 was unable to hold the pen, bring it to his mouth or take the pen to an ash tray independently. The administrator stated Resident #48 informed the administrator that he still wanted to smoke, but the Resident was told based on his smoking safety assessments and the demonstration with the ink</p>	F 242			

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F 242	<p>Continued From page 3</p> <p>pen, he was not able to smoke safely or independently. The administrator stated that he had no problem with staff assisting Resident #48 to smoke by holding his cigarette for him and discarding his ashes, but this option was not offered during the conversation with the Resident on 05/01/13.</p> <p>A follow-up interview with Resident #48 occurred on 05/02/13 at 09:17 AM. Resident #48 stated that he recently received cigarettes from a friend and spoke to the administrator on 05/01/13 about being able to smoke again. Resident #48 stated he was told by the administrator that he could not smoke safely so the Resident stated he gave the administrator his cigarettes.</p> <p>An interview on 05/02/13 at 10:20 AM with nurse #1 revealed that Resident #48 used to smoke independently, but then he required staff assistance with holding his cigarette. The previous administration informed staff that if a resident could not hold their own cigarette they should be deemed unsafe to smoke and staff should not assist them with smoking by holding their cigarettes. Nurse #1 further stated that once staff received that directive, staff stopped helping Resident #48 to smoke.</p> <p>An interview with restorative aide #2 on 05/02/13 at 11:43 AM revealed staff was told a while ago that if residents could not hold their own cigarettes they were not a safe smoker and would not be allowed to smoke. After this the smoking items for Resident #48 were removed from the smoking box because staff had to help him by holding his cigarette. Restorative aide #2 further stated that Resident #48 still came outside at</p>	F 242		

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F 242	Continued From page 4 times while others were smoking and expressed "a lot" that he still wanted to smoke. A follow-up interview with the administrator occurred on 05/02/13 at 4:04 PM and revealed that Resident #48 no longer smoked due to instruction from prior administration, but it was the Resident's right to smoke. The administrator stated it was his expectation that residents would receive staff assistance to smoke safely if residents who were unsafe to smoke independently expressed the desire to smoke.	F 242		
F 363 SS=E	483.35(c) MENU MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observations, review of facility menus and staff interviews, the facility failed to serve grits and pureed bread (Residents #84, 105, 33, 160, 117, 91, 17, 95, 50, 25, and 8) in portions according to the menu and failed to follow the recipe when preparing pureed sausage (Residents #84, 105, 33, 160, 117, 91, 17, 95, 50, 25, and 8), glazed ham and mashed potatoes for 2 of 2 tray line meals observed (breakfast and lunch). The findings included:	F 363	1. For residents number 84, 105, 33, 117, 91, 17, 95, 50, 25, and 8, grits and pureed bread are served in portions according to the menu. Resident number 160 no longer resides in the facility. For residents number 84, 105, 33, 117, 91, 17, 95, 50, 25, and 8, pureed sausage is prepared according to the recipe. Resident number 160 no longer resides in the facility. The recipe is currently being followed for glazed ham and mashed potatoes on the tray lines. 2. Residents residing in the facility that receive grits, pureed bread, pureed sausage, glazed ham, and mashed potatoes have the potential to be affected. 3. In-servicing has been conducted by the Regional Director of Nutritional Services (RDNS)/Certified Dietary	5/23/13

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F 363	<p>Continued From page 5</p> <p>1. During the breakfast tray line observation on 05/1/13, the following concerns were identified regarding portions.</p> <p>a. The breakfast tray line was observed on 05/1/13 from 07:12 - 08:30 AM. The tray line included grits, oatmeal, scrambled eggs, fried eggs, boiled eggs, bacon, toast, ground sausage, sausage patties, pureed sausage and pureed eggs.</p> <p>During the tray line dietary staff #1 was observed serving grits to residents on regular, mechanical soft and pureed diets using a 3 ounce serving utensil. Dietary staff #1 stated during the observation that she prepared grits for approximately 75 residents. She further stated that residents should receive 4 ounces of grits and she thought that was what she was providing.</p> <p>Review of the menu and the menu extended recipe report revealed residents were to receive 1 serving of the cereal of choice equal to a portion size of ½ cup.</p> <p>An interview on 05/01/13 at 08:39 AM with the certified dietary manager (CDM) revealed that residents should receive a 4 ounce portion (1/2 cup) of hot cereal for breakfast. He stated he had not monitored the use of the recipes, but just put faith in his staff that they were following the recipes for the correct portions.</p> <p>b. The breakfast tray line was observed on 5/1/13 from 07:12 - 08:30 AM. The tray line included grits, oatmeal, scrambled eggs, fried eggs, boiled eggs, bacon, toast, ground sausage, sausage patties, pureed sausage and pureed eggs.</p>	F 363	<p>Manager (CDM) regarding adherence to following menus regarding portion sizes, as well as following recipes. CDM will conduct meal preparation observations to validate that dietary staff is adhering to the menu by utilizing appropriate portion sizes and following recipes five times per week for 4 weeks, three times per week for 4 weeks, and weekly for ten months. The RDNS/Company Designee will review the proper use of menus, recipes, and portions upon facility visits.</p> <p>4. QI monitoring/observations completed by the RDNS/CDM will be reviewed and discussed at the QA/PI Committee Meeting monthly for 12 months to sustain substantial compliance. Re-education will be provided as needed based on the findings.</p>	

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F 363	<p>Continued From page 6</p> <p>During the tray line dietary staff #1 was observed serving a pureed diet to Residents #84, 105, 33, 160, 117, 91, 17, 95, 50, 25, and 8. The residents did not receive a serving of pureed bread.</p> <p>Review of the menu and the menu extended recipes report revealed residents on a pureed diet were to receive a 1/3 cup portion of pureed bread for breakfast.</p> <p>An interview with dietary staff #1 on 05/01/13 at 08:38 AM revealed she prepared the breakfast meal that day and she was the usual breakfast cook. Dietary staff #1 confirmed that pureed bread was not available on the breakfast tray line that morning. She stated that when she prepared pureed sausage, she used 20 sausage patties and added 4 to 5 slices of bread during preparation. She confirmed that she did not serve the 1/3 cup of pureed bread according to the menu. Dietary staff #1 stated that this was her usual practice for the breakfast meal when preparing pureed sausage for residents who received a pureed diet.</p> <p>An interview with the CDM on 05/01/13 at 08:39 AM revealed that it was the usual practice of his staff to mix bread in with the sausage when preparing pureed sausage. Residents on a pureed diet did not typically receive a separate serving of pureed bread for breakfast. He stated he had not monitored the use of the recipes, but just put faith in his staff that they were following the recipes/portions.</p> <p>An interview with the consultant registered dietitian (RD) occurred on 05/01/13 at 09:12 AM.</p>	F 363		

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F 363	<p>Continued From page 7</p> <p>The RD stated that the facility received new menus and recipes that no longer allowed for the bread to be mixed into the pureed sausage during preparation, but that the pureed bread should be a served as a separate menu item.</p> <p>2. During follow-up kitchen observations, the following concerns related to failure to follow recipes were identified.</p> <p>a. The breakfast tray line was observed on 5/1/13 from 07:12 - 08:30 AM. The tray line included pureed sausage with a loose consistency.</p> <p>During the tray line dietary staff #1 was observed serving a pureed diet to Residents #84, 105, 33, 160, 117, 91, 17, 95, 50, 25, and 8.</p> <p>Review of the menu and the menu extended recipe report revealed the following instructions, in part, for preparing pureed sausage. "Bake sausage patties in ovenmeasure the desired number of servings into food processor. Blend until smooth. Add broth or gravy if product needs thinning. Add commercial thickener if product needs thickening."</p> <p>An interview with dietary staff #1 on 05/01/13 at 08:38 AM revealed she prepared the breakfast meal that day and she was the usual breakfast cook. Dietary staff #1 stated that when she prepared pureed sausage, she used 20 sausage patties and added 4 to 5 slices of bread during preparation and a "pinch" of beef broth. She confirmed that she did not follow the recipe when preparing the pureed sausage. Dietary staff #1 stated that this was her usual practice when she prepared pureed sausage.</p>	F 363		

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F 363	<p>Continued From page 8</p> <p>An interview with the CDM on 05/01/13 at 08:39 AM revealed that it was the usual practice of his staff to mix bread in with the sausage when preparing pureed sausage. He stated he had not monitored the use of the recipes, but just put faith in his staff that they were following the recipes.</p> <p>An interview with the RD occurred on 05/01/13 at 09:12 AM. The RD stated that the facility received new menus and recipes that no longer allowed for the bread to be mixed into the pureed sausage during preparation.</p> <p>b. A follow-up kitchen observation occurred on 05/01/13 at 11:22 AM. Staff was observed preparing the lunch meal tray line for service. The primary lunch menu included glazed baked ham.</p> <p>Review of the menu extended recipes report for glazed baked ham revealed the recipe for the glaze included the following ingredients: honey, unsweetened canned orange juice, and light brown sugar. The instructions included to bake the ham in the oven at 300 degrees Fahrenheit (F) for 1.5 to 2 hours, combine the ingredients for the glaze in a saucepan over low heat, pour over ham and continue cooking ham in 400 degree F oven for 30 minutes or until done.</p> <p>On 05/01/13 at 11:55 AM dietary staff #1 removed a pan of ham from the steamer surrounded by a loose/watery liquid. Interview with dietary staff #1 during the observation revealed the liquid was the glaze for the ham. The glaze for the ham was made by mixing orange juice, water and brown sugar, but she did not add honey to the glaze according to the</p>	F 363		

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F 363	<p>Continued From page 9</p> <p>recipe. Dietary staff #1 stated honey was not available. Dietary staff #1 stated she did not inform her supervisor because she had just been so busy preparing lunch.</p> <p>An interview with the CDM on 05/01/13 at 12:06 PM revealed he was not aware that dietary staff #1 did not have all ingredients needed to prepare the lunch meal. He stated that dietary staff usually informed him if an ingredient was not available. The CDM stated he expected his staff to review the recipes prior to meal preparation and advise him if ingredients were needed.</p> <p>c. A follow-up kitchen observation occurred on 05/01/13 at 11:22 AM. The alternate lunch menu included mashed potatoes.</p> <p>Review of the menu extended recipes for 25 servings of mashed potatoes revealed the following, instructions, in part. "Mix potato pearls and boiling water. Reduce heat and gradually add milk to potatoes, add the remaining ingredients, margarine, grated parmesan cheese, plain bread crumbs and dehydrated flaked parsley."</p> <p>During the lunch tray line on 05/01/13 at 12:10 PM, dietary staff #2 prepared mashed potatoes by pouring potato flakes into a one-third loaf pan, adding hot water from the beverage station and mixing the potatoes with a wire whisk. Dietary staff #2 placed the mashed potatoes on the tray line at 12:11 PM. Dietary staff #2 was interviewed at that time and stated he prepared the mashed potatoes by adding hot water to potato flakes. He stated he did not add butter or cheese because the flakes already contained these ingredients. He provided no explanation as to why he did not</p>	F 363		

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F 363	Continued From page 10 add milk, bread crumbs or dehydrated flaked parsley to the mashed potatoes as per the recipe.	F 363			
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on a test tray meal observation, resident interviews (Residents #31, 75, 126, 94, 11), review of medical records and facility record reviews, the facility failed to provide residents with hot foods and foods seasoned to resident preference. 1. Review of Resident #31's quarterly Minimum Data Set (MDS) dated 03/08/13 revealed the ability to understand and be understood by others with intact cognition. Interview with Resident #31 on 04/29/13 at 11:40 AM revealed he frequently requested staff to reheat meals served in the dining room. Resident #31 reported food arrived cold at the breakfast, lunch and supper meals.	F 364	1. For residents number 31, 75, 126, 94, and 11, foods will be provided that are hot and seasoned to preference, based on interviews and updates preferences completed by the CDM. 2. Residents residing in the facility that receive food from the dietary department have the potential to be affected. Their food will be provided hot and seasoned to preference. 3. The facility has ordered a pellet heating system for the dietary department; the order was placed on 5/15/13. In the interim, until the heating system is delivered, the facility will continue to honor resident requests of re-heating foods. The CDM has interviewed and updated food preferences for residents currently residing in the facility. The facility will provide additional seasonings for residents upon request. The CDM will perform test tray temperature QI monitoring and interview residents regarding	5/23/13	

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(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 364	<p>Continued From page 11</p> <p>2. Review of Resident # 75's quarterly MDS dated 02/07/13 revealed the ability to understand and be understood by others with intact cognition.</p> <p>Interview with Resident #75 on 04/29/13 at 12:10 PM revealed the food did not taste "good" and he discussed this with the kitchen staff. Resident #75 reported the meals did not have flavor or seasoning.</p> <p>3. Review of Resident #126's quarterly MDS dated 04/11/13 revealed the ability to understand and be understood by others with intact cognition.</p> <p>Interview with Resident #126 on 04/29/13 at 12:53 PM revealed the breakfast meal was frequently served cold. Resident #126 explained staff would reheat the eggs and grits upon request. Resident #126 reported she no longer ordered eggs because she "got tired" of the daily request for reheating.</p> <p>4. Review of Resident #94's annual MDS dated 01/24/13 revealed the ability to understand and be understood by others with intact cognition.</p> <p>Interview with Resident #94 on 04/30/13 at 09:37 AM revealed meals delivered to the room required reheating by staff. Resident #94 explained the entrees were frequently served cold.</p> <p>5. Review of Resident #48's quarterly MDS dated 02/28/13 revealed the ability to understand and be understood by others with intact cognition.</p> <p>Interview with Resident #48 on 04/30/13 at 10:42</p>	F 364	<p>seasoning preferences five times per week for 4 weeks, three times per week for 4 weeks, and weekly for ten months. The Executive Director/Designee will sample a test tray for temperature and palatability weekly for two months and monthly for 10 months. The RDNS/CDM will sample test trays for temperature and palatability upon facility visits.</p> <p>4. Results of QI monitoring completed by the RDNS/CDM will be reviewed and discussed at the QA/PI Committee Meeting monthly for 12 months to sustain substantial compliance. Re-education will be provided as needed based on the findings.</p>	

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F 364	<p>Continued From page 12</p> <p>AM revealed that the food comes out late daily for breakfast and lunch and is often cold when it comes out. Resident #48 further stated that he did not like the food. A follow-up interview with Resident #48 occurred on 05/02/13 at 4:30 PM and revealed he ordered out a lot because he has not liked the food. Resident #48 stated that he requests certain foods that he knew he could tolerate. Resident #48 further stated that the staff has changed in the kitchen and he has told them about his concerns. He stated each time the staff changed, the food got worse.</p> <p>6. Review of Resident #11's quarterly MDS dated 04/12/13 revealed the ability to understand and be understood by others with intact cognition.</p> <p>Interview with Resident #11 on 04/30/13 at 12:27 PM revealed she often did not enjoy the food. Resident #11 stated that when corn was served, it was too hard and pasta and rice were both often overcooked. She further stated that she frequently requested alternate meal items in order to find foods she could eat.</p> <p>7. A follow-up kitchen observation occurred on 05/01/13 at 11:28 AM for the lunch meal. The menu included baked glazed ham, collard greens, scalloped potatoes, cornbread, cake with frosting and beverage of choice. A lunch meal test tray was requested on 05/01/13 at 1:13 PM for delivery to the 300 hall. The test tray was plated covered with an insulated bottom and insulated dome lid, placed on an open metal cart and delivered to the 300 hall at 1:17 PM. The test tray was set-up by the certified dietary manager (CDM) with salt and pepper available on the tray and added to the foods. The foods were sampled</p>	F 364		

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F 364	<p>Continued From page 13</p> <p>by the CDM and consultant registered dietitian (RD) on 05/01/13 at 1:34 PM after all residents on the hall were served. The collards were warm, the ham and potatoes were cool with no visible steam.</p> <p>The RD stated on 05/01/13 at 1:40 PM that she did not eat collard greens and declined tasting. She further stated that the ham and potatoes were "luke warm" and that she would like her "foods hotter", but that she would be okay with the temperature of this meal. The RD also stated that she started employment with the facility about 3 weeks prior and was aware of resident complaints regarding cold foods. She stated the facility was in the process of changing the tray line system.</p> <p>The CDM stated on 05/01/13 at 1:41 PM that he did not eat ham and declined tasting. He agreed that the scalloped potatoes were "slightly warm, but not hot". He further stated that he was aware for the last few months that residents complained about receiving cold food. He stated that he instructed dietary staff to prepare residents a new meal tray when complaints were received that the food was cold. He stated that he brought this to the attention of the 2 prior administrators and requested the purchase of enclosed carts for meal delivery, but this request did not get addressed. He also stated that he brought the request to the attention of the current administrator in March 2013, the request was approved, but the carts had not been purchased yet. The CDM provided a copy of the approved capital equipment request for meal delivery carts. He also stated that he had not monitored the use of recipes during meal preparation, but expected</p>	F 364		

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F 364	Continued From page 14 dietary staff to follow the recipes during meal preparation. An interview with dietary staff #1 occurred on 05/02/13 at 3:25 PM and revealed that when she prepared the breakfast and lunch meals, she had a lot to do and did not use the recipe book as much. She stated that she knew she was expected to follow the recipes during meal preparation. She stated that for the last few months staff returned meals to the kitchen from several residents with complaints of cold food and "we (dietary staff) just fix them another plate."	F 364		
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 observation, staff interviews and review of facility policy, the facility failed to remove gloves and complete hand hygiene between contact with non-food surfaces and plating food for residents during the breakfast meal for 1 of 2 tray line meal observations. (Residents #40, 30, 62, and 57) The findings include:	F 371	1. For residents number 40, 30, 62, and 57, food will be stored, prepared, distributed, and served under sanitary conditions 2. Residents residing in the facility who receive food items from the dietary department have the potential to be affected. Their food will be stored, prepared, distributed, and served under sanitary conditions. 3. Dietary staff has been in-serviced regarding hand hygiene and appropriate use of gloves. In-services were conducted by the RDNS/CDM. The CDM will conduct hand hygiene and glove use observations five times per week for 4 weeks, three times per week for 4 weeks, and weekly for 10 months. The RDNS will conduct	5/23/13

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F 371	Continued From page 15 The facility policy "Infection Control - Hand Washing Technique" revised 09/09/11 recorded in part, "All personnel will wash hands to remove dirt, organic material, and transient microorganisms to prevent the spread of infection. Hands must be washed: After contact with contaminated items or surfacesAfter removal of gloves" During a follow-up kitchen observation of the breakfast meal on 05/01/13 from 07:17 - 08:24 AM, the following concerns were identified when hand hygiene was not completed between contact with non-food surfaces and food. a. On 05/01/13 at 07:30 AM dietary staff #1 was observed wearing gloves while plating bacon, toast, boiled eggs, and fried eggs with her gloved hands. Dietary staff #1 walked away from tray line to the stove, touching the handle, she opened the stove, removed a stainless steel pan from the oven and plated a fried egg for Resident #40 with her gloved right hand and returned to tray line with no hand hygiene. Dietary staff #1 continued plating bacon and toast for residents while wearing the same gloves. b. On 05/01/13 at 07:32 AM, dietary staff #1 walked away from the tray line removed her gloves and discarded them, entered the dietary office, opened several drawers with her bare hands, moved items around in the drawers looking for alcohol wipes. Once she secured alcohol wipes, she used a thermometer to check the temperature of hot foods on the tray line, then removed a pair of gloves from a box, held both	F 371	4. hand hygiene and glove use observations upon facility visits. Results of QI monitoring completed by the RDNS/CDM will be reviewed and discussed at the QA/PI Committee Meeting monthly for 12 months to sustain substantial compliance. Re-education will be provided as needed based on the findings.	

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F 371	<p>Continued From page 16</p> <p>gloves in her bare left hand and then donned gloves without completing hand hygiene. Dietary staff #1 then continued the tray line at 07:35 AM by plating bacon and toast for residents with her gloved hands.</p> <p>c. On 05/01/13 at 07:45 AM, dietary staff #1 removed her gloves, discarded them in trash, opened the lid of lowerator with her bare hands, removed a pair of gloves from a box, held the gloves in her bare left hand and removed a stack of insulated bottoms from lower shelf of steam table while touching the gloves to shelf. The lower shelf was observed with food debris. Dietary staff #1 then donned gloves without completing hand hygiene and then continued the tray line at 07:48 AM by plating bacon and toast for residents with her gloved hands.</p> <p>d. On 05/01/13 at 07:50 AM, dietary staff #1 removed and discarded her gloves, walked to the refrigerator, opened the door with her bare right hand, removed a package of American cheese wrapped in plastic wrap, removed gloves from a box, held the gloves in bare left hand, donned the gloves without completing hand hygiene, unwrapped the cheese, removed a slice of cheese with her gloved right hand and placed the cheese on the plate for Resident #30. Dietary staff #1 then continued the tray line at 07:51 AM by plating bacon and toast for residents with her gloved hands.</p> <p>e. On 05/01/13 at 07:52 AM, dietary staff #1 walked away from the tray line to the stove wearing gloves, opened the oven by touching the handle with her right hand, removed a stainless steel pan and plated 2 fried eggs with her right</p>	F 371		
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F 371	Continued From page 17 gloved hand, closed the oven by touching the handle with her gloved right hand, walked back to the tray line and then plated 2 sausage patties with her gloved right hand for Resident #62. f. On 05/01/13 at 07:53 AM, dietary staff #1 walked away from the tray line wearing gloves, placed 4 plates of food that were not served in the soiled dish area, making contact with the soiled dish counter surface with her gloves, returned to the tray line without removing her gloves and completing hand hygiene and plated sausage patties, boiled eggs, and toast for residents with the same gloved hands. g. On 05/01/13 at 08:00 AM, dietary staff #1 walked away from the tray line wearing gloved hands opened the oven by touching the handle with her gloved right hand, removed a stainless steel pan and a fried egg with her gloved right hand and plated the egg, closed the oven by touching the handle with her gloved right hand, walked back to the tray line and then plated a sausage patty with her gloved right hand for Resident #57. Dietary staff #1 continued the tray line by plating bacon and toast for residents without completing hand hygiene and wearing the same gloves. h. On 05/01/13 at 08:12 AM dietary staff #1 walked away from the tray line wearing gloved hands, opened the oven door with her gloved right hand, removed a stainless steel pan of fried eggs, plated a fried egg with her gloved right hand, closed the oven door by touching the handle with her gloved right hand, returned to the tray line and then plated a sausage patty for	F 371			

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F 371	<p>Continued From page 18</p> <p>Resident #30. Dietary staff #1 continued the tray line by plating bacon and toast for residents without completing hand hygiene and wearing the same gloves.</p> <p>An interview with dietary staff #1 on 05/01/13 at 08:38 AM revealed she should have washed her hands and changed gloves each time she touch non-food surfaces with her gloves. She provided no explanation why she plated bacon, toast, sausage and boiled eggs for residents with her gloved hands and not with serving utensils.</p> <p>Interview with the certified dietary manager on 05/01/13 at 08:56 AM revealed he expected staff to use utensils when plating food and change gloves/wash hands when non-food surfaces were touched.</p>	F 371		
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