

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1804 FOREST HILLS RD WILSON, NC 27893</b>	
(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	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain the quaternary sanitizing solution in the three-compartment sink system at 150 - 200 parts per million (PPM), failed to keep cold salads made with protein at or below 41 degrees Fahrenheit during the operation of the trayline, and failed to keep the active supply of plastic soup/cereal bowls free of dried food particles and abrasions. Findings included:</p> <p>1. At 9:15 AM on 11/06/13 five tray pans, three baking pans, one pitcher, tongs, spoons, and spoodles were draining on the sideboard of the three-compartment sink. Other kitchenware was submerged in the sanitizing solution. There was a pan under the sink system catching leakage from the sanitizing sink.</p> <p>At 9:26 AM on 11/06/13 a strip used to check the strength of the quaternary sanitizing solution only registered 50 - 100 PPM. At this time the cook stated she last made up new sanitizing solution in the three-compartment sink at 8:30 AM earlier that morning. She reported she utilized the</p>	F 371	<p>This Plan of Correction (POC) constitutes my written allegation of compliance for the deficiencies cited. However, submission of this POC is not an admission that a deficiency exists or that one was cited correctly. This POC is submitted to meet requirements established by Federal and State Law as the facility's creditable allegation of compliance.</p> <p>F-371 (483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY. DEFICIENCY CORRECTED.</p> <p>A. Corrective action taken for the affected resident.</p> <p>1. Sanitary solution: 3 compartment sink immediately taken out of service and emptied. Sanitized with beach. EcoLab automated dispensing unit and solution vendor immediately contacted. Vendor rep. presented within 1 hour and adjusted equipment to assure for solution</p>	11/12/13

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

TITLE

(X6) DATE

Electronically Signed

11/15/2013

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/07/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1804 FOREST HILLS RD WILSON, NC 27893</b>		
(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	<p>Continued From page 1</p> <p>automatic dispensing system to fill the sanitizing sink, and thought a strip registered 200 PPM after the sink was filled. She commented the service representative told the dietary staff that strips in the quaternary sanitizing solution should register 200 PPM. According to the cook, this service representative was just in the facility a week to a week and a half ago servicing the three-compartment sink dispensing system.</p> <p>The sanitizing sink in the three-compartment sink system was drained at 9:29 AM on 11/06/13, and from 9:30 AM until 9:43 AM attempts were made to refill the sanitizing sink with sanitizing solution of the proper strength. A strip held under just the quaternary solution itself registered 200 PPM, but when the auto-dispensing system was activated, which mixed the solution with water, the strength of the solution still only registered 50 - 100 PPM.</p> <p>At 4:08 PM on 11/06/13 the dietary manager (DM) stated the service representative had adjusted the concentration of the sanitizing solution when the auto-dispensing system at the three-compartment sink was activated. She reported the auto-dispensing system was now producing a solution which registered 200 PPM when checked with a strip.</p> <p>At 10:23 AM on 11/07/13 the DM stated strips were supposed to be used to check the strength of the sanitizing solution in the three compartment sink each time new solution was prepared. She reported the sanitizing sink was leaking on and off for the past month, and the service representative was just in a week ago to adjust the dispensing system so that the quaternary solution was not too strong.</p>	F 371	<p>dispensing process to meet 150 □ 200 PPM sanitizing solution requirement range standard. Sink filled and strip tested which met standard with reading between 150 and 200 PPM. Dietary staff re-in-services by vendor rep. and Dietary Food Service Manager (FSM) on use of dispensing equipment, strip testing protocol and procedure/process if sanitation strip testing outside of acceptable range. Reviewing Surveyor notified at 4:08 P.M. on 11/6/13 of above.</p> <p>2. Food Temperature Range Compliance: Cold food items exceeding 41 degree Fahrenheit ceiling immediately discarded. Following completion of tray line, dietary staff members immediately in-serviced by the Dietary Food Service Manager (FSM) on proper protocols and processes for cold and hot cold food preparation, storage and serving line temperature maintenance.</p> <p>3. Dried food particles on bowels: All kitchenware identified by the surveyor was immediately discarded. All remaining kitchenware was gathered and checked to assure that compliance with standards was achieved. Dietary Food Service Manager (FSM) on 11/7/2013 in-serviced staff via a teachable moment instructional session re: facility protocols on kitchenware cleaning and sanitation, inspection, storage and discarding protocols regarding the immediate removal from use of all unsafe kitchenware.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/07/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1804 FOREST HILLS RD WILSON, NC 27893</b>		
(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	<p>Continued From page 2</p> <p>At 10:34 AM on 11/07/13 a cook/aide in the dietary department stated the cook was responsible for making up the sanitizing solution in the three-compartment sink system. She reported she made up the solution using the auto-dispensing system. She commented she made up fresh sanitizing solution at 5:30 AM, after breakfast, and after lunch. She stated she was supposed to check the strength of the solution immediately after making it up using strips.</p> <p>2. At 12:12 PM on 11/05/13 dietary staff was observed preparing an alternate cold plate, retrieving ham salad and potato salad from tray pans stored in the reach-in refrigerator.</p> <p>At 12:14 PM on 11/05/13 a thermometer registered, after adjustment following calibration, 46.6 degrees Fahrenheit when the ham salad was checked and registered 48.7 degrees when the potato salad was checked. At this time the cook stated she made both salads that morning from ingredients which were all chilled. She reported the salads had been in the reach-in refrigerator for about an hour and a half.</p> <p>At 12:16 PM on 11/05/13 review of the trayline temperature log revealed no food temperatures were recorded for 11/05/13. The cook stated she did not write the temperatures down, but checked to make sure hot foods were above 135 degrees Fahrenheit and cold foods were at or below 40 degrees when she started the lunch trayline about 11:15 AM. She commented the ham and potato salad were 40 degrees Fahrenheit when the trayline started up.</p> <p>At 10:23 AM on 11/07/13 the dietary manager</p>	F 371	<p>B. Corrective action taken for those residents having the potential to be affected by the deficient practice.</p> <p>1. The facility has determined that all residents who consume food by mouth have the potential to be affected.</p> <p>2. Same corrective actions as documented in previous item responses A. 1, 2, and 3 were implemented for all potentially affected residents; each on same day as identified.</p> <p>C. Measures Implemented and/or Systemic Changes made to ensure that deficient practices will not reoccur.</p> <p>1. All dietary staff members were in-serviced and retrained, with observation, by the Dietary Food Service Manager (FSM) and contracted Registered Dietitian on:</p> <p>a) Protocols and processes for assuring that kitchenware sanitation standards compliance and monitoring are clearly understood and could be demonstrated back.</p> <p>b) Proper protocols and processes for hot and cold food preparation/storage, temperature control standards and maintenance/monitoring requirements are understood and practiced at all times.</p> <p>c) Kitchenware cleaning and sanitation, inspection, storage and discarding protocols regarding the immediate removal from use of all unsafe kitchenware.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/07/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1804 FOREST HILLS RD WILSON, NC 27893</b>		
(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	<p>Continued From page 3</p> <p>(DM) stated the cook followed her direction in the preparation of the ham and potato salads. She reported she did not want them made the day before because they would be watery, and the quality would suffer. She commented if chilled items were an alternate on the menu then the staff retrieved the product directly from the reach-in refrigerator.</p> <p>At 10:34 AM on 11/07/13 a cook/aide stated cold salads were supposed to be prepared by the night shift cook and stored overnight in the reach-in cooler. She explained the next morning, the day of serving, the morning cook was supposed to dish up the salads in individual containers. According to the cook, these individual containers of salad were to be immediately placed back in the cooler and left there until right before the trayline started up.</p> <p>3. During inspection of kitchenware, beginning at 10:05 AM on 11/06/13, 3 of 32 plastic soup/cereal bowls had dried food particles inside of them and 8 of 32 were abraded inside (34% were compromised). At this time the dietary manager (DM) stated she had some new bowls on order. She explained she thought the abraded interiors were caused by staff heating soup in these bowls using the microwave.</p> <p>At 10:23 AM on 11/07/13 the DM stated the dietary staff was supposed to throw away kitchenware which was chipped, cracked, or abraded. She reported she thought the staff had not done so because as of yet there were no replacements. The DM explained she had some new soup/cereal bowls on order. She commented all kitchenware in storage was to be clean and dry.</p>	F 371	<p>2. A QAPI Validation Checklist (monitoring tool) was developed and completed for each dietary employee to determine if the employee was, in accordance with standards, protocols and procedures, complying with:</p> <p>a) Protocols and processes for assuring that kitchenware sanitation standards compliance and monitoring are met and maintained going forward.</p> <p>b) Proper protocols and processes for hot and cold food preparation/storage, temperature control standards and maintenance/monitoring requirements are met and maintained going forward.</p> <p>c) Kitchenware cleaning and sanitation, inspection, storage and discarding protocols regarding the immediate removal from use of all unsafe kitchenware are met and maintained going forward.</p> <p>Results of findings from the review if this tool is reviewed both with each employee individually and the dietary team as a whole, for the purpose of making any necessary adjustments in process and educational training needs to assure for sustained standards compliance.</p> <p>D. How the facility plans to monitor its performance to assure ongoing compliance is sustained.</p> <p>1. The Dietary Food Service Manager (FSM) or designee will daily for 30-days</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/07/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>AVANTE AT WILSON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1804 FOREST HILLS RD WILSON, NC 27893</b>		
(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	Continued From page 4  At 10:34 AM on 11/07/13 a cook/dietary aide stated the plastic bowls were used for hot cereals and soups. She reported when these bowls became scratched inside they were supposed to be thrown away. The cook commented abraded or scratched surfaces posed a risk because they gave bacteria a place to gather and grow. She stated the staff was not supposed to put any kitchenware into storage unless it was clean.	F 371	and then randomly for at least 3X/week, personally complete random QAPI Validation Checklist follow-up audits (utilizing tool listed in C-2 above) on  a) compliance with kitchenware sanitation protocols and standards (personal observations of staff and strip test log monitoring). b) compliance with hot and cold food preparation processes, temperature control compliance standards, maintenance/monitoring of temperature logs and re-validation surveys of documented temperatures, c) compliance, with kitchenware cleaning and sanitation, inspection, storage and discarding protocols regarding the immediate removal from use of all unsafe kitchenware.  2. For the next three month period, than randomly per committee discretion, the results of the QAPI Validation Checklist Audits will be presented at the monthly Quality Assurance Performance Improvement Committee meeting for compliance monitoring and any audit modification directives.  E. Date Corrective Action Completed:  Corrective action was achieved on 11/12/2013.		