

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

NOV 13 2013

PRINTED: 11/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2013
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472		
(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 observations and staff interviews the facility failed to date two of two open packages of luncheon meat stored in the walk in and dietary staff failed to wash their hands with soap and water between handling soiled to clean dishes to prevent cross contamination of clean dishware. The findings include: During the initial kitchen tour with the Certified Dietary Manager (CDM) on 10/28/13 at 3:10 PM the walk in cooler was observed. Two packages of luncheon meat were observed to be open with no label or date. During an interview the CDM on 10/30/13 at 3:15 PM she stated that staff should date and label foods before placing into the cooler. During the dish machine observation on 10/30/13 at 1:32 PM dietary staff were observed loading dirty dishware onto racks. The staff were observed to move from the dirty dishware to pull and stack a rack of clean plates and a rack of food trays without washing her hands between.</p>	F 371	<p>K-000</p> <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p>		

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

TITLE

(X6) DATE

Melicia Jordan Greene, MHA Administrator 11-7-13

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 371	Continued From page 1 The staff member continued to load dirty dishware onto racks and push into the dish machine. At 1:36 PM the staff member was observed to pull and stack a rack of clean dishware without washing her hands between moving from dirty to clean dishware. During an interview with the dietary staff on 10/30/13 at 1:43 PM she stated that you are suppose to wash your hands when going from the clean side to the dirty side and sometimes you forgot. During an interview with the CDM on 10/30/13 at 1:47 PM she stated that she expect that staff will push the three racks of clean dishware down to the end of the table to dry, wash their hands then go stack the clean dishware.	F 371	F371 11/7/13 Corrective Action for Residents Affected Dietary staff were inserviced on proper food storage practices and proper handwashing (exhibit #1 and #2). Foods that were found to be un-labeled, un-dated and/or open were discarded. Corrective Action for Residents Potentially Affected All residents have potential to be affected by this alleged deficient practice. Systemic Changes Dietary staff were inserviced on proper food storage practices and proper handwashing (exhibit #1 and #2). Quality Assurance Handwashing observations and proper labeling of opened foods will be checked Monday thru Friday using the Dietary QA Audit Tool (exhibit #3) for four weeks and then monthly times three months or until resolved by the QOL/QA committee. Reports will be given to the weekly Quality of Life/QA committee and interventions initiated as appropriate.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345207	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING (REPLACEMENT) B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2013
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472	
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	K-000 The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: 42 CFR 483.70(a)	K 074	K074 12/13/13 The curtain in room 208 was sprayed with a fire block retardant. All resident rooms could be affected by this deficient practice. The Maintenance Supervisor inspected all resident rooms to ensure they were up to fire code. All personal items in question were sprayed with fire block retardant. (Exhibit 1)	12/13/13

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

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(X6) DATE

Alicia Jordan Greene, MA Administrator

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K 074	Continued From page 1 By observation on 11/20/13 at approximately noon the following draperies/curtains were non-compliant, specific findings include: curtain in room 208 could not be confirmed to meet NFPA 701.	K 074	An inservice was conducted on 11/22/13 educating all staff on the importance of draperies, curtains and other loose hanging fabrics being up to Life Safety Codes and notifying maintenance when personal items of this type are brought in by families. Supervisors will be making rounds Monday thru Friday and will ensure that all personal curtains, draperies and other hanging fabrics are in accordance with Life Safety codes. (Exhibit #2)	