DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTEO: 05/28/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 SYAYEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DAYE SURVEY IDENTIFICATION NUMBER: A. DUILDING, COMPLETED 345531 B. While 05/22/2014 HAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CHY, STATE, ZIP CODE 1601 BRENNER AVE, BLUNG #10, PO BOX 898 NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU SALISBURY, NO 28148 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PRFFIX IFACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉEIX COMPLETION DATE FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG RECUI AYORY OR USC IDENTIFYING INFORMATIONS TAG DEFICIENCY) 483.15(a) DIGNITY AND RESPECT OF F 241 The Plan of Correction constitutes F 241 S\$=D INDIVIDUALITY my written allegation of compliance for the deficiencies cited. However, The facility must promote care for residents in a submission of this Plan of Correcmanner and in an environment that maintains or tion is not an admission that a defienhances each resident's dignity and respect in ciency exists or that one was cited full recognition of his or her individuality. correctly. This Plan of Correction is submitted to meet requirements by state and federal law. This REQUIREMENT is not met as evidenced F-241- The North Carolina State by; Based on observation, medical record review Veterans Home-Salisbury will proand staff interviews, the facility falled to promote mote the dignity and respect of vetdignity during dining when staff was observed erans that require assistance with standing while feeding, not making eye contact or meals by ensuring that all staff are conversing with resident during the meal for one seated when providing meal assisof two residents who required assistance with tance; staff will make eye contact feeding in the diving room (Resident #63). The while providing meal assistance; findings included: staff will engage the resident with conversation while providing meal Resident #63 was admitted to the facility 3/27/12. assistance; and chairs will be availa-Cumulative diagnoses included: Alzheimer's disease and Diabeles Mollitus. A Quarterly ble for staff in all dining rooms. Minimum Data Set (MDS) dated 4/16/14 Indicated On two dining observations of Res-Resident #63 had short term and long term ident #63, NA #1 and NA #2 failed memory impairment and was moderately to be in seated position, maintain impaired in decision making. He required eye contact, and engage veteran in extensive assistance to total assistance with all conversation. areas of care including feeding. 06-19-14 All Nursing staff (including) NA #1 and NA #2) will be in On 6/19/14 at 12:17 PM, the lunch meet was observed. Resident #63 was sitting in his -serviced regarding dignity wheelchair in the dining room at a table with one and respect during feeding other resident, Nursing assistant (NA) #1 brought assistance by the Clinical Resident #63 his lunch tray, set up his meal and fed Resident #63 his entire meal while standing Care Coordinator. The innext to him. NA #1 did not make direct eye service will include that contact, talk to or engage Resident #63 in staff are required to be conversation during the moal. Eye contact level was noted to be at chest level. There were empty seated Laboratory directors or provider/supplier representatives signature (X6) DATE Administration

Any deficioncy statement ending with an exterior () denotes a deficioncy which the institution may be exceed from correction providing it is determined that offering the date of survey whether or not a plan of correction is provided. For mustry homes, the above findings stated above are disclosable 90 days days following the date of survey whether or not a plan of correction is provided. For mustry homes, the above findings and plans of correction are disclosable 14 program participation.

NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU   ASSUMMARY STATE VETERANS NURSING HOME SALISBUS   STRICET AGORESS, GITY, STATE, ZIP CODE SALISBUS   SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$16, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBINER ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 509 SALISBUSY, NC 2146   SERBING ANG, BLOOK \$14, PO BOX 500 SERBING ANG 500 SERBING ANG 500 SERBING ANG 500 SER	STATEMENT OF DEFICIENCIES (X1) PE AND PLAN OF CORRECTION (UI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU  (A) D SUBLANY STAYSURER TO EXPERIENCES PRETX 1A9  SUBLANY STAYSURER TO EXPERIENCES PRETX 1A9  SUBLANY STAYSURER TO EXPERIENCES PROVIDERS PLAN OF CONNECTION SHOULD BE CHOSEN FROM STAYS ALISBURY, NO. 29145  F 241  Continued From page 1 chairs available in the dining room for NA #1 to be seated when feeding Resident #63.  On 5/21/14 et 12:30 PM, a second dining observation was conducted during the lunch meal. Resident #63 as a stilling in his whealchair in the dining room at a table with two other residents. NA #2 brought Resident #63 his tray and began feeding him his meal standing next to him. NA #2 was tall and eye contact fovel for Resident #63 and lot him two remainder of his meal while standing next to him. NA #2 stopped feeding Resident #63 and lot him resident #63 in conversation during the meal. There were two nursing easistents (NA/W2 and another runsing assistent) in the dining room during the bunch meal and one of the nursing easistents was seated assisting another resident when head and one of the nursing easistent was seated assisting another resident with his meal. No chairs were available for NA #2 in the dining room during the bunch meal and enormally set when feeding a resident. She stated she did not all down because there were no chairs available in the dining room tall there were not enough chairs in the dining room to allow staff to sit when feeding assistent to the dining room to allow staff to sit when feeding assistent to the dining room to allow staff to sit when feeding assistent to the control of the meal was not aware that the work of the meal was not aware that there were not enough chairs in the dining room to allow staff to sit when feeding assistent to be provided to new staff to sit when feeding assistent to be assisted when assisted the weteran in conversation and make eye contact during the veteran in conversation and make eye contact during the veteran in conversation and make eye contact during t		345534		ļ				*
NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU  ON ID SUBMARY STATE WETERANS NURSING HOME SALISBUS OF BRISHER ME, SLDING 9'(6, PO BOX 599)  SUBMARY STATE WETERANS NURSING PROPERTY IN CONTROL 1997  FOR SUBMARY STATE WETERANS NOR 1997  FOR SUBMA	3WME OF I	PROVIDER OR SUPPLIER	040001	0. 11/10			05	/22/2014
F 241 Continued From page 1 chard segulation from Marion F 241 Continued From page 1 chars available in the dining room for NA #1 to be seated when leeding Resident #83.  On 5/21/14 et 12:30 PM, a second diling observation was conducted during the lunch meal. Resident #83 was eitling in his wheelchair in the dining room at a table with two other residents. NA #2 brought Resident #83 his tray and began feeding him his meal standing nox to him. NA #2 was tall and eye contact lovel for Resident #83 and feed him was noted to be at waist lovel. During the meal, NA #2 slopped feeding Resident #83 assisted other residents with washing their hands at the end of their meals, then returned to Resident #83 and feed him the remainder of his meal while standing noxt to him. NA #2 did not talk to or engage Resident #83 in conversation during the meal. There were two nursing assistants (NA#2 and another runsing assistant) in the dining room during the lunch meal and one of the nursing assistant was seated assisting another resident with his meal. No chairs were available for NA #2 in the dining room.  On 5/21/14 at 12:65 PM, NA #2 stated she should have been seated when she fed Resident #03 his meal and she normally set when feeding a resident. She stated she did not sit down because there were no chairs available in the dining room at the films proon to allow staff to eit when feeding residents. She stated she was not aware that there were not enough chairs in the dining room to allow staff to eit when feeding residents. She stated she aspected nursing staff to be seated when assisting residents with eating.	NORTH	CAROLINA STATE VE		BŲ	1	1601 BRENHER AVE, BLDNG #10, PO BOX	599	
chairs available in the dining room for NA #1 to be seated when feeding Resident #63.  On 5/21/14 at 12:30 PM, a second dining observation was conducted during the lunch meal. Resident #63 was stilling in his wheelchair in the dining room at a faille with two other residents. NA #2 brought Resident #63 his tray and began foeding him his meal standing nox to him. NA #2 was tall and eye contact fovel for Resident #63 was noted to be at waist level. During the meal, NA #2 otopped foeding Resident #63, assisted other residents with washing their hands at the end of their meals, then returned to Resident #63 and foed him the remainder of his meal while standing noxt to him. NA #2 did not talk to or engage Resident #63 in conversation and make eye contact during room. The in-service education began on 6/6/14 and will be completed on 6/19/14.  2. Education will be provided to new staff upon orientation. The education of new staff will remain on-going and will be provided by the Clinical Care Coordinator.  3. Monitoring of compliance of dignity and respect during feeding assistants was seated assigling another resident with his meal. No chairs were available for NA #2 in the dining room.  On 5/21/14 at 12:65 PM, NA #2 stated she should have been seated when seeding a resident. She stated she did not still down because there were no ehoirs available in the dining room at the time she assisted him with his meal.  On 6/22/14 at 8:11 AM, Administrative staff #1 stated she was not aware that there were not enough chairs in the dining room to allow staff to sit when feeding residents. She stated she appected nursing staff to be sealed when assisting residents with earlier.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BRE	
ו ו עסטוו כ סמוד ו ו		chairs available in the seated when feeding. On 5/21/14 at 12:39 observation was con meal. Resident #63 in the dining room a residents. NA #2 bread began feeding? him. NA #2 was tall Resident #63 was no During the meal, NA #63, assisted other chands at the end of Resident #63 and feeding the meal. The assistants (NA#2 and in the dining room do fine nursing assistante for NA #2 in the dining room do fine nursing assistante for NA #2 in the dining room do fine nursing assistante for NA #2 in the dining room at the timeal. On 5/21/14 at 12:65 have been seated wheel and she normal resident. She stated because there were dining room at the timeal.  On 6/22/14 at 8:11 A stated she was not a enough chairs in the sit when feeding resident when feeding resident when feeding resident when feeding resident stated she was not a enough chairs in the sit when feeding resident stated she was not a enough chairs in the sit when feeding resident stated she was not a enough chairs in the sit when feeding residents.	re dining room for NA #1 to be g Resident #63.  PM, a second dining aducted during the funch is was sitting in his wheelchair to talk the with two other ought Resident #63 his tray him his meal standing next to and eye contact level for oted to be at waist level.  Affection of the standing resident residents with washing their their meals, then returned to do him the remainder of his next to him. NA #2 did not esident #63 in conversation ere were two nursing do another nursing assistant) uring the lunch meal and one ands was seated assisting in his meal. No chairs were in the dining room.  PM, NA #2 stated she should hen she fed Resident #63 his ally set when feeding a fishe did not sit down no chairs available in the me she assisted him with his laware that there were not dining room to allow staff to idents. She stated she siff to be seated when	F	241	meals; staff will engage veteran in conversation and make eye contact ing assistance with me and staff will ensure the chairs are available in the dining room. The in-sere education began on 6/19/14.  2. Education will be provided new staff upon orienta. The education of new swill remain on-going an will be provided by the Clinical Care Coordinate.  3. Monitoring of compliate of dignity and respect during feeding assistance will be perform by the Performance provement Nurse an RN Supervisor as follows:  Compliance will be mitored during meal tithree times a week for the contact of the	n dur- als; at the rvice 6/14 on ed to aton. staff and ed to aton.	ongoing

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

		& MEDICAID SERVICES	·		<u> </u>	<u>MB NO,</u>	<u> 0938-0391</u>
AND PLAN (	EMENT OF DEFICIENCIES (X1) PROMORYSUPPLIER/CHA PLAN OF CORRECTION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
}		345631	a waw				<b>.</b>
NAME OF	PROVIDER OR AUPPLIER	440001	14. 33815		TREET ADDRESS, CITY, STATE, 21P CODE	05/2	22/2014
		TORANG MURONIA HANG BALL	sau i		601 BRENNER AVE, BLDNG #10, PO BOX	559	
NOKIH	JAROLINA STATE VE	TERANS NURSING HOME SALIS	BU	5	SALISBURY, NC 28145		
(X4) IO PREFIX TAG	(EACH DEFICIENCY	Témént of deficiencies 'Must be preceded by full sc identifying information;	PREF YAG		Providens Plan of Correction (Each Corrective Action Should Cross-References to the Appropr Deficiency)	NATE DE	CONFLETION CAVIE
F 371	Continued From pa	ge 2	F 24	1	for four weeks; then on	e	
F 371	483,35(i) FOOD PF	ROCURE,			time a month for four	1	
\$8∺E	STORE/PREPARE	SERVE - SANITARY			months. The results of	the	
	The facility must -				monitoring of meals wi	n j	
	(1) Produre food fro	in sources approved or			be recorded in the Qua	lity	
	authorities; and	lory by Federal, State or local			Assurance Meeting for		
	(2) Store, prepare,	distribute and serve food			four month. Meals mor	ni-	
	under sanitary cont	litions			tored will be rotated		
					(breakfast, lunch, dinne	er,	
					and weekend meals) to	,	
					ensure all meal times a	re	
		VI' is not met as evidenced			observed. The meals w	ill	
	by: Based on observal	ion, staff interview and			be monitored by obser	va-	
	document review If	e facility falled to let flatware			tion by the Performand	e l	
	air day. The finding	la juojnqed;			Improvement Nurse or	the	
	Review of the facilit	y document titled " Flatware			RN Supervisor with a		
	Washing and Sanit revealed:	ation ", revised 07/03,			check off list of the app	ro-	
	79Y¢ale0;				priate procedure to en-	-	
		y Kuese sieps when washing	-		sure dignity and respec	:t	
	flatwere, "				during feeding assistan	t	•
		flatware pre soak product			(seated in chair, make	eye	
	following the manual 2. Place on rack.	factures directions.	ļ		contact, engage in con-	ver-	
	3, Rinse,		}		sation, and ensure cha	ir is	
	4. Send through di	sh machine s or cylindere with the service			available before meals	).	
	end up (handles do	4vn). `					ongoing
!	6. Send cylinders,	hins or baskets through the	ĺ		4. Any identified issues wit	1	ongoing
	i dian machine along baskets,	with empty cylinders, bins or			non-compliance with d	1	
	7. Cylinders: Flip s	so handles are up into empty			nity and respect during	\$	
	sanitized cylinder.	Allow to air dry. "			meal times will be		

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MED

STATE OF THE WEDICARE & MEDICAID SERVICES							, 0938-0391
AND PLAN	STATEMENT OF DEFICIONCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		345531	I IL WING			1	С
NAME OF	PROVIDER OR SUPPLIER		Levinio		DRESS, CHY, STATE, ZIP CODE	05	22/2014
NORTH	CAROLINA STATE VE	TERANS NURSING HOME SALIS	en.	1601 BREN	iner ave, blong #10, po box	<b>6</b> 99	
	· ; · — · · — · · · · · · · · · · · · ·			8ALISBUI	RY, NC 28145		
(X4) 10 PREFIX TAG	I (CAG) DEFICIENCY	TEMENT OF DUFFCIENCINS  MINST RE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI TAG	(1)	PROVIDER'S PLAN OF CORRECTION ACH CONKECTIVE ACTION SHOULD SCREFERENCED TO THE APPROP DEFICIENCY)	) RG	CORPLETION DATE
F 371	Continued From pa	ge 3	F 241		addressed immediate	ly	
					with staff education ar	nd	J ,
	On 5/22/14 at 9:30	AM Dietary Alde #1 (DA #1)		}	counseling if necessary	y by	
,	from a fiel rack that	ving a handful of flatvare had just come out of the			Performance Improve-		
	dishwasher, She th	ien bicked up a lowel and			ment Nurse or RN Sup	ervi-	
	dried the water spot	is off the flatware that was on			sor.		
	spots on the flatyar	andful of flatware. The water e in the center of the handful		5	Extra chairs were placed	lin	05-22-14
	i she was holding we	re not dried. Sho then blacod		) .	the dining rooms on May		
	ine fisiware in its fis	I atorage bin for use. DA#1 his time and stated she was			22, 2014.	iu,	
	aware she was not	supposed to use a towel for			22, 2014.		
	i drying ilahware or ot	her food service llams. She		Th	e Performance Improve	-	
	stated that she did y	not always do this but			ment Nurse will monit	or	
	she did it to save fin	nad done il before and stated			for compliance of Perf	or-	
					mance Improvement of	of	
	On 5/22/14 at 9:36 /	AM the Dietary Manager (DM)			Meal Assistance and fi	nd-	
	have used a towel to	o dry the flativare. He said			ings will be presented		
	that he was not awa	re she did this at times. The		İ	monthly in the Quality	'	
	DM also said that Di	A#1 had skipped steps of the		1	Assurance Meeting for	,	- 1
	and 7 from the Guid	ng process as well (steps 5, 6 elines above) and added that			follow up for four mon	iths.	
	the flawary needed	to all dry. He then had the		This Die			- 1
E 079	flatware rewashed,	4.00m	F 371		n of Correction constitutes allegation of compliance fo		1
PSeD	483.35(h) FEEDING TRAINING/SUPERV	ASSI -		deficien	cies cited. However, subm	is-	-
000					his Plan of Correction is no on that a deficiency exits or		
	A facility may use a p	pald feeding assistant, as		•	cited correctly. This Plan		- 1
	assistant has succes	of this chapter, if the feeding		Correcti	on is submitted to meet req	uire-	1
	State-approved train	ing course that meets lite		ments es	stablished by state and fede	ral {	
	roquirements of §48:	3.160 bofore feeding		,	orth Carolina State Vetera	ns	
)	residents; and the us consistent with State	e of feeding assistants is			alisbury will ensure the fac		
	ANTOIOGHT WILL OTHIS	taw,			e, prepare, distribute, and s der sanitary conditions.	erve	1
Ì	A feeding assistant n	nust work under the		Dietary	Manager rewashed all flaty	vare,	
	-			includin	g flatware that was in the	į	1

BLYLEWENT OF COURCOTION		(XI) PROVIDERUBIEPPI JERIČLIA, IDBNITIPI CATION NOBIGER:	A DINORS			e gaunga Proted	
	345031		B, WING			C	
HANG OF C	YROVIDER OR SUPPLIER			STRUGI ADDRESS, CITY, CIATE, ZIP COLL	7 684	<u> 22/2014</u>	
		TERANS NURSING HOME SALIS	BU	1001 DRENNER AVE, BLDNG #10, PQ I SALISBURY, NO 28145	OX 690		
(X4) ID PREFIX TAO	SUMMARY STATEMENT OF DEVICENCES  (CAGI DEFIGIENCY MUST BE PRACEIND BY FULL  ARGULATORY OR USC IDENTIFYING IN ORNATION)		(O ≢icrir: IAG		HION HULD BE ROPKWYE	COMPLETIONS COMPLETIONS DATE	
F 373	In an emergency, a supervisory nurse for system.  A facility must ensurated and residents feeding problems.  Complicated feeding not limited to, difficulting and limited to, difficulting nurse's associatest ass	istered nurse (RN) or licensed a), fooding appletant must call a for help on the resident call are that a feeding assistant who have no complicated by problems include, but are ally swallowing, recurrent lung a or parenterally feedings, so resident selection on the estimate of care.  Expecific feedures of the ent for this tag is that paid must complete a training flowing minimum content as for include, at a minimum, 8 the following:	F 371	storage bin immediately following incident on 5/22/14 at 9:30am. All dietary staff have been in-service the Dietary Manager on Flatward and Sanitation and the in-service completed on 5/27/14. This in-sectuded how to air dry flatware. Education will be provided to ne upon orientation by the Dietary Ingoing.  Dietary Manager will monitor of of Flatware Washing and Sanitational observation three times a weeks, then one time a week for then one time a month for four in Compliance of Flatware Washing tation will be monitored and prethe Dietary Manager or designed Quality Improvement Committee for follow up monthly for four in the Dietary Manager or designed Quality Improvement Committee for follow up monthly for four in the Dietary Manager or four in the Dietary Manager or designed Quality Improvement Committee for follow up monthly for four in the Dietary Manager or four in the Dietary Manager or designed Quality Improvement Committee for follow up monthly for four in the Dietary Manager or designed Quality Improvement Committee for follow up monthly for four in the Dietary Manager or designed Quality Improvement Committee for follow up monthly for four in the Dietary Manager or designed Quality Improvement Committee for follow up monthly for four in the Dietary Manager or designed Quality Improvement Committee for follow up monthly for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manager or designed Quality Improvement Committee for four in the Dietary Manag	wiced by Washing were revice in- w staff fanager on mpliance on by vis- ek for four four weeks, onths. g and Sani- ented by in the meetings onths. es my for the omission an admis- at one Correc- ments aw.	05-27-14	
	the Holmilich menet infection control. Resident rights. Recognizing cha inconsistent with the	iver,		feeding assistant program. Only and nurses' aides will be allowe residents effective 6/18/14.	nurses		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		345531	B. WING		C 05/22/2014		
HAME OF	PROVIDER OR SUPPLIER	340031	D. 111110	_	TOUGH ADDRESS ONLY STATE TO CODE	06/2	22/2014
		TERANS NURSING HOME SALIS	BU	1	TREET ADDRESS, CITY, STATE, ZIP CODE 601 BRENNER AVE, BLONG #10, PO BOX ( JALISBURY, NC 28145	199	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (AUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 373	used by the facility have successfully of for paid feeding assistant of difficulty swallowing observed with swal #100). The facility's policy 10/2009 was review "paid feeding assistant feeds onlicomplicated feeding problems in difficulty swallowing feeding problems in difficulty swallowing difficulty swallowing problems in difficulty swallowing difficulty swallowing significant feeds onlicomplicated feeding problems in difficulty swallowing	tain a record of all individuals as feeding assistants, who completed the training course sistants.  It is not met as evidenced eview, observation and staff y failed to ensure that a d not feed residents with for 1 of 1 sampled resident lowing problem (Resident		3373	DEFICIENCY)		
	7/13/12 with multip advanced demention dysphagla and feed	admitted to the facility on le diagnoses including a, Parkinson's disease, ding problem. On 1/31/14, readmitted with diagnosis of nia.					
	assessment dated Resident #100 was	num Data Set (MDS) 4/29/14 Indicated that cognitively impaired and assistance with eating.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245524			-	С		
<u> </u>		345531	B, WING			05/	22/2014	
	PROVIDER OR SUPPLIER	TERANS NURSING HOME SALIS	BU	1	TREET ADDRESS, CITY, STATE, ZIP CODE 601 BRENNER AVE, BLDNG #10, PO BOX ( SALISBURY, NC 28145	599		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROPE DEFICIENCY)	BE	(X6) COMPLETION DATE	
F 373	Continued From pa	ge 6	FS	373				
	reviewed. The order precaution, and the	Jers for May, 2014 were ers included aspiration diet was mechanical soft ound meat and nectar thick						
	observed in the din a mechanical soft of	5 PM, Resident #100 was ing room ealing lunch. He had liet with ground meal and a on his tray. He was being fed ant.						
		s and performance checklist stant was reviewed. She had g on March, 2008.						
	was interviewed. S was on aspiration p nectar thick liquids. Assistant #1 helped	AM, NA (nursing assistant) #3 she stated that Resident #100 precaution and he was on . She indicated that Feeding if feed him most of the time and at times breakfast time.						
	was interviewed. S Assistant #1 was tr She helped feed re Resident #100 resi assistant could fee assistant with eatin Resident #100 was because he had dil aware that the feed After reading the powas not aware that	AM, the administrative staff #1 the indicated that Feeding ained to help feed residents, sidents on A wing, where ded. She stated that a feeding d anybody who needed g. She was aware that on aspiration precaution ficulty swallowing and she was aling assistant was feeding him. olicy, she indicated that she feeding assistants could not difficulty swallowing.						
	On 5/22/14 at 9:05	AM, feeding assistant #1 was	1					

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION LAN OF CORRECTION DENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED			
		345531	B. WING				C 22/2014
NAME OF	PROVIDER OR SUPPLIER			=	TREET ADDRESS, CITY, STATE, ZIP CODE	05/2	2212014
NORTH	CAROLINA STATE VE	TERANS NURSING HOME SALIS	BU		501 BRENNER AVE, BLDNG #10, PO BOX 6 ALISBURY, NC 28145	599	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X6) COMPLETION DATE
F 431 \$8=D	interviewed. She s feed residents in 26 was asked to help fed Resident #100 aware that Residen precaution. She wanot feed residents was a seed pharmae of records of receip controlled drugs in accurate reconcilia records are in orde controlled drugs is reconciled.  Drugs and biologic labeled in accordar professional principal propriate access instructions, and the applicable.  In accordance with facility must store a locked compartment controls, and permanently affixed controlled drugs is reconciled.  The facility must store a locked compartment controls, and permanently affixed controlled drugs is controlled drugs is comprehensive Drugontrol Act of 1976 control Act of 1976	tated that she was trained to 208. She indicated that she feed on A wing and she has most of the time. She was at #100 was on aspiration as not informed that she could with difficulty swallowing DRUG RECORDS, LUGS & BIOLOGICALS and disposition of all sufficient detail to enable an allon; and determines that drug r and that an account of all maintained and periodically als used in the facility must be not with currently accepted oles, and include the lory and cautionary e expiration date when state and Federal laws, the all drugs and biologicals in this under proper temperature it only authorized personnel to		431	This Plan of Correction constitutes written allegation of compliance for deficiencies cited. However, submission of this Plan of Correction is admission that a deficiency exists that one was cited correctly. This of Correction is submitted to meet requirements established by state a federal law.  F-431-The North Carolina State V ans Home-Salisbury will ensure the tuberculin purified protein derivate will be discarded within 30 days of being opened per manufacturer's instructions.  All nursing staff, including prana weekend staff, will be educated or manufacturer's instructions regard tuberculin purified protein derivate to include that vials are expected when opened and to be discarded in 30 days of being opened. This service education will be complete 6/19/14 by the Clinical Care Coortor.  Education will be provided to new ners upon orientation regarding the tuberculin purified protein derivate by the Clinical Care Coordinator of going.  The Infection Control Nurse will tor for compliance with the manuturer's instructions regarding tube purified protein derivative being of carded within 30 days of	or the onis- or the onis- or an or Plan or Plan or Plan or or Plan or	06-19-14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345531	B, WING				0
WALE OF	how then on hunning	340001	D. MING			05/	22/2014
NAME OF	PROVIDER OR SUPPLIER		-		TREET ADDRESS, CITY, STATE, ZIP CODE		
NORTH	CAROLINA STATE VE	TERANS NURSING HOME SALIS	BU		601 BRENNER AVE, BLDNG #10, PO BOX ( ALISBURY, NC 28145	599	
(X4) ID PREFIX YAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETION DATE
F 431	package drug distriquantily stored is more readily detected.  This REQUIREMENT by: Based on observatinstructions, facility interview, the facility interview, the facility vials of tuberculin proom refrigerators included:  Manufacturer specinsert for Aplisol reatinsert for Aplisol reatins than thirty (30) days:  A facility policy titled issued July 2008 in MDV's will be discamanufacturer 's exmanufacturer does the MDV will be discamanufacturer does the MDV will be discamanufacturer does the MDV will be discamedication refriger conducted and revetuberculin purified pone opened vial was dated on 5/21/14 at 10:3 not sure how long the kept before it need.	bution systems in which the sinimal and a missing dose can will and a missing dose can be start and a missing dose can be star		131	being opened. The purified protein derivative will be kept in the locked drug refrigerator and will be check for date at each shift change for coance and the RN Supervisor will soff that it was in compliance within 30 days of being opened. Complia with ensuring purified protein deritive is dated and remains within the days will be monitored as follows times a week for four weeks; then time a week for four weeks; then time a month for four months.  Documentation of compliance will brought to the monthly Quality As ance Committee Meeting by the Intion Control Nurse for review for months.	ed ced ced compli- ign in the ance iva- ne 30 : three one one	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:				LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		245524	B. WING		С	
10000000	and dome on Atlantina	345531	B. YYING		05/2	22/2014
	PROVIDER OR SUPPLIER CAROLINA STATE VE	TERANS NURSING HOME SALIS	BU	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #10, PO BOX 6 SALISBURY, NC 28145	99	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRECTIVE ACTION SHOULD	BE	(X6) COMPLETION DATE
F 431	stated the tuberculi discarded thirty (30 stated the facility had obtaining the vacch instructions from the	in vaccine should have been ) days after opening. She ad not had any problems ne and had not received any ne pharmacy regarding keeping iger than thirty days.	F	431		