

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345563</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PAVILION HEALTH CENTER AT BRIGHTMORE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10011 PROVIDENCE ROAD WEST CHARLOTTE, NC 28277</b>		
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F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to maintain a resident's dignity by allowing her to participate in activities and eat lunch in a common dining area with soiled clothing and a noticeable odor of urine present for 1 of 1 residents reviewed for dignity and respect (Resident #75).</p> <p>Findings included:</p> <p>Resident #75 was admitted to the facility on 01/22/15. Her diagnoses included type 2 diabetes, depressive disorder and dementia.</p> <p>Resident #75's quarterly Minimum Data Set (MDS) dated 05/01/15 recorded Resident #75 was moderately cognitively impaired and required extensive assistance with transfers, toilet use, personal hygiene and was always incontinent of bladder.</p> <p>Resident #75's Care Area Assessment (CAA) analysis of findings related to urinary incontinence indicated Resident #75 was incontinent of bladder and bowel and was dependent on staff for incontinent care.</p> <p>During continuous observation conducted between 11:51 AM and 12:47 PM on 06/23/15</p>	F 241	<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 dates indicated.</p> <p>Corrective Action for Resident Affected:</p> <p>For resident #75, on 06/23/15, the nursing assistant provided incontinent care during scheduled rounds.</p> <p>Corrective action for Residents potentially affected: All current residents were assessed by the nurse management team which includes: Director of Nursing, Unit Manager, and MDS nurse for the need for incontinence needs. This began on 07-17-2015 and will be an ongoing assessment process that will be followed up on, at a minimum, of</p>	7/31/15	

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

TITLE

(X6) DATE

Electronically Signed

07/20/2015

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 241	<p>Continued From page 1</p> <p>Resident #75 was observed seated in a wheelchair participating in activities and eating lunch with other residents in a common area while a strong odor of urine was localized to Resident #75.</p> <p>Resident #75 was observed participating in activities with other residents while a strong odor of urine was localized to Resident #75 at 11:51 AM on 06/23/15.</p> <p>Resident #75 was observed seated at a table in a common area with 3 other residents eating lunch at 12:03 PM on 06/23/15. Resident #75 was being assisted with her meal by Nursing Assistant (NA) #1. The strong odor of urine was present and localized to Resident #75. Resident #75's pants were observed to be damp in the area of her left buttock and thigh. NA#1 was called away to other duties at 12:12 PM on 06/23/15.</p> <p>During continued observation between 12:12 PM and 12:33 PM on 06/23/15 Resident #75 was assisted consuming her meal by NA #2, NA#3, NA #4, Physical Therapist (PT) #1 and MDS Nurse #1. NA #2 assisted Resident #75 to a common area in front of a television at 12:33 PM on 06/23/15.</p> <p>At 12:47 PM NA #4 approached Resident #75 and verbalized to Resident #75 she needed to be taken to the bathroom.</p> <p>Incontinence care was observed being provided to Resident #75 by NA #4 at 12:52 PM on 06/23/15. Resident #75's protective brief was observed to be saturated with fluid and stained yellow. A strong odor of urine was present. The protective brief was noted to be heavy with fluid.</p>	F 241	<p>weekly during the Quality Of Life/Quality Assurance meeting. This audit was completed by reviewing POC documentation on the resident's continence on their most recent MDS. Residents identified as incontinent had their care plan reviewed by the MDS Nurse to ensure their care plan was current with their incontinent care needs. This review was started on 07-17-2015 and will be completed by 07-25-2015.</p> <p>Systemic Changes: Director of Nursing will begin in-servicing on 07-20-2015 and will be concluded by 07-25-2015. Those who will attend will be all RNs, LPNs, and CNAs, FT, PT, and PRN. The facility specific in-service will be sent to Hospice Providers whose employees give residents care in the facility to provide training for staff prior to returning to the facility to provide care. All other ancillary staff will be in-serviced on recognition of resident's needs and the appropriate procedures in procuring help for the resident. Any in-house staff member who did not receive in-service training will not be allowed to work until training has been completed. The in-service topics will include: Staff will be educated on providing frequent rounds to identify residents that are in need of incontinence care while residents are in their rooms, dining rooms and common areas such as day rooms. The importance of checking residents for toileting needs before and after meals and</p>		

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F 241	<p>Continued From page 2</p> <p>NA #4 evaluated Resident #75's pants and determined they were wet with fluid. NA #4 provided incontinent care and assisted Resident #75 with dressing in clean clothes.</p> <p>A staff interview was conducted with NA #1 on 06/23/2015 at 2:46 PM. NA #1 verbalized she did notice a strong smell of urine localized to Resident #75 during lunch on 06/23/15 adding another staff member, Facility Transporter #1, was walking by the table she and Resident #75 were seated at and brought the odor of urine to her attention. NA #1 reported she informed another NA Resident #75 needed incontinent care prior to exiting the dining area at lunch time on 06/23/15</p> <p>A staff interview was conducted with Facility Transporter #1 on 06/25/2015 at 4:11 PM. He reported he was walking by the table where Resident #75 and NA #1 were seated on 06/23/15 at lunch time and noticed a strong urine odor. Facility Transporter #1 continued by verbalizing he reported the odor to NA #1.</p> <p>A staff interview was conducted with NA #2 on 06/25/2015 at 3:03 PM. NA #2 verbalized she did not recall being directed to perform incontinent care for Resident #75 or being aware of Resident #75's need for incontinent care during activities and lunch on 06/23/15.</p> <p>A staff interview was conducted with NA #3 on 06/25/2015 2:56 PM. NA #3 verbalized she did not recall being directed to perform incontinent care for Resident #75 or being informed of Resident #75's need for incontinent care during activities and lunch on 06/23/15.</p>	F 241	<p>providing incontinence during meal times if needed.</p> <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Quality Assurance The Director of Nursing or her Designee will monitor this issue using the "QA Tool for monitoring incontinence. The monitoring will include observing five incontinent residents for a minimum of five days per week for two weeks then weekly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life-QA committee and corrective action initiated as appropriate.</p>		

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F 241	Continued From page 3 A staff interview was conducted with NA #4 on 06/26/2015 at 11:00 AM. NA #4 verbalized she did not recall being directed to perform incontinent care for Resident #75 or being aware of Resident #75's need for incontinent care during activities and lunch on 06/23/15 until she assessed Resident #75 for incontinent care needs after lunch.  A staff interview was conducted with PT #1 on 06/23/2015 at 3:03 PM. PT #1 verbalized she did not recall being aware of Resident #75's need for incontinent care during activities and lunch on 06/23/15.  A staff interview was conducted with MDS Nurse #1 at 06/23/15 at 2:40 PM. MDS Nurse #1 reported there was a urine odor present at the table when she was assisting Resident #75 with her lunch on 06/23/15 adding she directed a NA to assess residents for incontinent care.  A staff interview was conducted with DON on 06/25/2015 at 3:54PM. DON verbalized her expectation is residents are to be assessed for incontinent care needs every 2 to 3 hours and as needed. The DON adds that she expects residents to be assessed for incontinent care needs before and after meals, during activities or anytime a resident is transferred or transported. The DON continued by verbalizing if a resident required incontinent care during a meal she would expect staff to stop the meal and provide incontinent care for the resident.	F 241			
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must -	F 371		7/31/15	

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F 371	<p>Continued From page 4</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and review of facility records the facility failed to 1) record use by dates for opened commercially processed foods, 2) store foods in closed containers, 3) remove expired foods from refrigeration and 4) store perishable and non-perishable foods off the floor.</p> <p>The findings included:</p> <p>1 a. During an initial kitchen observation on 06/23/2015 at 07:59 AM the following food storage concerns were observed in the cooks reach in:</p> <p>A five pound container of low fat cottage cheese was observed one-quarter full and stored inside a box with an open date of 06/02/15. There was no use by date recorded.</p> <p>A five pound container of sliced strawberries was observed half full with an open date of 06/15/15 and a use by date of 06/18/15. The container had a bulging/inflated appearance and the strawberries were in an odorous liquid observed with bubbles.</p> <p>1 b. During an initial kitchen observation on</p>	F 371	<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 dates indicated.</p> <p>Corrective Action for Resident Affected:</p> <p>On 06/23/15, all expired/undated food items were removed from the kitchen and discarded. Also, all food items stored on the floor were removed and stored in appropriate areas of the kitchen as well as any uncovered food items were properly stored in sealed containers. This was completed by: Dietary Services Director.</p> <p>Corrective action for Residents potentially affected:</p>		

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F 371	<p>Continued From page 5</p> <p>06/23/2015 at 08:11 AM the following perishable foods were observed stored on the floor of the walk-in refrigerator, stored past the date of expiration, stored open to air or stored without a use by date:</p> <p>Items stored on the floor: 6 cases of skim milk 1 case of 90 count vegetable oil spread 1 case of 4 bags of lettuce mix 1 case of 2 packages of ham 1 case of ground beef 1 case of chicken 1 case of 6 containers of chicken soup base 1 case of cucumbers 1 case of 8 packages of fresh strawberries 1 case of half and half, 360 count 1 case, of sweet potatoes, 40 pound box 1 case of 15 cartons of shelled eggs</p> <p>Items stored past the manufacturer/use by date, stored without a use by date/open date, or open to air: A five pound container of low fat cottage cheese was observed half full with an open date of 06/09/15. There was no use by date recorded. A package with forty slices of American cheese remaining was observed with a use by date of 06/20/15. A package with fifteen slices of Swiss cheese remaining was observed stored with an open date of 06/09/15 and a manufacturer expiration date of 05/19/15. Three small bowls of apple sauce was observed stored uncovered and open to air. There was no date of storage. Three small bowls of commercially prepared pudding was observed stored uncovered and open to air. There was no date of storage.</p>	F 371	<p>All residents have the potential to be affected by the alleged deficient practice. On 07-20-2015, the audit tool Dietary QA Survey Audit Tool was initiated and will be completed daily Monday thru Friday by the Dietary Services Director or Facility Consultant for 4 weeks then weekly thereafter. The tool will monitor: observing freezer, refrigerator and dry food storage to ensure items are labeled with date open and expiration dates, no food items remain in stock when out of date, and food is properly stored.</p> <p>Systemic Changes: An in-service was conducted on 07/20/15 by the Consultant Dietician. Those who attended were all Dietary Staff, FT, PT, and PRN. Staff will be educated on Food Storage Practices. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Quality Assurance The Dietary Services Director will monitor this issue using the Dietary QA Survey Audit Tool. The tool will monitor: observing freezer, refrigerator and dry food storage to ensure items are labeled with date open and expiration dates, no food items remain in stock when out of date, and food is properly stored. This monitor will be completed daily Monday thru Friday for four weeks then weekly</p>		

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F 371	<p>Continued From page 6</p> <p>Two cucumbers were observed stored in a box with white fuzzy hair-like growth and soft to touch. Two 16 ounce containers of fresh strawberries were observed with multiple strawberries that had white fuzzy hair-like growth.</p> <p>A six inch long stainless steel pan with apple cobbler was observed stored with torn aluminum foil torn that was not secured to the pan. The cobbler was stored open to air.</p> <p>1 c. During an initial kitchen observation on 06/23/15 at 8:26 AM, the following foods were observed stored on the floor in the freezer or stored open to air:</p> <p>Items stored on the floor:</p> <ul style="list-style-type: none"> <li>1 case beef patties</li> <li>1 case sausage patties</li> <li>1 case yellow squash</li> <li>1 case strawberry ice cream</li> <li>1 case barbeque pork</li> <li>1 case sherbet (orange and vanilla)</li> <li>1 case French toast</li> <li>1 case biscuits</li> <li>1 case tilapia</li> <li>1 case boneless skinless chicken breast</li> <li>1 case frozen nutritional treats</li> <li>1 case turkey sausage</li> <li>1 case dinner rolls</li> <li>1 case turkey breast</li> <li>1 case Tuscan vegetable blend</li> <li>4 cases sliced wheat bread</li> <li>1 case angel food cakes</li> </ul> <p>Items stored open to air:</p> <p>A box of 12 lasagna sheets remaining was observed stored in an opened plastic bag. The lasagna sheets were stored open to air.</p> <p>Two plastic bags of chicken tenders were</p>	F 371	thereafter or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate.		

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F 371	<p>Continued From page 7</p> <p>observed with a storage date of 06/15/15 and stored open to air.</p> <p>1 d. During an initial kitchen observation on 06/23/15 at 08:38 AM the following non-perishable foods were observed stored in dry storage on the floor:</p> <ul style="list-style-type: none"> <li>3 cases jelly (regular and sugar free)</li> <li>2 cases sugar packets (regular and reduced calorie)</li> <li>1 case 4 ounce cups of diced peaches</li> <li>16 oz container of cinnamon</li> <li>3 cases tea bags</li> <li>1 case canned cut green beans</li> <li>1 case canned cream celery soup</li> <li>1 case canned tomatoes</li> <li>1 case canned mandarin orange segments</li> <li>8 cases juice (orange, apple, cranberry)</li> <li>1 case mashed potatoes</li> <li>3 cases crackers (saltines, graham and peanut butter)</li> <li>1 case chicken gravy mix</li> <li>1 case syrup cups</li> <li>1 case minestrone soup mix</li> <li>1 case Barbeque sauce</li> <li>1 case nectar thickened orange juice</li> <li>1 bag, 50 pounds of extra fine sugar</li> <li>1 case diet Shasta soda</li> <li>2 cases coffee</li> </ul> <p>Review of the facility's document "Shelf-life for Opened Commercially Processed Ingredients", undated, recorded cottage cheese had a shelf life of 7 days after opening.</p> <p>During an interview on 06/23/15 at 08:35 AM, the CDM stated that when she arrived at 07:00 AM a vendor was delivering foods to the facility and these items remained stored on the floor. The</p>	F 371			

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

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F 371	<p>Continued From page 8</p> <p>CDM stated that a staff member would remove the items stored on the floor after the breakfast tray line meal service was completed. She further stated that all foods should be stored in refrigeration/freezer covered.</p> <p>During a follow-up interview on 06/26/15 at 10:11 AM, the CDM stated that once perishable foods were opened, the food item should be labeled with a date of opening and a use by date and used or removed from refrigeration by the use by date. The CDM stated that she rounded daily to remove expired foods stored in refrigeration, but must have missed these items.</p>	F 371		