

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2016
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-CAROLINA POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 5935 MOUNT SINAI ROAD DURHAM, NC 27705	
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F 364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, residents and staff interviews, the facility failed to serve hot food at acceptable and palatable for 6 of 6 residents on 4 of 6 halls(Residents #4,#5,#6,#7,#8 and #9).</p> <p>The findings included: During an observation on 3/22/16 at 11:30AM, meal preparation and temperature were taken in the kitchen. The temperatures of the meal were within required range. The plate warmer was working properly. The last cart with the test tray left the kitchen at 12:25PM onto the 600 hall. The last tray was served at 12:50PM to Resident #4 and #5. The meal of the day included roast beef with gravy, scallop potatoes, mixed vegetable, green beans, broccoli and the alternate was shrimp over rice. There were 4 nursing assistants on the hall delivering trays and several other department staff assisting with tray delivery. Once all trays were delivered the nursing assistants went into the designated rooms of those residents that required feeding assistance. The department staff left the unit. During observation on 3/22/16 at 12: 52PM, The following items were tested, the chopped roast beef with gravy was luke warm to taste and chewy, mixed vegetable, green beans, and broccoli was cool to taste and mushy/soggy in</p>	F 364	<p>What Corrective action will be accomplished for the residents found to have been affected by the deficient practice?</p> <p>Resident 5 – Discharged from facility Resident 6 – Discharged from facility Resident 9 – Discharged from facility Resident 4 – Dietary Manager began training kitchen cooks and kitchen supervisors on proper food temperatures. Nursing staff addressed resident during tray pass to ensure residents food was at appropriate temperature and to their liking Began 3-22-16. ST evaluation for chewing/swallowing, OT evaluation for feeding assistance/adaptive equipment – Began 4-5-16, completed 4-8-16. Meal preferences updated by Kitchen Supervisor on 3-25-16 and resident is aware that a variety of alternates are available if resident does not desire or is dissatisfied with the main meal selection. Resident 7 – Dietary Manager began training kitchen cooks and kitchen supervisors on proper food temperatures. Nursing staff addressed resident during tray pass to ensure residents food was at</p>	4/19/16

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

TITLE

(X6) DATE

Electronically Signed

04/14/2016

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 364	<p>Continued From page 1</p> <p>appearance, the scalloped potatoes were luke warm and appeared more like mashed potatoes and the shrimp over rice was cool to taste and rice had sticky appearance. The DM tasted the meal and confirmed the meal could have been much hotter.</p> <p>During an interview on 3/22/16 at 12:52PM, the Dietary Manager stated he had not had a lot of food complaints and was trying to ensure all residents were satisfied with their meals. He further stated that once the trays were sent to the unit he was uncertain how long it took staff to deliver the meal to the residents.</p> <p>During an interview on 3/22/16 at 1:00 PM, the nursing assistant (NA #1), indicated that there had been concerns with the quality and temperature of the food reported by residents. NA#1 stated the expectation was to reheat the resident 's food upon request or offer the alternative. NA#1 added that microwaves were available on the unit and it take some time to get back and forth to get all the meals reheated.</p> <p>Resident #4 was admitted to the facility on 3/31/15. Resident #4 was identified as alert and oriented. The Minimum Data Set (MDS) dated 2/20/16, revealed there were no concerns with chewing, eating or swallowing. Staff identified Resident#4 as alert and oriented to make need known.</p> <p>During an observation on 3/22/16 at 1:05PM, Resident #4 was seated in his room with roast beef gravy, mixed vegetables and scallop potatoes on plate uneaten. Resident #4 demonstrated with the use of a modified knife that he could not chop the meat into smaller sections. The resident stated the meat was too tough to cut and chew and the vegetables were too soggy. In addition, he reported the food was</p>	F 364	<p>appropriate temperature and to their liking Began 3-22-16. ST evaluation for chewing/swallowing, OT evaluation for feeding assistance/adaptive equipment – Began 4-5-16, completed 4-8-16. Meal preferences updated by Kitchen Supervisor on 3-25-16 and resident is aware that a variety of alternates are available if resident does not desire or is dissatisfied with the main meal selection. Resident 8 – Dietary Manager began training kitchen cooks and kitchen supervisors on proper food temperatures. Nursing staff addressed resident during tray pass to ensure residents food was at appropriate temperature and to their liking Began 3-22-16. ST evaluation for chewing/swallowing, OT evaluation for feeding assistance/adaptive equipment – Began 4-5-16, completed 4-8-16. Meal preferences updated by Kitchen Supervisor on 3-25-16 and resident is aware that a variety of alternates are available if resident does not desire or is dissatisfied with the main meal selection.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Administrator, DHS,CCC, SCP, Activities Director, CMD, Director of HR, Medical Records, Dietary Manager, Kitchen Supervisor, (has conducted a facility wide food satisfaction survey of alert and oriented residents to determine if other residents have food concerns including food temperature concerns or concerns</p>		

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F 364	<p>Continued From page 2</p> <p>too cold for his taste and when he asked the nursing assistant to warm the food, he was told they would come back. Since they never returned he just left the meal on the tray. Resident#4 stated, " if the meal just come off the cart it shouldn ' t be so cold this quick. This happens all the time so I just leave it, don ' t want to keep bothering folks to heat up the meal. It ' s just easier to leave it there. "</p> <p>Resident #5 admitted to the facility 1/5/16. Resident #5 was identified as alert and oriented. The Minimum Data Set (MDS) dated 2/17/16, revealed there were no concerns with eating, chewing or swallowing.</p> <p>During an observation on 3/22/16 at 1: 08PM, Resident #5 was in room struggling to cut the roast beef, the broccoli and scallop potatoes were left on the tray. Resident#5 reported the meat was tough and the broccoli was cold and soggy. The scallop potatoes were " glued together. " Resident #5 stated when you ask staff to warm up the meal it comes back worst because it would be all dried out and the meat harder than when it arrived. " I ' m just not going to eat the hard meat and soggy vegetables. " Resident #5 further stated he had already told aides and nursing about how the food looked and taste several times, it comes the same time and time again, " so I just leave it there and eat the dessert. "</p> <p>Resident #6 was admitted to the facility on 3/10/15. Resident#6 was identified as alert and oriented. The Minimum Data Set (MDS) dated 3/4/16, revealed there were no eating, chewing or swallowing concerns.</p> <p>During an observation on 3/22/16 at 1:15PM, Resident #6 tray was uneaten. Resident #6 reported the roast beef was too tough to chew</p>	F 364	<p>with meats being difficult to cut or chew 4-14-16.</p> <p>Facility met with Resident Council members to identify food palatability concerns on 4-8-16 – residents stated that the food was good. The only food related concern stated by resident council members was that they desired a better variety of dessert. Residents were re-interviewed on 4-14-16 and stated that the concern for a variety of desserts has been resolved.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not reoccur?</p> <p>Residents who eat on halls/in room, will be served using a new heated pellet base system. As of 4-2-16, sixty bases have been purchased and are present in facility, Additional bases to serve facility wide have been ordered (order placed 4-8-16 by Dietary Manager).</p> <p>These pellets are stated by manufacturer to maintain hot foods in excess of 60 minutes after plating. Pellets have been tested in facility at one hour after plating and compared to traditional delivery method (wax base and dome). The test did verify that the heated pellet would keep hot food at an acceptable for temperature for one hour.</p> <p>Dietary Manager provided training to kitchen cooks and kitchen supervisors on proper cooking and holding temperatures of foods as well as recording of</p>		

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F 364	<p>Continued From page 3</p> <p>and the mixed vegetables and scallop potatoes were cold and mushy. Resident #6 reported after several times asking staff to warm up the meal and how long it takes them to return you either eat it or leave it. The meat was too tough to chew and " just looking at the rest of the food it didn ' t look tasty. Who wants to keep eating cold and reheated food all the time. " Resident #6 reported she knew there were microwaves on the halls but by the time the meal was taken down the hall and brought back the flavor was gone. " When I can ' t eat it I just leave it or eat what I can. "</p> <p>Resident #7 was admitted to the facility on 12/31/15. Resident #7 was identified as alert and oriented to make her needs known. The Minimum Data Set (MDS) dated 2/11/16, revealed there were no concerns with eating, chewing or swallowing.</p> <p>During an observation on 3/22/16 at 1:20PM, Resident#7 had eaten a small portion of the shrimp and rice with mixed vegetables on the tray. Resident#7 stated " it did not taste or look right. The food was just too cold for my taste and the mixed vegetables were mushy so I left it. " Resident#7 stated the food was not always hot as it should be, staff know folks talk about the food all the time.</p> <p>During an interview on 3/22/16 at 1:22PM, NA, #2 stated residents had reported problems with the temperature and quality of the food and the concerns were shared with nursing and dietary. NA#2 further stated the expectation was to reheat resident ' s foods and offer alternatives when resident did not want the food that was presented. NA#2 added on occasions it takes awhile to get all the trays out on time.</p> <p>During an interview on 3/22/16 at 1:25PM, NA#3 indicated the expectation was to reheat the food</p>	F 364	<p>temperatures. Began 3-22-16, completed 4-11-16.</p> <p>CCC completed training to nursing staff and administrative staff – proper tray passing procedures including offering residents alternates if the resident is not satisfied with the meal they receive. Began 3-23-16, completed 4-15-16.</p> <p>New hires will be trained by CCC during orientation to ensure ongoing staff knowledge of tray pass procedures and offering residents alternate meal items.</p> <p>Dietary cooks will record food temperatures at all meals for foods held on the steam table for service. Temperatures will be recorded before the tray line begins plating and recorded when plating has completed for all halls and dining rooms by Dietary staff. This will ensure foods are held at temperatures within regulation before being plated for room and dining room service. Began 3-23-16 Ongoing</p> <p>Dietary Manager or Kitchen Supervisor will conduct and record daily test trays to monitor delivery temperatures of meals for one month - beginning 3-23-16, complete 4-23-16.</p> <p>Dietary Manager or Kitchen Supervisor will conduct and record one test tray twice a week to monitor delivery temperatures of meals – ongoing beginning 4-24-16, Ongoing from 4-24-16</p> <p>Continue monitoring food concerns with</p>		

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F 364	<p>Continued From page 4 and offer alternate. NA#3 reported microwaves were available on the units and meals were warmed up as soon as they can get to each resident that had requested.</p> <p>Resident #8 was admitted to the facility on 12/3/12. Resident #8 was identified as alert and oriented. The Minimum Data Set (MDS) dated 2/22/16, revealed there were no concerns with eating, chewing or swallowing. During an observation on 3/22/16 at 1:30PM, Resident #8 only at the dessert. Resident #8 reported the roast beef was tough and rubbery and the vegetables were mushy and soggy. Resident#8 indicated reporting to staff on a regular basis about the condition of the food was tiresome. Resident #8 further stated no resident should not have to have their meals reheated as often as they do on the halls and in the dining room. Resident added that the food comes out of the kitchen to dining room and halls cold and not appetizing several times a week.</p> <p>Resident#9 was admitted to the facility on 6/2/15. Resident #9 was identified as alert and oriented. The Minimum Data Set (MDS) dated 1/6/16, revealed there were no concerns with eating, chewing or swallowing. During an observation on 3/22/16 at 1:40PM, Resident #9 meal had not been eaten. The roast beef, mixed vegetables and scallop potatoes were left on the plate. Resident #9 reported the meat was too tough to eat and the vegetables were watery, mushy and cold. Resident#9 reported " staff drop the tray off and if you wanted it heated you have to chase staff down, so I just don ' t eat it. During an interview on 3/22/16 at 2:30PM, NA#4, stated residents had complained about the quality</p>	F 364	<p>monthly resident council meetings. Activities Director, 4-8-16 and ongoing.</p> <p>How will the corrective action be monitored to assure that the deficient practice will not reoccur, i.e., what quality assurance program will be put in place for monitoring to assure continued compliance.</p> <p>A process improvement plan on Food temperatures/Palatability was initiated with the Quality Assurance performance improvement committee. The Dietary Manager will discuss the POC related to food temperatures and palatability weekly times 4 weeks then monthly for an additional 2 months - or until food palatability/temperature concerns are resolved (for 3 consecutive months). Additional action planning will be implemented by the QAPI committee as necessary.</p>		

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F 364	<p>Continued From page 5</p> <p>of the food and temperature of the food on occasion. The staff was expected to warm the food up and offer the alternate. NA#4 indicated that residents had informed dietary when they were on the halls about the quality of the food.</p> <p>During an interview on 3/22/16 at 2:45PM, NA#5 indicated that food concerns had been reported by the residents and staff attempt to warm the food and offer different foods when they don ' t eat the meal of the day.</p> <p>During an interview on 3/22/16 at 2:50PM, the Administrator indicated she was unaware of any recent food concerns. The expectation was for residents and staff to report the concerns to management and dietary manager. In addition, microwaves were available on each of the units. The administrator added being unaware of staff not reporting resident concerns regarding food issue. The expectation would be for the dietary manager to address the concerns for individuals and through resident council meetings. Residents, family and staff can submit a grievance form regarding any dietary issues.</p> <p>During an interview on 3/22/16 at 3:00PM, Nurse#1, indicated the expectation was for resident and staff to report any food concerns to nursing and dietary. The nursing assistants were expected to reheat the meal upon request of the resident at the time the meal was delivered.</p> <p>During an interview on 3/22/16 at 3:30PM, Nurse #2 indicated staff were expected to reheat any meal upon request of the resident at the time of delivery and offered the alternate if desired. The concerns with meals can be put on a grievance form and sent to dietary for follow-up.</p>	F 364			

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