

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2016
NAME OF PROVIDER OR SUPPLIER SILAS CREEK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103	
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F 000	INITIAL COMMENTS There were no deficiencies cited as a result of the complaint investigation survey of 06/30/2016. Event ID # UBHI11.	F 000		
F 253 SS=E	The 2567 was amended at 0000 and F 371 tags on 7/22/16. 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to provide a maintained, safe, and comfortable interior on 3 of 3 resident halls (A hall, B Hall and C Hall). 1. On 06/27/2016 at 11:20 AM an observation of Resident # 21 's chair revealed the following: a. An accumulation of a brown substance on the metal portion of the leg rest attachment. 2. On 06/27/2016 at 2:50 PM an observation of room # 146 revealed the following: a. A tan substance accumulated on the cross member of an intravenous pole stand. b. The over bed table had a dried tan substance on the surface. 3. On 06/28/2016 at 10:35 AM an observation of room # 107 - B revealed the following: a. Three slats on the window blind were broken. 4. On 06/28/2016 at 11:14 AM an observation of room # 133-b revealed the following: a. The wheel chair padding on the left arm is	F 253	F-253 1) The accumulation of brown and black substance on the leg rest of resident #21's wheel chair, pole stand and over bed table in room #146, clothing bureau in room #114, commode in room #140, toilet base in room #142, the IV Pole in room #113, corners of the bathroom in room #156 and #159, right corner cabinet base of and the mirror in the bathroom of room #112 were all cleaned up by the housekeeping department on 7/1/16. The chipping paint in on the window sill and bathroom door in room #142, cabinets and wall behind the bed and underneath the light in room #120, clothes closet in room #125 were all painted and fixed by the maintenance director on 7/1/16. The three slats that were broken in room #107 were replaced on 6/30/16. The wheel chair padding on the left arm in room	7/28/16

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

TITLE

(X6) DATE

Electronically Signed

07/22/2016

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 253	Continued From page 1 was cracked and peeling 5. On 06/28/2016 at 11:45 Am an observation of room # 114 revealed the following: a. A black looking substance in the corners of the clothing bureau. 6. On 06/28/2016 at 01:20:37 PM an observation of room # 140 revealed the following a. In the bathroom there was an accumulation of a thick, dried, black substance around the commode. 7. On 06/28/2016 at 1:20 PM an observation of room # 142 revealed the following: a. The window sill had peeling paint. b. The bathroom door had chipped and peeling paint c. The toilet base had an accumulation of a black substance. 8. On 06/28/2016 at 1:37 PM an observation of room # 120-B revealed the following: a. The wall cabinets had chipped paint. b. There was peeling paint behind the bed and underneath the light. 9. On 06/28/2016 at 2:10 PM an observation of room # 125-B revealed the following: a. The clothes closet had chipped paint. 10. On 06/28/2016 at 3:04 PM an observation of room # 113-B revealed the following: a. Light brown and black substance on base of IV pole. 11. On 06/28/2016 at 3:05 PM an observation of room # 154 revealed the following: a. Bathroom floor tile cracked in the corner b. Missing cove molding at the door 12. On 06/28/2016 at 3:14 PM an observation of room # 156 revealed the following: a. Accumulation of brown colored substance in corners of bathroom b. The bathroom light was dim. 13. On 06/28/2016 at 3:22 PM an observation of	F 253	#133 was replaced on 6/30/16. The bathroom floor tile cracked and the missing cove molding at the door in room #154 was replaced on 7/5/16. The hole in the bathroom door in room #159 was fixed on 7/5/16. The seal around the toilet base that appeared to have rust colored stain and the discolored and damaged sealing near the air conditioner ceiling vent in room #112 was replaced on 7/7/16. The seal around the toilet base that had a rust colored look in room #115 was replaced on 7/7/16. 2) The Maintenance Director and Housekeeping Manager will complete a facility wide audit for the cleanliness of wheelchairs, over bed tables, clothing closets, toilets in bathroom, corners and edges in bathroom, chipping paint in the rooms, wheelchair arm padding, cracked tile floor, missing molding in the rooms, and sealant at the base of toilets. 3) Education will be provided to the Maintenance Director and the Housekeeping Department by the Administrator. Education will include ensuring that the rooms are cleaned per policy and procedure and that facility rooms and equipment is kept up to be a home like environment Staff will also be educated on submitting maintenance work orders to the maintenance department by the Administrator. 4) The facility Maintenance Director and Housekeeping Manager will monitor five rooms per week for twelve weeks to		

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F 253	<p>Continued From page 2</p> <p>room # 159 revealed the following:</p> <p>a. A hole in the bathroom door that measured 2 ½ in long x 1 ½ inches in width</p> <p>b. An accumulation of a brown substance in the corners of the bathroom.</p> <p>14. On 06/29/2016 at 10:20 AM an observation of room # 112-A revealed the following:</p> <p>a. The seal around the toilet base appeared to have a rust colored stain and was not sealed.</p> <p>b. Discolored and damaged ceiling near the air conditioner ceiling vent.</p> <p>15. On 06/29/2016 at 10:20 AM of room # 112-B revealed the following:</p> <p>a. A brown sticky substance at the right corner of the cabinet base.</p> <p>b. There were several spots of thick white looking substance on the surface of the mirror.</p> <p>16. On 06/29/2016 at 10:45 AM an observation of room # 115 revealed the following:</p> <p>a. The seal around the toilet base had a rust colored looking stain.</p> <p>An interview was conducted with the Maintenance Director on 06/30/2016 at 7:30 AM. The maintenance director stated there was a plan in place to renovate three individual rooms quarterly. The maintenance director stated staff were instructed to write areas in need of repair in the maintenance book located at the nurse 's station. The maintenance director stated the maintenance logs were checked daily. The maintenance director stated if immediate needs were known the repair would be made immediately. A walk through was conducted with the maintenance director. The maintenance director acknowledged the areas of concern. An interview was conducted with the Administrator on 06/30/201 at 9:36 AM. The administrator stated the maintenance and repair</p>	F 253	ensure compliance. The monitoring tools will be brought to QAPI and presented by the Maintenance Director monthly for three months.		

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F 253	Continued From page 3 of the building was an ongoing task in an older facility. The administrator stated he knew the maintenance team was working on areas needing repair.	F 253			
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP 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. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and record review the facility failed to provide palatable food during 1 of 3 meal observations in which chicken was served. Findings included: Review of the facility menus revealed the lunch meal on 6/27/16 featured garlic roasted chicken. Interview on 6/27/16 at 12:05 PM with 2 alert and oriented resident who requested to remain anonymous stated the facility did not serve food that was good. Both residents indicated the meat served was generally tough or not cooked enough. According to both resident 's most recent minimum data set, their cognition was intact. Observation during the lunch dining on 6/27/16 at 12:05 PM in the main dining room revealed garlic	F 364	7/28/16		
			F-364 1) The resident got a new piece of palatable garlic roasted chicken on 6/27/16. 2) The Dietary Manager will complete an audit for palatable food in the facility by completing a survey with all facility residents. 3) Education will be provided to the Dietary Manager, Dietary Cooks and Dietary Aides by the Dietician. Education will include ensuring that the food is palatable per policy and procedure. 4) The Dietary Manager or Administrator will monitor a test tray weekly for twelve weeks to ensure compliance. The monitoring tools will be brought to QAPI and presented by the Dietary Manager monthly for three months.		

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

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OMB NO. 0938-0391

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F 364	Continued From page 4 roasted chicken was served to one of the residents. The chicken appeared dry and had a blacken crust on the top. Interview with the resident who was served the chicken revealed the chicken tasted dry but was able to eat the chicken after the dry parts and the blacken top were removed. On 6/27/16 at 12:50 PM a test tray of the chicken was done in the presence of the consultant dietitian. The chicken was a skinless thigh. Parts of the thigh were dry and dark brown in color. One side of the chicken thigh was blacken in color, dry and could not be chewed. Once the blacken portion of the chicken was removed the chicken was tender and was able to be chewed. The dietitian agreed that the top portion of the chicken was dry and residents would have a difficult time chewing that portion. Interview on 06/30/2016 at 4:00 PM with the administrator revealed the expectation was food served be of nutritive value and that is of the resident's expectation.	F 364			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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	F 371		7/28/16	

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F 371	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews and staff interviews the facility failed to label and date food items stored in the freezer, walk in refrigerator and nourishment refrigerator. (2) failed to properly store a scoop used to obtain flour. (3) failed to maintain clean floors and walls. (4) failed to replace or repair broken water faucet, cracked or missing floor tiles, crumbling walls and missing cove molding. (5) ten of fifty eight serving bowls were chipped. (6) failed to maintain a clean nourishment refrigerator and repair partially detached door gasket. (Unit B). The findings included:</p> <p>Observation on 06/27/2016 at 11:11 AM of the kitchen with the Food Service Manager (FSM) revealed:</p> <p>1. A. Walk in refrigerator: There was an open plastic bag of meat stored out of the original undated and unlabeled. The bag contents was identified by the FSM as chopped ham.</p> <p>B. Walk-in Freezer: There was a plastic bag of French fries that were unsealed and exposed to the air. There was an open bag containing 14 hash brown potatoes that was unsealed and exposed.</p> <p>C. Reach in freezer 30 degrees There was a box which contained an unsealed plastic bag of uncooked frozen oatmeal cookie dough.</p> <p>Interview on 06/30/2016 at 1:31PM with the FSM revealed foods should be properly labeled and dated.</p> <p>2. A. In the dry storage area: The scoop was stored directly into the flour and sugar containers.</p>	F 371	<p>F-371</p> <p>1) The open plastic bag of meat stored in the walk in refrigerator, unsealed plastic bag of french fries, open bag of hashbrowns, unsealed cookie dough in the freezer were all removed on 6/27/16. The scoop that was stored directly in the sugar and flour containers were removed on 7/1/16. In the dried storage area, the cereal was swept up, the cove molding was replaced, the vent unit was cleaned, the corners of the floors were cleaned, the walls were cleaned and painted and the floor was cleaned and painted on 7/6/16. The broken glass thermometer was replaced on 7/13/16. The kitchen walls were cleaned and painted, the kitchen floors were swept, mopped and deep scrubbed, the appliances in the kitchen were cleaned, the entrance way from the kitchen to the dining room had tile replaced, the hot water faucet was replaced on 7/11/16. The missing piece of wall near the electrical outlet was filled in on 7/1/16, the open ginger ale on the floor was removed on 6/30/16, the three concrete blocks detached from the wall was replaced on 7/13/16. Ten of the chipped bowls were removed from operation on 7/12/16. The Unit A and Unit B refrigerator was cleaned and the gasket was replaced on 7/22/16.</p> <p>2) The Dietary Manager and Maintenance Director will complete a kitchen wide audit for the labeling and dating, cleanliness and maintenance of the kitchen</p>		

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F 371	<p>Continued From page 6</p> <p>Observation on 06/29/2016 7:15 AM revealed the scoop remained stored in the flour.</p> <p>Interview on 06/30/2016 at 1:31PM with the FSM revealed the scoop for the sugar and flour handles should not be stored in the containers. The FSM indicated the facility did not have an acceptable place to store the scoops when not in use.</p> <p>3. A. In the dry storage area:</p> <ul style="list-style-type: none"> · Dried cereal was noted on the floor and under the shelves. · The cove molding was partially detached from the wall. · The ventilation exhaust unit had an accumulation of dust. · The corners of the floors had an accumulation of a black colored substance. · The wall paper was peeling off the wall. · There were cobwebs in the corner of the ceiling near the entrance to freezer door. · There was an accumulation of dust and dirt under the shelves in the dry storage area. · The floor paint was peeling. · There are 4 wall tiles missing. · The walls were soiled with dried brown colored splatter. <p>Observation on 06/29/2016 at 10:22 AM of the dried storage area revealed the cove molding continued to be partially detached from the wall. The ventilation unit continued to have an accumulation of dust, dead crawling insect, and the corners of the floors remain with an accumulation of a black colored substance. The wall paper continued to peel off of the wall. Cobwebs continued in the corner of the ceiling near the entrance to freezer door. There continued to be an accumulation of dust and dirt under the shelves in the dry storage area. 4 wall</p>	F 371	<p>appliances, walls and floors.</p> <p>3) Education will be provided to the Dietary Manager, Dietary Cooks and Dietary Aides, and Housekeeping Staff by the Dietician and Administrator. Education will include ensuring that the kitchen is cleaned per policy and procedure, labeling and dating is completed correctly per policy and procedure, and that the maintenance of the kitchen is kept in working order. Dietary Staff will also be educated on completing and turning in facility maintenance work orders.</p> <p>4) The Dietary Manager will monitor the kitchen and both Nurse Station refrigerators 3 times per week for cleanliness, labeling and dating of foods, and maintenance concerns for twelve weeks to ensure compliance. The monitoring tools will be brought to QAPI monthly for three months.</p>		

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F 371	<p>Continued From page 7</p> <p>tiles in the dry storage area continued to be missing. The walls remained soiled with a dried brown colored splatter.</p> <p>Interview on 6/30/16 at 9:25 am with Dietary Aide #1 revealed the person that stocks the delivered items were responsible to clean the stocked areas.</p> <p>B. In the Walk-in Freezer:</p> <ul style="list-style-type: none"> · The landing of the entrance to the freezer had a heavy accumulation of a black colored substance in the floor corners. · There was an accumulation of ice on the floor from the dripping pipes <p>C. In the Tray line refrigerator:</p> <p>There was a glass thermometer that was cracked and broken. Pieces of the glass thermometer was missing.</p> <p>Observation on 06/29/2016 at 10:22 AM the glass thermometer was still broken.</p> <p>D. Throughout the kitchen:</p> <ul style="list-style-type: none"> · There was an accumulation of a black colored substance in the corners of the floor. · The walls were splattered with dried brown colored substances. · The open area under the fryer had an accumulation of brown, black and yellow debris. · There was chipped, crumbling wall plaster and missing cove molding in the kitchen near the office. · The entrance way from the kitchen to the dining room had missing floor tile. · There was an accumulation of a black substance at the location of the missing tiles. · The hot water faucet handle at the sink was missing. The water would not shut off and continued to flow in the sink. Observation 	F 371			

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F 371	<p>Continued From page 8</p> <p>revealed dietary staff was noted to be using a wrench to control the flow of the hot water at the sink. Interview on 6/29/16 at 6:50 AM with Cook #1 revealed the faucet had been broken for about a week (from 6/29/16) and was unaware of whether it was reported to maintenance for repair.</p> <ul style="list-style-type: none"> · In the kitchen there was missing pieces of wall around the electrical outlet near the reach in refrigerator. An open can of ginger ale was on the floor near the reach in refrigerator covered with dust. · The accumulation of a brown colored substance and crumbling substance were noted on the floor near the walk in refrigerator. · There were 3 concrete blocks that were partially detached from the wall. Observation revealed when the dietary delivery door opened and closed the concrete blocks would move. · Chipped paint was noted on the wall behind the steam table. <p>Observation on 06/29/2016 at 10:22 AM in the kitchen revealed there was still missing pieces of wall around the electrical outlet near the reach in refrigerator. A can of ginger ale remained on the floor near the reach in refrigerator. The accumulation of a brown colored substance and crumbling substance remained on the floor near the walk in refrigerator. The 3 concrete blocks continued to be partially separated from the wall.</p> <p>Interview at 6/29/16 at 10:30 am with Dietary Aide #1 revealed the concrete blocks had been partially detached from the wall for over a year (referring to 2015). Chipped paint continued to be noted on the wall behind the steam table.</p> <p>Interview on 06/29/2016 at 11:10 AM with the Director of Maintenance revealed he was</p>	F 371			

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F 371	<p>Continued From page 9</p> <p>unaware of the broken hot water fixture and the partially detached concrete blocks.</p> <p>Interview on 06/29/2016 at 11:40 AM with Director of Housekeeping revealed usually will clean the kitchen under the recommendation from the FSM. Had no special request but indicated that on 6/6/16 he performed the "emerald" floor cleaning. (Name after the product used).</p> <p>2. Observation in the kitchen on 6/29/16 at 7:20 AM of the breakfast trayline revealed 10 (ten) of 58 (fifty eight) tan colored chipped bowls. Three (3) of the 10 had sharp edges. Interview on 6/29/16 at 8:01 AM with the FSM revealed the chipped bowls were the only bowls in the facility to use.</p> <p>Interview on 06/29/2016 at 11:00 AM with the FSM revealed the housekeeping staff cleaned the dry storage area every month. The FSM stated the dry storage area was just detailed cleaned by housekeeping last month (referring to May 2015). Additionally, the FSM indicated she swept and cleaned the dry storage area often. (No definitive time provided).</p> <p>Interview on 06/29/2016 at 12:03:30 PM with the consultant dietitian revealed she shared her reports to the previous administrator and there had been no follow-up. The consultant dietitian stated " I will report to the maintenance person if the facility wants me to do so. " Review of the dietitian's report for the last 5 months revealed needed repairs for the same items identified month to month. An inquiry was made about she identified issues were corrected. The consultant dietitian stated she was a contract employee and the administrator of facility and the FSM would</p>	F 371			

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F 371	<p>Continued From page 10</p> <p>address the issues.</p> <p>Observation on 06/28/2016 at 9:49AM of the Unit A nourishment refrigerator revealed dried brown colored spills on both shelves. The floor base of the freezer section had dried red colored substance.</p> <p>Observation on 06/28/2016 at 9:59 AM of Unit B nourishment refrigerator revealed a container of a yellow colored frozen substance in the freezer. There was no label or date. The white gasket around the door had an accumulation of brown and black colored particles within the grooves. The white coloredgasket molding was partially detached from the door. There was a rust colored substance on the bottom of the refrigerator door.</p> <p>Interview on 06/30/2016 at 10:48 AM with the Director of Housekeeping revealed the dietary staff were responsible for cleaning the nourishment refrigerators on the unit.</p> <p>Interview on 06/30/2016 at 4:07: PM with the administrator revealed expectations that the kitchen be clean and any required repairs be brought to the attention of maintenance.</p>	F 371			