

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

PRINTED: 09/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2016
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 315 SS=E	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff and physician interviews and record review, the facility failed to anchor urinary catheters to prevent tension or possible accidental removal (Resident #3 and Resident #4) for 2 of 3 residents reviewed for urinary catheters. Findings included: 1. Resident #3 was admitted 5/12/16 with cumulative diagnoses of benign prostrate hypertrophy (BPH) and urinary retention. His 60 day Minimum Data Set (MDS) dated 7/7/16 indicated Resident #3 had moderate cognitive impairment, required supervision for hygiene and was coded as having a urinary catheter. Resident #3 was care planned 5/12/16 to ensure the urinary catheter drainage tubing was secured with an anchoring device to prevent tension or accidental removal. In an interview on 7/28/16-at 4:12 PM, the treatment nurse stated she ensured the urinary catheters were properly anchored daily. In an observation on 7/28/16 at 4:30 PM, Resident #3 was self-propelling in the hall. His catheter bag was properly secured to his</p>	F 315	<p>Richmond Pines Healthcare and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Richmond Pines Healthcare and Rehabilitation Center's <input type="checkbox"/> response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Richmond Pines Healthcare and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other</p>	8/19/16	

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

TITLE

(X6) DATE

Electronically Signed

08/15/2016

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 315	Continued From page 1 wheelchair with a privacy cover. In an interview on 7/29/16 at 11:20 AM, Nurse #1 stated the nurses only changed urinary catheters as ordered by the physician and the treatment nurse checked for secure placement daily. A review of Resident #3's Treatment Administration Record (TAR) for July 2016 indicated the treatment nurse assessed daily for a urinary catheter securing device. In an interview on 7/29/16 at 12:00 noon, Nurse #2 stated Resident #3 had a supra pubic catheter (a catheter inserted through a small hole in the abdomen) and recently went to his urologist and had his catheter changed. Nurse #2 stated Resident #3's catheter care was done daily by cleaning the insertion site with normal saline and applying a split gauze for comfort. Nurse #2 stated the treatment nurse checked his catheter daily for secured placement. She stated the facility used a device called a safe-lock with an adhesive backing that was normally applied to Resident #3's abdomen or a resident's thigh to prevent tension on the catheter. In a telephone interview on 7/29/16 at 2:15 PM, the physician stated it was his expectation that urinary catheters be secured using either tape or a securing device to prevent tension or accidental removal. In an observation on 7/30/16 at 9:50 AM of Resident #3's supra pubic catheter, it was noted to have no dressing in place with yellowish drainage around the insertion site. The catheter was observed pulled tight down his lower abdomen in between his groin and his right leg. Resident #3 was wearing jeans with the drainage tubing exiting his right pants leg. The catheter was not secured to his abdomen or leg to prevent tension or accidental removal. Nursing assistant (NA) #1 stated Resident #3 got himself up and	F 315	administrative or legal proceeding F315 Criteria One: What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice? For resident # 3 the catheter secure lock was applied on 7/30/16 by the Charge Nurse to prevent tension or accidental removal of supra pubic catheter. Resident #4's physician was contacted by the Charge Nurse on 7/28/16 and an order obtained to remove catheter. Criteria Two: What corrective action will be accomplished for those residents having the potential to be affected by the same alleged deficient practice? Residents with catheters were checked on 7/30/16 by the Director of Nursing and the RN Supervisor to ensure drainage tubing was secure to prevent tension or accidental removal of catheter. The Treatment Nurse was educated on 7/30/16 by the Director of Nursing on the importance of checking the security device daily to avoid tension or accidental removal of the catheter. Audits for checking catheters for safety clamps are done daily beginning 7/30/16 by the Treatment Nurse and twice a week beginning 8/1/16 by the Director of		

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F 315	<p>Continued From page 2</p> <p>she did not check to see if there was tension on his catheter.</p> <p>In an interview on 7/30/16 at 9:50 AM, the medication aide (MA) #1 stated the treatment nurse was responsible to assess the urinary catheters daily to ensure they were properly secured.</p> <p>In an interview on 7/30/16 at 10:10 AM, the Director of Nursing (DON) stated even if Resident #3 got himself up out of bed, she expected staff to make sure the urinary catheter was properly secured.</p> <p>In an interview on 7/30/16 at 12:00 noon, the Administrator stated her expectation was the treatment nurse ensure any resident with a urinary catheter have the drainage tubing secured to prevent tension or accidental removal. She also stated her expectation that if any staff observed a urinary catheter without the proper securing device, they should report it immediately to the charge nurse.</p> <p>2. Resident #4 was admitted 6/3/16 with cumulative diagnoses of a urinary tract infection and multiple falls. Her 30 day MDS dated 7/10/16 indicated Resident #4 moderate cognitive impairment, required extensive assistance with hygiene and she was coded for a urinary catheter.</p> <p>Resident #4 was care planned 6/14/16 to ensure the urinary catheter was secured by an anchoring device.</p> <p>In an interview on 7/28/16 at 4:12 PM, the treatment nurse stated she ensured the urinary catheters were properly anchored daily.</p> <p>In an observation of catheter care on 7/28/16 at 7:00 PM, Resident #4's urinary drainage tube had blood tinged urine in the tubing with no observed anchoring device. NA #2 and NA #3 cleaned the urinary catheter properly using soap and water.</p>	F 315	<p>Nursing or in the absence of the Director of Nursing the Staff Development Coordinator will do the auditing.</p> <p>In-service training for checking for placement of a catheter and securing the catheter with a safety clamp as needed have been done on 8/4/16,8/11/16,8/15/16 and 8/18/16.</p> <p>Each resident will have a catheter secure lock placed on day of insertion of catheter or admission if resident is admitted with a catheter. The secure catheter lock will be added to the residents TARS to be checked for placement daily and PRN.</p> <p>Resident□s with catheters will be checked by the Director of Nursing or the Assistant Director of Nursing beginning 8/15/16 for securing of urinary catheter drainage tubing daily times one (1) week, then weekly times two (2) weeks, then monthly and as needed to ensure catheter tubing is secure.</p> <p>Criteria Three: What measures will be put into place or systemic changes made to ensure that the alleged deficient practice will not occur?</p> <p>An in-service for maintaining and securing catheters will be given by the Staff Development Coordinator for Nurses and Certified Nursing Assistants on 8/15 and</p>		

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F 315	Continued From page 3 The aides stated the nurses made sure the catheter was properly secured and they would report to the nurse immediately that Resident # 4's urinary catheter was not secured. In an observation on 7/29/16 at 11:00 AM, Resident #4 no longer had a urinary catheter. The DON stated the physician ordered the catheter to be discontinued 7/28/16 since her skin issues resolved. A review of Resident # 4's TAR for July 2016 indicated the treatment nurse assessed for urinary catheter securing device daily. In an interview on 7/29/16 at 11:20 AM, Nurse #1 stated the nurses only change urinary catheters as ordered by the physician and the treatment nurse checked for secure placement daily. In a telephone interview on 7/29/16 at 2:15 PM, the physician stated it was his expectation that urinary catheters be secured to prevent tension or accidental removal. He also stated he was called yesterday about discontinuing Resident #4's urinary catheter since she longer required it. In an interview on 7/30/16 at 12:00 noon, the Administrator stated her expectation was the treatment nurse ensure any resident with a urinary catheter have the drainage tubing secured to prevent tension or accidental removal. She also stated her expectation that if any staff observed a urinary catheter without the proper securing device, they should report it immediately to the charge nurse.	F 315	8/16. The Director of Nursing or the Assistant Director of Nursing will audit daily times one (1) week, then weekly times two (2) weeks then, monthly or as needed all residents with catheters to ensure proper security of drainage tubing. Criteria Four: How will the facility monitor its performance to make sure the solutions are sustained? The Director of Nursing or Assistant Director of Nursing will report monthly to the Quality Assurance Performance Improvement Committee the results of the audits.		
F 371 SS=E	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	F 371		8/19/16	

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F 371	<p>Continued From page 4</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on the observations, record review and staff interviews, the facility failed to store frozen foods at required appropriate temperature for 1 of 1 walk-in freezer.</p> <p>The findings included:</p> <p>During an observation on 07/28/16 at 5:25 PM, the walk-in freezer internal temperature was 54 degrees Fahrenheit (F). The floor of the walk-in freezer floor was observed having a moderate amount water on it and slippery. Observation was made of a 10 pound roll of ground beef on the bottom shelf completely thawed having no ice crystals and blood dripping on the floor of the walk-in freezer. The following meats were observed to be soft in the walk-in freezer: 1 case of turkey breast; 1 case of pork roast; 1 case of beef loin; ½ case of short ribs; 1 case of ground dark chicken meat; 2 cases of fish nuggets; 3 cases of pork chops; 2 cases of boneless pork; 2 case of pork sausage links (easy to bend); 1 case of cube steak; 1 case of cured pork; 1 case of ground turkey; 2 cases of beef patties; 2 cases of sausage patties (easy to bend); 1 case of pork sausage links (easy to bend) and 1 case of chicken drumsticks.</p> <p>Review of the temperature chart for refrigerators and freezers for the month July 2016 indicated</p>	F 371	<p>F371 Criteria One: What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>On7/28/16, all food from the freezer was destroyed by dietary staff and Maintenance Director. A freezer truck was delivered to the facility at approximately 3:30 PM on 7/29/16. Regularly scheduled food delivery on 7/29/16 came in at approximately 5:00 PM and all freezer food was placed in the freezer truck until the walk in freezer was repaired and maintained a 0 degree temperature for 48 hours. On 8/9/16, the walk in freezer had maintained a 0 degree temperature for greater than 48 hours and is now back in use.</p> <p>Criteria Two: What corrective action will be accomplished for those residents having the potential to be affected by the same alleged deficient practice?</p> <p>On7/28/16, all food from the freezer was destroyed by dietary staff and</p>		

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F 371	Continued From page 5 that the walk-in freezer temperature were recorded as follows: July 1st 10 degrees F (AM Temperature); 10 degrees F (PM Temperature) July 2nd 10 degrees F (AM Temperature); 10 degrees F (PM Temperature) July 3rd 10 degrees F (AM Temperature); 10 degrees F (PM Temperature) July 4th 10 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 5th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 6th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 7th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 8th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 9th 10 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 10th 10 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 11th 10 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 12th 10 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 13th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 14th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 15th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 16th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 17th 0 degrees F (AM Temperature); 10 degrees F (PM Temperature) July 18th 8 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 19th 0 degrees F (AM Temperature); 0	F 371	Maintenance Director. A freezer truck was delivered to the facility at approximately 3:30 PM on 7/29/16. Regularly scheduled food delivery on 7/29/16 came in at approximately 5:00 PM and all freezer food was placed in the freezer truck until the walk in freezer was repaired and maintained a 0 degree temperature for 48 hours. On 8/9/16, the walk in freezer had maintained a 0 degree temperature for greater than 48 hours and is now back in use. Criteria Three: What measures will be put into place or systemic changes made to ensure that the alleged deficient practice will not occur? Training for daily monitoring of freezer temperature, and the process for notification to the Dietary Manager, Maintenance Director and Administrator of variance in temperatures of the freezer was completed by the Dietary Manager and Maintenance Director on 7/29/16. Criteria Four: How will the facility monitor its performance to make sure the solutions are sustained? Freezer temperatures will be verified daily by the Administrator initialing the freezer temperature log to assist in identifying issues with freezer temperatures. In the absence of the Administrator, the Director of Nursing or the Assistant Director of		

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F 371	<p>Continued From page 6</p> <p>degrees F (PM Temperature) July 20th 0 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 21th 10 degrees F (AM Temperature); 10 degrees F (PM Temperature) July 22th 10 degrees F (AM Temperature); 8 degrees F (PM Temperature) July 23th 0 degrees F (AM Temperature); 8 degrees F (PM Temperature) July 24th 0 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 25th 20 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 26th 10 degrees F (AM Temperature); 0 degrees F (PM Temperature) July 27th (no temperatures were recorded)</p> <p>During an interview on 07/28/16 at 5:35 PM, the cook stated that she noticed the breaded vegetables sticks that were pulled for the dinner meal were soft and she discarded them. The cook said she noticed around 3:00 PM that the food in the freezer was soft and she did not report it because the Dietary Manager was busy in the office. The cook stated that later in the day after the Dietary Manager left she went to look for the Maintenance Supervisor and could not find him or the Administrator. The cook further stated that the Dietary Manager pulled her food from the walk-in freezer earlier that day for the dinner meal.</p> <p>During an interview on 07/28/16 at 5:45 PM, the dietary aide stated the cook told him that the freezer was not working 30 minutes ago. The dietary aide further stated that it was not his job to check and record the temperature of the freezer.</p> <p>The Administrator was informed on 07/28/16 at</p>	F 371	<p>Nursing will verify freezer temperatures by initialing the freezer temperature log. On weekends, the Manager on Duty will be responsible for verifying the freezer temperature log sheet. Any discrepancies identified will be immediately reported to the Administrator for follow-up.</p> <p>The Administrator or the Director of Nursing will report monthly to the Quality Assurance Performance Improvement Committee the results of the temperatures, to include any discrepancies and corrections made.</p>		

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F 371	<p>Continued From page 7</p> <p>5:50 PM that the freezer was not operating at the required temperature. The Administrator immediately informed the Maintenance Supervisor and Dietary Manager</p> <p>During an interview on 07/28/16 at 6:00 PM, the Administrator stated that the food would be discarded.</p> <p>During an interview on 07/28/16 at 6:30 PM, the Maintenance Supervisor stated that he was not aware of any problems with the walk-in freezer until now.</p> <p>During an interview on 07/28/16 at 7:30 PM, the Dietary Manager stated that it is his expectation that all dietary staff check the walk-in freezer to make sure it is at the required temperature. The Dietary Manager also stated that if the walk-in freezer is not at the required temperature it should be reported immediately to him and the Maintenance Supervisor.</p> <p>During an interview on 07/29/16 at 12:20 PM, the Administrator stated that the food truck will be in at 5:00 PM and the facility has a contract with the food vendor for a freezer unit to be delivered at 3:30 PM.</p> <p>During an interview on 07/30/16 at 9:35 AM, the Maintenance Supervisor stated that the facility had a refrigeration company to come in on 07/29/16 to look at the freezer unit in dietary and they determined the reason for raised temperatures from the unit was due to the 100 + temperatures outside weather along with the metal housing unit covering the outside unit trapping hot air causing the unit to overheat and shut down. The Maintenance Supervisor further</p>	F 371			

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F 371	Continued From page 8 stated that the refrigeration company will come back on 08/02/16 to rewire the outside freezer unit and rebuild a housing unit around the unit to provide a cooler fan air flow to the unit. During an interview on 07/30/16 at 1:15 PM, the Administrator stated that it is her expectation that if the walk-in freezer is not at the appropriate temperature that the dietary staff will immediately report it to the Dietary Manager and Maintenance Supervisor.	F 371			