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	345151	A. BUILDING ______ B. WING ______	C 09/22/2016

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WHITE OAK MANOR - KINGS MOUNTAIN	716 SIPES STREET KINGS MOUNTAIN, NC 28086

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation. Event ID #UK6R11.	F 000		
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility records, and resident and staff interviews, the facility failed to assess a resident regarding the number of showers preferred a week for 1 of 2 residents reviewed for choices (Resident #117). The findings included: Resident #117 was admitted on 12/21/12 with diagnoses including cerebrovascular accident and hemiplegia. Review of the annual Minimum Data Set (MDS) dated 07/14/16 revealed Resident #117 was cognitively intact and able to make her needs known. The annual MDS noted Resident #117 required extensive assistance with transfers and bathing and had impaired range of motion of the upper and lower extremity on one side of her body.	F 242	White Oak Manor Kings Mountain assures that residents have the right to make choices. Resident #117 was re-interviewed by the Activity Director regarding the number of showers preferred a week on 9/29/2016 and requested to continue to receive 2 showers per week. Social Services Director spoke with resident on 10/10/2016 as a follow-up and resident stated she continued to prefer 2 showers per week. Resident approached the Activity Director on 10/11/2016 and stated that after some thought, she would like to receive 3 showers per week and is receiving the 3 showers she requested. All interviewable residents were interviewed for their preference regarding the frequency of baths/showers. This	10/20/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 10/13/2016

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 242 Continued From page 1

Review of the bath/shower schedule revealed Resident #117 was scheduled to receive showers on Monday and Thursday during the day shift (7:00 AM to 3:00 PM).

During an interview on 09/19/16 at 3:47 PM Resident #117 stated she did not have a choice regarding how many times a week she took a shower. Resident #117 indicated she was scheduled for two showers a week but would prefer three a week. The interview further revealed no one had ever asked how many showers she would like to take every week.

An interview with Nurse Aide (NA) #2 on 09/21/16 at 11:10 AM revealed residents were scheduled for two showers a week unless they asked for more. NA #2 stated the nurse wrote what residents were scheduled for showers daily assignment sheet.

An interview with the Admission Coordinator 09/22/16 at 10:30 AM revealed she reviewed preferences with family members and/or resident during the admission process. The interview further revealed the review of preferences did not include the number of showers or baths the resident preferred to take every week.

During an interview on 09/22/16 at 11:43 AM Nurse #1 (Unit Manager) stated there was a preset schedule for two showers a week which was determined by room number. Nurse #1 further stated the shower schedule could be adjusted if residents requested more showers or wanted to shower at a different time of day. Nurse #1 was not sure if anyone assessed residents regarding the number of showers they preferred a week.

F 242

audit was completed on 9/30/2016. Non-interviewable residents' authorized representatives were interviewed for the residents' preference of the frequency of baths/showers. This was completed on 10/10/2016.

Upon admission, all new interviewable residents and non-interviewable residents' authorized representatives will be interviewed for the frequency of showers/baths using the Admission Conference Questionnaire. The preferences for all residents for the frequency of bath/showers will be reviewed, thereafter during quarterly assessments.

Reeducation was provided to the nursing staff on 9/28/2016 through 10/12/2016 by the Staff Development Coordinator regarding resident's having a choice of the number of showers they prefer per week. Newly hired nursing staff will receive this education during their specific orientation.

Monitoring tools were developed to monitor frequency of shower/baths. There logs will be reviewed by the Social Services Director or designee to assure compliance of F242. These logs will be completed 5 times per week for 4 weeks and monthly for 3 months.

Results from the monitoring will be discussed during weekly Quality Assurance Meetings for its effectiveness. Any identified issues will be corrected per the Quality Assurance Team

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F 242	Continued From page 2 An interview was conducted with the Administrator on 09/22/16 at 2:43 PM. The Administrator stated she thought staff asked residents how many showers they wanted a week but did not think the facility documented this information anywhere. The Administrator noted there were residents who requested more than two showers a week and the schedule was adjusted to accommodate their requests. The Administrator further stated residents should get the number of showers or baths they wanted every week.	F 242	recommendations. Unresolved issues will be reviewed by the Social Services Director or designee for follow-up reeducation. The Director of Nursing and Social Services Director are responsible for the on going compliance of F242.	
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility failed maintain proper wheelchair height and positioning for self propelling for 1 of 10 sampled residents observed in a wheelchair (Resident #105). The findings included: Review of the medical record revealed Resident #105 was admitted on 09/24/14 with diagnoses including Alzheimer's dementia, dementia, and	F 246	White Oak Manor Kings Mountain residents have the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Resident #115 has proper wheelchair height and positioning that allows self-propelling. Resident #115 was	10/20/16

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F 246 Continued From page 3

anxiety disorder.

Review of the quarterly Minimum Data Set dated 07/01/16 revealed Resident #105 had severely impaired cognition and used an wheelchair and walker for mobility. The quarterly MDS noted Resident #105 required extensive assistance with transfer and limited assistance of one person with locomotion on the unit and walking in her room and in the corridor.

Observations of Resident #105 revealed the following:

- On 09/20/16 at 3:58 PM Resident #105 was sitting in her wheelchair in the hallway. She was wearing non skid socks and her toes were touching the floor. Both heels were approximately 2 inches off the floor.

- On 09/21/16 at 1:17 PM Resident #105 was observed self propelling in the hall using her left hand to push the wheel on the wheelchair and using her right hand to pull on the hand rail. She was wearing non skid socks and her left foot was approximately 3 inches off the floor and she was using right toe to assist with propelling. Her right heel was approximately 2 inches off the floor.

- On 09/21/16 at 3:46 PM Resident #105 was observed self propelling slowly in the hall using her hands on the wheels of the wheelchair. She was wearing non skid socks and her toes were touching the floor. Both heels were approximately 2 inches off the floor.

- On 09/22/16 at 9:55 AM Resident #105 was observed in the day area sitting in her wheelchair with her toes touching the floor and her heels

F 246

reassessed by Occupational Therapy and placed in a properly fitted wheelchair on 9/22/2016.

All other residents were reassessed for proper wheelchair height and positioning and all residents had correct wheelchairs that allow self-propelling. The reassessments of all other residents was completed on 10/4/2016.

New residents will be assessed upon admission for proper wheelchair height and positioning that allows self-propelling by the Admitting Nurse. All residents residing in the facility will be reassessed quarterly thereafter.

The nursing staff were reeducated on resident's maintaining proper wheelchair height and positioning for self-propelling by the Staff Development Coordinator starting on 9/28/2016 through 10/12/2016. Newly hired nursing staff will receive this education during their specific orientation.

A monitoring tool was developed to monitor correct fitting of wheelchairs. These logs will be reviewed by the Director of Nursing or designee to assure compliance of F246. These logs will be completed 5 times a week for 4 weeks and monthly for 3 months.

Results from the monitoring will be discussed during weekly Quality Assurance Meetings for its effectiveness. Any identified issues will be corrected per the Quality Assurance Team

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F 246	Continued From page 4 approximately 3 inches off the floor. - On 09/22/16 12:16 PM Resident #105 was observed in the dining room self propelling slowly in her wheelchair using her hands on the wheels of the wheelchair. She was wearing non skid socks and her left foot was approximately 2 inches off floor. Her right toes touched the floor and her right heel was approximately 2 inches off the floor. During an interview on 09/22/2016 at 1:41 PM Nurse Aide #1 stated she was familiar with Resident #105 and was assigned to her that day. NA #1 further stated Resident #105 self propelled around the facility using her hands and feet. On 09/22/16 at 1:46 PM Resident #105 was observed sitting in her wheelchair in the hall with both feet approximately 2 inches off the floor. An interview was conducted with an Occupational Therapist (OT) on 09/22/16 at 1:48 PM. The OT stated optimal wheelchair positioning included the resident seated with their buttocks back in the seat and sitting upright. Also, their knees and hips needed to be positioned at 90 degree angles (right angles) with the bottoms of their feet touching the floor so they could self propel. On 09/22/16 2:14 PM the OT and Restorative Coordinator were accompanied to assess Resident #105. Resident #105 was sitting in the hall in her wheelchair and was assisted into the day room. The OT asked the Restorative Coordinator asked if Resident #105 self propelled using her hands and feet. The Restorative Coordinator stated Resident #105 used both her hands and her feet. The OT had Resident #105	F 246	recommendations. Unresolved issues will be reviewed by the Director of Nursing or designee for follow-up reeducation. The Director of Nursing is responsible for the on-going compliance of F246.	

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F 246	Continued From page 5 lean forward and stated Resident #105 needed to repositioned further back in her wheelchair so she could assess her properly. Resident #105 was assisted with repositioning and was observed to have both feet approximately 2 inches of the floor. The OT stated Resident #105 needed to have a lower wheelchair so she could sit with knees and hips at 90 degrees and be able to self propel using hands and feet. During an interview on 09/22/16 at 3:00 PM the Administrator stated residents should be positioned in a wheel chair at the proper height so they could self propel.	F 246		
F 253 SS=E	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 observations and staff interviews, the facility failed to keep bathroom floors free of stains, debris build up in the corners and around the bases of the commodes, keep a bathroom and bedroom free of urine odors, keep walls free of holes and painted, and keep the nourishment room cabinet free of spills. In addition there was 1 room with soiled unlabeled uncovered personal care equipment in a bathroom. This was observed 4 of 4 days of the survey. The findings included: 1. Bathroom floors were observed with debris and	F 253	White Oak Manor Kings Mountain provides housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. 1) Bathroom floors will be replaced in the following rooms: A. Room 326 B. Room 325 C. Room 324 and the toilet was fixed D. Room 323 E. Room 318 F. Room 317 G. Room 316	10/20/16

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discoloration stains were around the commode bases as follows:
a. Room 326 had a discolored bathroom floor and build up of debris in the floor corners when observed on 09/19/16 at 11:42 AM, on 09/20/16 at 9:04 AM, on 09/21/16 at 4:08 PM and on 09/22/16 at 11:47 AM.
b. Room 325 had dark rust colored stains around the base of the commode and debris in the corners by the baseboard when observed on 09/19/16 at 11:39 AM, on 09/20/16 at 9:04 AM, on 09/21/16 at 4:05 PM, and on 09/22/16 at 11:46 PM.
c. Room 324 had a towel wrapped around the base of the commode where the resident stated the commode had been leaking and there was black caulking around the back of the commode at the floor and build up of debris along the baseboard when observed on 09/19/16 at 11:33 AM and 09/20/16 at 8:58 AM. Then during observations on 09/21/16 at 4:10 PM, the towel had been removed and the front of the commode had wet running, sloppy caulking at the front base of the commode and the back commode base still had dark discolored caulking around it. On 09/22/16 at 11:43 AM the caulking was observed drier but still haphazardly applied. Maintenance Supervisor, present at this observation stated they caulked because the commode leaked. He could not say when the commode started to leak or why the towel was in place for the first 2 days of the survey as other staff sent from the corporate office had completed this repair.
d. Room 323's floor around the commode was observed stained and dark and there was build up debris in the floor corners on 09/19/16 at 11:37 AM, on 09/20/16 at 8:51 AM, on 09/21/16 at 4:05 PM, and on 09/22/16 at 11:42 AM.
e. Room 318 had rust colored stains around the

F 253

H. Room 315
I. Room 314

An attempt will be made to clean the following floors. If the floors do not come clean they will also be replaced.
J. Room 309
K. Room 306
L. Room 303
M. Room 301
N. Room 210
O. Room 220
P. Room 129
Q. Room 117

2). The following rooms walls will have the holes patched and unpainted areas painted:

A. Room 326
B. Room 325
C. Room 324
D. Room 323
E. Room 320
F. Room 318
G. Room 317
H. Room 316
I. Room 315
J. Room 314
K. Room 306

3) Room 320 no longer has a strong urine odor in the bedroom and bathroom. The source of the urine odor was determined to be from the air conditioning unit and the bathroom floor. Both the air conditioning unit and the bathroom floor were replaced.

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base of the commode on 09/19/16 at 11:27 AM, on 09/21/16 at 4:00 PM, and on 09/22/16 at 11:37 AM.
f. Room 317 had heavy stained rust colored flooring several inches surrounding the commode and build up of debris in the corners of the bathroom floor on 09/19/16 at 11:23 AM, on 09/20/16 at 8:40 AM, on 09/21/16 at 3:57 PM and on 09/22/16 at 11:37 AM.
g. Room 316 had rusted stained flooring around the base of the commode on 09/20/16 at 8:37 AM, on 09/21/16 at 3:55 PM, and on 09/22/16 at 11:38 AM.
h. Room 315 had cracked caulking a and dark rust colored stains around entire base of commode on 09/20/16 at 8:39 AM, on 09/21/16 at 3:53 PM, and on 09/22/16 at 11:36 AM.
i. Room 314 had dark rust colored stains on the floor at the base of the commode on 09/20/16 at 8:42 AM, on 09/21/16 at 3:49 PM, and on 09/22/16 at 11:29 AM.
j. Room 309 had discolored caulking and rust colored flooring around base of the commode on 09/20/16 at 11:15 AM, on 09/21/16 at 8:27 AM, on 09/22/16 at 8:55 AM, and on 09/22/16 at 11:48 AM. There was build up of debris on the bathroom floor in the corners and along the baseboards on 09/22/16 at 8:55 AM and at 11:48 AM.
k. Room 306 had rust colored flooring around entire base of the commode on 09/20/16 at 9:14 AM, on 09/21/16 at 3:57 PM, on 09/22/16 at 8:57 AM, and on 09/22/16 at 11:49 AM.
l. Room 303 had brown caulking at the base of the commode on 09/19/16 at 3:31 PM, on 09/20/16 at 9:06 AM, on 09/21/16 at 3:57 PM, on 09/22/16 at 9:00 AM and on 09/22/16 at 11:50 AM.
m. Room 301 had dried grey and rust colored

F 253

4) The cabinet in the nourishment room in Ally's Cove has been cleaned.

5) Room 206 bathroom door has been fixed.

6) The bed pans in the bathroom which adjoins Room 118 and Room 120 are stored and labeled appropriately and correctly.

All room audits throughout the building were completed by the Housekeeping Director on 10/4/2016. Any identified issues were noted and will be addressed.

Staff have been reeducated regarding environment needs and reporting any housekeeping/maintenance issues to the appropriate department for follow-up. Reeducation was presented by the Staff Development Coordinator starting on 9/28/2016 through 10/12/2016. Newly hired staff will receive this education during their specific orientation.

A monitoring tool has been developed to monitor the environmental needs. These logs will be reviewed by the Housekeeping and Maintenance Directors or designee to assure continued compliance of F253. This will be monitored 5 times per week for 4 weeks and once monthly for 3 months.

Results from monitoring will be discussed during weekly Quality Assurance Meetings for its effectiveness. Any identified issues will be corrected per the Quality

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F 253	Continued From page 8 stains on floor by doorway and rust stains on floor at base of commode on 09/20/16 at 8:31 AM, on 09/21/16 at 3:56 PM, and on 09/22/16 at 11:53 AM. n. Room 210 had discolored brown caulking around the commode on 09/20/16 at 8:45 AM, on 09/22/16 at 8:52 AM and on 09/22/16 at 12 noon. o. Room 220 had brown/rust colored caulking around the base of the commode on 09/19/16 at 11:05 AM, on 09/20/16 at 2:33 PM, on 09/21/16 at 4:14 PM, on 09/22/16 at 9:14 AM, and on 09/22/16 at 12:03 PM. p. Room 129 had rust colored stains on the floor around the base of the commode on 09/20/16 at 9:14 AM. q. Room 117 had rust around the base of the commode on 09/19/16 at 4:30 PM and on 09/22/16 at 11:57 AM. The Administrator, Maintenance Supervisor and the Housekeeping Supervisor toured with the surveyor to these areas beginning on 09/22/16 at 11:25 AM. All agreed the floors needed to be cleaned or replaced and the areas around the commodes were stained. An interview with the Maintenance Supervisor on 09/22/16 at 11:29 AM revealed that he has had help replacing floors. He stated he tried to replace 2 floors a month in the bathrooms. When asked when he started replacing 2 floors per month he stated it had been an ongoing process. He further stated that the facility most likely needed to replace the commodes. The housekeeping Supervisor stated on 09/22/16 at 11:36 AM that if the floors are not too stained then the floor technicians were instructed to strip and refinish the bathroom floors.	F 253	Assurance Team recommendations. Unresolved issues will be reviewed by the Housekeeping and Maintenance Director or designee for follow-up reeducation. The Housekeeping and Maintenance Directors are responsible for the on-going compliance of F253.	

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On 09/22/16 at 1:57 PM he provided evidence of the facility purchases 2 commodes in the past year (one on 09/10/15 and one on 01/26/16) and enough flooring in 2014 to replace 25 bathroom floors. He further stated that he only had one full time assistant and was able to obtain help from the corporate office for extra painters on occasion.

2. Walls were observed with holes and unpainted as follows:
a. Room 326 had 4 holes and an unpainted area on the wall in the bathroom where the towel dispenser had been replaced and 4 screw more holes by the mirror on 09/19/16 at 11:42 AM, on 09/20/16 at 9:04 AM, on 09/21/16 at 4:08 PM, and on 09/22/16 at 11:47 AM.
b. Room 325 had 4 holes where the towel dispenser had been replaced in the bathroom and 6 other screw size holes by the wall on the right side of the mirror on 09/19/16 at 11:39 AM, on 09/20/16 at 9:04 AM, on 09/21/16 at 4:05 PM, and on 09/22/16 at 11:46 PM.
c. Room 324 had holes and an unpainted wall area where the towel dispenser had been replaced in the bathroom on 09/19/16 at 11:33 AM, on 09/20/16 at 8:58 AM, on 09/21/16 at 4:10 PM, and on 09/22/16 at 11:43 AM.
d. Room 323 had 4 holes and an unpainted wall where the towel dispenser had been replaced in the bathroom and 4 holes in the wall to the right of the mirror on 09/19/16 at 11:37 AM, on 09/20/16 at 8:51 AM, on 09/21/16 at 4:05 PM, and on 09/22/16 at 11:42 AM.
e. Room 320 had 2 holes in the bathroom wall to right of the mirror and 2 holes by the television in the room on 09/19/16 at 11:17 AM. Along with the holes in the bathroom and by the television,

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(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 253	Continued From page 10 on 09/20/16 at 8:48 AM there were 4 holes and unpainted wall where the towel dispenser was replaced and the other holes remained. These remained unchanged on 09/21/16 at 4:02 PM and on 09/22/16 at 11:39 AM. f. Room 318 had 3 holes and an unpainted wall where a towel dispenser had been replaced in the bathroom on 09/19/16 at 11:27 AM, on 09/20/16 at 8:45 AM, on 09/21/16 at 4:00 PM, and on 09/22/16 at 11:37 AM. g. Room 317 had 3 holes and an unpainted wall where the towel dispenser had been replaced in the bathroom and 2 holes by the light switch in the bedroom on 09/19/16 at 11:23 AM, on 09/20/16 at 8:40 AM, on 09/21/16 at 3:57 PM, and on 09/22/16 at 11:37 AM. h. Room 316 had 4 holes and an unpainted area where towel dispenser was replaced in the bathroom on 09/21/16 at 3:55 PM and on 09/22/16 at 11:38 AM. i. Room 315 had 4 holes in the wall and an unpainted area where the towel dispenser was replaced in the bathroom on 09/21/16 at 3:53 PM and on 09/22/16 at 11:36 AM. j. Room 314 had the door stopper pushed into the wall by the bedroom door with cracked indented dry wall on 09/20/16 at 8:42 AM, on 09/21/16 at 3:49 PM, and on 09/22/16 at 11:29 AM. k. Room 306 had 6 unpatched holes in the wall above bed A and an unpainted slab of dry wall along the length of the bed which had been replaced and not painted on 09/22/16 at 8:57 AM and on 09/22/16 at 11:49 AM. The Administrator, Maintenance Supervisor and the Housekeeping Supervisor toured with the surveyor to these areas beginning on 09/22/16 at 11:25 AM. All agreed the walls were not patched and or painted when the towel dispensers or	F 253		

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other types of dispensers were removed from the wall.

An interview with the Maintenance Supervisor on 09/22/16 at 11:29 AM revealed that he has had help painting walls from the corporate office. He stated that when an item such as the towel dispensers were removed and/or replaced, he expected the holes to be patched and the walls painted at the same time. He stated he replaced the towel dispensers to keep the residents from putting too many in the toilets and clogging them up in the past 6 months.

3. Room 320 was observed with a very strong urine odor in the bedroom and especially in the bathroom on 09/19/16 at 11:17 AM. On 09/19/16 at 11:32 AM housekeeping was observed cleaning this room. Then on 09/19/16 at 11:42 AM there was lingering urine odors in both the bedroom and bathrooms. Observations of strong urine odors in the bedroom and bathroom continued on 09/20/16 at 8:48 AM, on 09/21/16 at 8:18 AM, and on 09/21/16 at 4:02 PM. On 09/22/16 at 9:04 AM, the smell of urine was observed as the surveyor passed the room with the door being closed to the bedroom.

On 09/22/16 at 10:32 AM, the housekeeper who regularly worked this unit was interviewed. She stated she cleaned each resident room via dusting and mopping the floor every day. She stated that Room 320 remained with the smell of urine no matter what she did. She stated that she normally checked this room and cleaned it as needed several times during her shift. She stated the residents in this room urinated in the floors, behind the beds and in the air conditioning unit. After her shift ended at 3:00 PM, there was one

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staff member assigned to clean up spills. She further stated the flooring had been replaced recently but the odor still remained.

The bedroom and bathroom remained smelling of urine when observed with the Administrator, Housekeeping supervisor and Maintenance supervisor on 09/22/16 at 11:39 AM. At this time all agreed that the urine smell was bad and something different had to be done to rid the rooms of the urine smell.

4. The cabinet in the nourishment room in Alley's cove was observed with dried brown particles in the drawer under the microwave, and dried brown particles and dried brown stains on the floor of the cabinet under the sink on 09/20/16 at 8:47 AM, on 09/21/16 at 9:00 AM and on 09/22/16 at 10:18 AM.

Interview with the housekeeper for this unit on 09/22/16 at 10:32 AM revealed she cleaned the refrigerator and straightened the inside of the cabinets in this room.

On 09/22/16 at 10:43 AM the drawer under the microwave was cleaned but the cabinet under the sink still contained brown debris and dried brown stains in the cabinet flooring. The housekeeper for this room was interviewed at this time and stated she was unaware that staff used the cabinet under the sink and she had not been checking it.

The Housekeeping Supervisor was shown the cabinet on 09/22/16 at 11:28 AM and stated that it was the housekeeper's responsibility to check the cabinets every morning to ensure they were clean.

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5. Room 206 the bathroom door had chipped rough 3 inch area by door handle and closet marked up on 09/19/16 at 5:11 PM, 09/22/16 at 8:50 AM and at 12:00 noon.

On 09/22/16 at 12:00 noon, Maintenance Supervisor stated he could repair the door jam.

6. During an observation on 09/19/16 at 3:39 PM in the bathroom which adjoined room 118 and room 120 there was 1 green uncovered, labeled bedpan hanging in a tray on the wall behind the toilet and 1 pink uncovered, unlabeled bedpan hanging in a tray on the wall behind the toilet.

During an observation on 09/20/16 at 9:30 AM in the bathroom which adjoined room 118 and room 120 there was 1 green uncovered, labeled bedpan hanging in a tray on the wall behind the toilet and 1 pink uncovered, unlabeled bedpan hanging in a tray on the wall behind the toilet.

During an observation on 09/22/16 at 9:20 AM in the bathroom which adjoined room 118 and room 120 there was 1 green uncovered, labeled bedpan hanging in a tray on the wall behind the toilet and 1 pink uncovered, unlabeled bedpan hanging in a tray on the wall behind the toilet.

During an interview on 09/22/16 at 9:30 AM with Nurse Aide (NA) #2 stated resident bedpans were stored in clear plastic bags in trays in the resident's bathroom and were supposed to be labeled with the resident's name and room number on the bottom of the pan with a permanent marker. She further stated she was not sure why the bedpans in the bathroom which adjoined rooms 118 and 120 were not labeled

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F 253	Continued From page 14 correctly and covered. During an interview on 09/22/16 at 10:12 AM the Director of Nursing stated it was her expectation for all bedpans to be labeled with the resident's name and room number and cleaned and covered after each use.	F 253		
F 272 SS=E	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding	F 272		10/20/16

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F 272	Continued From page 15 the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to complete Care Area Assessments that addressed the underlying causes and contributing factors for psychotropic drug use, cognitive loss/dementia, falls, dental status, and activities of daily living for 13 of 21 sampled residents (Residents #153, #105, #148, #53, #86, #139, #84 #22, #75, #40, #123, #59 and #70). The findings included: 1. Resident #153 was admitted on 02/28/15 with diagnoses including cerebrovascular accident (CVA) and seizure disorder. Review of the significant change Minimum Data Set (MDS) dated 07/25/16 revealed Resident #153 had severely impaired cognition and was able to make his needs known. The significant change MDS noted Resident #153 required extensive assistance with activities of daily living (ADL) including bed mobility, transfers, eating, dressing, personal hygiene, and bathing. a. Review of the Care Area Assessment (CAA) Summary for Cognitive Loss/Dementia dated	F 272	White Oak Manor Kings Mountain conducts initially and periodically a comprehensive, accurate, standardized reproducible assessment of each residents functional capacity. The Care Area Assessments that addressed the underlying causes and contributing factors for psychotropic drug use, cognitive loss/dementia, falls, dental status, and activities of daily living for residents #153, #105, #148,#53, #86, #139, #84, #22, #75, #40, #123, #59, and #70 have been identified and the care plan team (MDS coordinators, registered Dietitian) were reeducated on 9/26/2016 by the White Oak Management Corporate MDS Consultant to clarify the CAA summary requirements. An audit of the CAA's summaries for 10/3/2016 through 10/20/2016 will be completed prior to 10/20/2016. White Oak Management Corporate MDS consultant to identify any issues. If issues are found the CAA's summaries will be modified.	

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07/28/16 revealed he was able to recall sock after 5 minutes but unable to recall blue and bed without cueing. The CAA Summary noted he was sometimes unable to understand others related to a history of CVA. The CAA Summary also listed his diagnoses and mentioned a pressure sore, a decline in ADL due to a recent hospital stay, weight loss, and incontinence status. The CAA Summary did not state if this was a change in Resident #153's cognitive status or describe how his severely impaired cognition impacted his day to day life. The CAA Summary was signed by MDS #2.

b. Review of the Care Area Assessment (CAA) Summary for ADL Functional/Rehabilitation Potential dated 07/28/16 revealed Resident #153 had a decline in ADL related to a recent hospital stay secondary to muscle weakness and required assistance with ambulation and transfers. The CAA Summary also listed his diagnoses and mentioned a pressure sore, cognitive status, weight loss, and incontinence status. The CAA Summary did not state how the decline in ADL impacted his day to day life or how much assistance he required, and did not include any referrals or interventions for the decline. The CAA Summary was signed by MDS Nurse #2.

An interview was conducted with MDS Nurse #1 on 09/22/16 at 3:29 PM because MDS Nurse #2 was not available for interview. MDS Nurse #1 stated she had been doing MDS assessments for 2 1/2 years and received some MDS training from corporate when she was hired. MDS Nurse #1 indicated if she needed help with an MDS assessment she asked MDS #2 who had more than ten years of experience. MDS Nurse #1 further stated she was taught to restate the

Reeducation was completed on 9/26/2016 by the White Oak Management Corporate MDS consultant for all disciplines of the Care Plan Team (MDS Coordinators, Registered Dietitians, Social Services Staff, and Activity Staff) to clarify the CAA summary requirements. Newly hired care plan team members will receive this education during their specific orientation by the respective corporate consultant.

The White Oak Management Corporate MDS consultant will conduct reviews of the CAA's summaries to assure compliance for F272. The reviews will be conducted once a week for 4 weeks and monthly for 3 months.

Results from the monitoring will be discussed during weekly Quality Assurance Meetings for its effectiveness. Any identified issues will be corrected per the Quality Assurance Team recommendations. Unresolved issues will be reviewed by the Director of Nursing or designee for follow-up reeducation.

The Director of Nursing is responsible for the on-going compliance of F272.

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diagnoses, include any information pertinent to the diagnoses, and document any care provided for the diagnoses or care area when completing the analysis of findings for the CAA Summary. In addition, MDS Nurse #1 stated she reviewed the medical record, therapy notes, observed the resident, and spoke with staff when completing the MDS but did not include this information in the analysis of findings for the CAA Summary. MDS Nurse #1 reviewed Resident #153's CAA Summary for Cognitive Loss/ Dementia and ADL Functional completed on 07/28/16 and stated they needed to add the information they had gathered and include more resident specific details in the analysis of findings.

2. Resident #105 was admitted on 09/24/14 with diagnoses including Alzheimer's dementia, dementia, and anxiety disorder.

Review of the annual Minimum Data Set (MDS) dated 04/08/16 revealed Resident #105 had severely impaired cognition and required extensive assistance with activities of daily living except eating which required limited assistance. The annual MDS revealed Resident #105's balance during transfers and walking was not steady and she had 2 or more falls without injury since the previous assessment. In addition, it was noted Resident #105 was frequently incontinent of bowel and bladder.

Review of the Care Area Assessment (CAA) Summary for Falls dated 04/24/16 revealed Resident #105 had several falls during the assessment period and required assistance with ambulation and transfers due to unsteady gait. The CAA summary noted Resident #105's received psychotropic medications for dementia

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with behaviors, depression, and anxiety but did not state how this information was related to her falls. The CAA Summary did not include any details or analysis of the falls or what put her at risk for falls. The CAA Summary did not state if any referrals had been made and what interventions were in place to prevent further falls. The CAA Summary was signed by MDS Nurse #2.

An interview was conducted with MDS Nurse #1 on 09/22/16 at 3:29 PM because MDS Nurse #2 was not available for interview. MDS Nurse #1 stated she had been doing MDS assessments for 2 1/2 years and received some MDS training from corporate when she was hired. MDS Nurse #1 indicated if she needed help with an MDS assessment she asked MDS #2 who had more than ten years of experience. MDS Nurse #1 further stated she was taught to restate the diagnoses, include any information pertinent to the diagnoses, and document any care provided for the diagnoses or care area when completing the analysis of findings for the CAA Summary. In addition, MDS Nurse #1 stated she reviewed the medical record, therapy notes, observed the resident, and spoke with staff when completing the MDS but did not include this information in the analysis of findings for the CAA Summary. MDS Nurse #1 reviewed Resident #105's CAA Summary for Falls completed on 04/12/16 stated they needed to add the information they had gathered and include more resident specific details in the analysis of findings.

3. Resident #148 was admitted on 07/01/15 with diagnoses including dementia, anxiety disorder and depression.

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F 272	Continued From page 19 Review of the annual Minimum Data Set (MDS) dated 06/08/16 revealed Resident #148 had severely impaired cognition and had exhibited behavioral symptoms towards others and wandering during the assessment period. Resident #148 reported feeling depressed and tired. The annual MDS noted Resident #148 had received antipsychotic and antidepressant medication daily during the 7 day assessment period. Review of the Care Area Assessment (CAA) Summary for Psychotropic Drug Use dated 06/13/16 revealed it was completed by MDS Nurse #2. The CAA Summary stated Resident #148 received an antipsychotic medication related to dementia with behaviors, an antidepressant medication for depression, and had an order for an antianxiety medication to be given as needed for anxiety. The CAA Summary listed mood and behavioral symptoms but did not give any information specific to Resident #148 or note if the psychotropic medications were effective in treating her symptoms. The CAA did not analyze how the psychotropic medications actually affected her day to day function and activities. The CAA Summary did not indicate if there had been any adverse drug reactions or attempted dose reductions. The CAA Summary did not state if a referral was necessary or if Resident #148 had received psychiatric services. An interview was conducted with MDS Nurse #1 on 09/22/16 at 3:29 PM because MDS Nurse #2 was not available for interview. MDS Nurse #1 stated she had been doing MDS assessments for 2 1/2 years and received some MDS training from corporate when she was hired. MDS Nurse #1 indicated if she needed help with an MDS assessment she asked MDS #2 who had more	F 272		

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than ten years of experience. MDS Nurse #1 further stated she was taught to restate the diagnoses, include any information pertinent to the diagnoses, and document any care provided for the diagnoses or care area when completing the analysis of findings for the CAA Summary. In addition, MDS Nurse #1 stated she reviewed the medical record, therapy notes, observed the resident, and spoke with staff when completing the MDS but did not include this information in the analysis of findings for the CAA Summary. MDS Nurse #1 reviewed Resident #148's CAA Summary for Psychotropic Drug Use completed on 06/13/16 stated they needed to add the information they had gathered and include more resident specific details in the analysis of findings.
4. Resident #53 was admitted to the facility on 06/28/16. Her diagnoses included dementia, dysphagia and hypertension.

The admission Minimum Data Set (MDS) coded her with severely impaired cognition, inattention and disorganized thinking, mood issues, and behaviors including wandering and rejection of care. She was coded as requiring limited assistance for bed mobility, transfers, walking. locomotion, dressing, toileting and hygiene. She was not steady with transition but could stabilize herself and had no range of motion issues and used a walker. She was coded as having had one fall since admission with a non-major injury.

Review of the Care Area Assessment (CAA) regarding Falls dated 07/11/16 completed by MDS Nurse #1 revealed no analysis of her strengths and weaknesses or specifics related to her actual fall since admission. The CAA stated she had decreased safety awareness and decreased mobility, she used a walker ad lib, she

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F 272	Continued From page 21 was able to voice her needs but had confusion, had one fall since admission and was receiving physical therapy. The CAA failed to describe why or how Resident #53 who ambulated ad lib with a walker fell or what made her specifically at risk for further falls. Interview with MDS Nurse #1 on 09/22/16 at 3:40 PM revealed she observed the resident, talked with nurse aides and nurses, read nursing notes and therapy notes to learn about each resident. She stated she will then check items on the CAA that pertains to each resident from the preprinted CAA form, restate the diagnoses, and add what the facility will do related to the care the resident needed. She stated she did not know why Resident #53 fell and usually did not do the assessments for residents in the secured unit and was probably filling in for the other MDS nurse. She stated that there needed to be more individual details in this CAA. 5. Resident #86 was admitted to the facility on 03/05/14. Her diagnoses included Alzheimer's Disease, dementia and anxiety disorder. Her annual Minimum Data Set (MDS) dated 03/02/16 coded her with severely impaired cognition, eating with supervision, and having obvious or likely cavity or broken natural teeth. The Care Area Assessment (CAA) for Dental Care dated 03/04/16 and completed by MDS Nurse #2 did not assess her dental health. The CAA talked about her functional range of motion, her dementia with behaviors, her need for antianxiety medication, her incontinence, her dementia as it related to the brief interview for mental status and her inattentiveness and	F 272		

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understanding abilities. The CAA stated a care plan would be developed related to some natural teeth missing, carious and broken. The CAA failed to describe how her dental health affected her ability to eat or her general health.

MDS Nurse #2 was not available for interview so MDS Nurse #1 was interviewed on 09/22/16 at 3:40 PM. In reading the Dental CAA, MDS Nurse #1 stated there was no analysis of Resident #86's dental condition to help identify her strengths, weaknesses or needs and how her dental health was affected by these. She stated that there needed to be more individual details in this CAA.

6. Resident #139 was admitted to the facility on 06/12/14. His diagnoses included dementia, Parkinson's Disease, depression and Alzheimer's Disease.

The annual Minimum Data Set (MDS) dated 03/30/16 coded him with severely impaired cognition, eating with supervision and set up, and having obvious or likely cavity or broken natural teeth.

The Care Area Assessment (CAA) related to Dental Care dated 04/05/16 and completed by MDS Nurse #2 did not assess his dental health. The CAA included his diagnoses, his antidepressant medications, his inattentiveness, his cognition relative to the brief interview for mental status, his incontinence and his ability to understand others. The CAA stated a care plan would be developed related to his missing some of his natural teeth. The CAA failed to describe how her dental health affected his ability to eat or his general health.

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MDS Nurse #2 was not available for interview so MDS Nurse #1 was interviewed on 09/22/16 at 3:40 PM. In reading the Dental CAA, MDS Nurse #1 stated there was no analysis of Resident #139's dental condition to help identify his strengths, weaknesses or needs and how his dental health was affected by these. She stated that there needed to be more individual details in this CAA.

7. Resident #84 was admitted to the facility on 05/10/11. Her diagnoses included senile dementia, anxiety, and hallucinations.

The annual Minimum Data Set (MDS) dated 12/02/15 coded her with severely impaired cognition, having inattention, behaviors, and her ability to feed herself with supervision and set up. She was coded with having no natural teeth or tooth fragments.

The Care Area Assessment (CAA) related to Dental Care dated 12/07/15 and completed by MDS Nurse #2 did not assess his dental health. The CAA mentioned her receiving antipsychotic medications, her behaviors related to hitting and pushing staff, and resistance to care (without specifics) her diagnoses, her inattentiveness, her cognition as it related to the brief interview for mental status, her incontinence, and her difficulty at times understanding and making herself understood. The CAA stated that a care plan would be developed related to having natural teeth missing. The CAA failed to describe how her dental health affected her ability to eat or her general health.

MDS Nurse #2 was not available for interview so MDS Nurse #1 was interviewed on 09/22/16 at

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3:40 PM. In reading the Dental CAA, MDS Nurse #1 stated there was no analysis of Resident #84's dental condition to help identify her strengths, weaknesses or needs and how her dental health was affected by these. She stated that there needed to be more individual details in this CAA.

8. Resident #22 was admitted to the facility on 10/15/15. Her diagnoses included dementia and hypertension.

The admission Minimum Data Set (MDS) dated 10/21/15 coded her with severely impaired cognition, inattention, disorganized thinking, having physical behaviors towards others, wandering and receiving antianxiety medications.

The Care Area Assessment (CAA) dated 10/28/15 and completed by MDS Nurse #2 which assessed Psychotropic Drug Use did not describe how the psychotropic medications affected her day to day living. The CAA noted the medication she received for anxiety, depression and behaviors of pacing. The CAA listed her diagnoses, her cognition based on the brief interview for mental status and her unsteady gait. The CAA failed to describe if the medication was effective, necessary, or improved her symptoms. The CAA stated a care plan would be developed related to her antidepressant use.

MDS Nurse #2 was not available for interview so MDS Nurse #1 was interviewed on 09/22/16 at 3:40 PM. She stated the Psychotropic Drug Use CAA did not explain the resident's behaviors and functionality. She stated that there needed to be more individual details in this CAA.

9. Resident #75 was admitted to the facility on

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10/28/14. Her diagnoses included dementia with behavioral disturbances, wandering and cerebrovascular disease.

The Annual Minimum Data Set dated 09/07/16 coded her with severely impaired cognition which was a decline from the previous quarter dated 06/15/16 when she coded with moderately impaired cognition. She was also coded with disorganized thinking, verbal behaviors, mood issues and receiving antipsychotic and antidepressant medications.

The Care Area Assessment (CAA) dated 09/15/16 and completed by MDS Nurse #2 which assessed Psychotropic Drug Use did not describe how the psychotropic medications affected her day to day living. The CAA noted the medication she received for dementia with behaviors and depression. The CAA listed her diagnoses, her cognition based on the brief interview for mental status and her need for supervision with some activities of daily living skills. The CAA failed to describe if the medication was effective, necessary, or improved her behaviors. The CAA stated a care plan would be developed related to her antidepressant use.

MDS Nurse #2 was not available for interview so MDS Nurse #1 was interviewed on 09/22/16 at 3:40 PM. She stated the Psychotropic Drug Use CAA did not explain the resident's behaviors and functionality. She stated that there needed to be more individual details in this CAA.

10. Resident #40 was admitted to the facility on 10/19/09 with diagnoses which included non-Alzheimer's dementia, depression and

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bipolar disorder.

Review of the annual Minimum Data Set (MDS) dated 03/08/16 revealed Resident #40 was cognitively intact and received antidepressants and antianxiety medications during the 7 day look back period.

Review of the Care Area Assessment (CAA) dated 03/18/16 for Psychotropic Drug Use stated Resident #40 was at risk for side effects of use of antidepressant and antianxiety medications. She had a diagnoses of depression, bipolar disorder and anxiety. She was at risk of lethargy, change in mental awareness, blood pressure changes, dry mouth and an increase in depressive symptoms. She had no noted side effects of use of medications. She was at risk for falls related to medication use. She required extensive assist with all activities of daily living and was incontinent of bowel and bladder. The CAA did not analyze how the psychotropic medications actually affected her day to day function and activities or if they were effective in treating her depression and anxiety.

During an interview conducted on 09/22/16 at 3:30 PM the MDS Nurse stated she received training on how to write CAAs from corporate. She stated she wrote the Psychotropic Drug Use CAA for Resident #40. The MDS Nurse stated when she wrote a CAA she was taught to restate the MDS. She stated she always conducted a head to toe assessment of the resident, read the nurse's notes, looked at behaviors and spoke with staff but didn't put any of those things in the CAA.

11. Resident #123 was admitted to the facility on

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04/21/16 with diagnoses which included non-Alzheimer's dementia and anxiety.

Review of the admission Minimum Data Set (MDS) dated 04/28/16 revealed Resident #123 had moderately impaired cognition with long and short term memory impairment. The MDS further revealed Resident #123 received antianxiety and antidepressants during the 7 day look back period.

Review of the Care Area Assessment (CAA) dated 05/04/16 stated Resident #123 was at risk for side effects of psychotropic medication usage. She has diagnoses of depression, dementia and anxiety. She has a diagnoses of hypertension. She required assist with activities of daily living and staff anticipated her needs. Gradual dose reductions had been performed per physician orders. The CAA did not analyze how the psychotropic medications actually affected her day to day function and activities or if they were effective in treating her depression and anxiety.

During an interview conducted on 09/22/16 at 3:30 PM the MDS Nurse stated she received training on how to write CAAs from corporate. She stated she wrote the Psychotropic Medication Use CAA for Resident #123. The MDS Nurse stated when she wrote a CAA she was taught to restate the MDS. She stated she always conducted a head to toe assessment of the resident, read the nurse's notes, looked at behaviors and spoke with staff but didn't put any of those things in the CAA.

12. Resident #59 was admitted to the facility on 01/19/16 with diagnoses which included non-Alzheimer's dementia, anxiety and

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depression.

Review of the admission Minimum Data Set (MDS) dated 01/25/16 revealed Resident #59 was severely cognitively impaired and received antipsychotic, antidepressant and antianxiety medications during the 7 day look back period.

Review of the Care Area Assessment (CAA) dated 01/28/16 for Psychotropic Medication Usage stated Resident #59 received Sertraline once a day related to depression, Seroquel every day at noon related to depression and Ativan every 6 hours as needed related to anxiety. The CAA also listed her diagnoses and her cognition score and activities of daily living needs. The CAA did not analyze how the psychotropic medications actually affected her day to day function and activities or if they were effective in treating her depression and anxiety.

During an interview conducted on 09/22/16 at 3:30 PM the MDS Nurse stated she received training on how to write CAAs from corporate. She stated she did not write the Psychotropic Medication Use CAA for Resident #59, MDS Nurse #2 wrote the CAA and was unavailable for interview. The MDS Nurse stated when she wrote a CAA she was taught to restate the MDS. She stated she always conducted a head to toe assessment of the resident, read the nurse's notes, looked at behaviors and spoke with staff but didn't put any of those things in the CAA.

13. Resident #70 was admitted on 07/13/16 with diagnoses including of dementia with behaviors, atrial fibrillation and gastrointestinal reflux disease.

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Review of the admission Minimum Data Set (MDS) dated 07/20/16 Resident #70 had short and long-term memory problems and moderately impaired cognitive skills for daily decision making and physical behavioral sypmtoms directed toward others. It further noted Resident #70 to reject care and received an antipsychotic medication daily during the assessment period.

Resident #70's Care Area Assessment (CAA) Summary for Psychotropic Drug Use dated 07/26/16 noted he was at risk for side effects including tardive dyskinesia, dry mouth, orthostatic hypotension, falls and constipation. Included in the CAA Summary Resident #70 received skilled therapy and required assistance with activities of daily living, toileting and mobility. The CAA completed by MDS nurse #2 stated a care plan would be started for the risk of side effects related to the use of psychotropic meds. The CAA did not include if the antipsychotic medication was effective in controlling Resident #70's behavior or how they effected his day to day living. There was no documentation of adverse drug reactions or if any referrals had been necessary.

On 09/22/16 at 3:30 PM an interview was conducted with MDS Nurse #1 because MDS Nurse #2 was unavailable. She stated she received MDS training from corporate when she was hired about two and a half years ago and if she had any questions about the process she referred them to MDS Nurse #2 who had more than ten years of experience. MDS Nurse #1 continued to report she was taught to restate the diagnoses and include information pertinent to the diagnoses or care area when completing the CAA Summary. She explained she reviewed the

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F 272	Continued From page 30 medical record including the nurses notes, therapy notes, observed the resident and interviewed the staff when she completed the CAA Summary but did not document it. The MDS Nurse stated the information gathered for Resident #70's Psychotropic Drug Use CAA should have included more resident specific details in the analysis of findings.	F 272		
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 (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain 1 of 3 ice machines in clean and sanitary condition. The findings included: Observations of the ice machine in the nutrition pantry on McCain Lane revealed the following: On 09/20/16 at 8:19 AM when the lid was opened to the ice storage bin an angled piece of metal was observed several inches back that extended across the entire top of the ice bin and extended down approximately 5 inches. Black matter the	F 371	White Oak Manor Kings Mountain does: 1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities and 2) Store, prepare, distribute, and serve food under satisfactory conditions. The ice machine's storage bin on the 200 hall has been replaced with a new ice storage bin. The other 2 ice machine storage bins in the building are in clean and sanitary	10/20/16

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F 371	Continued From page 31 size of a pin heads covered the surface of the angled metal piece and there were 2 pieces of black matter the size of a pencil eraser. Condensation covered the entire surface of the metal piece as well. A small area of the metal piece was wiped off with a paper towel and the black matter came off on to the paper towel. A subsequent observation of the ice machine's storage bin on 09/20/16 at 2:46 PM revealed an angled piece of metal was observed several inches back that extended across the entire top of the ice bin and extended down approximately 5 inches. Black matter the size of a pin heads covered the surface of the angled metal piece and there were 2 pieces of black matter the size of a pencil eraser. Condensation covered the entire surface of the metal piece as well. An interview with the Housekeeping and Laundry Director on 09/20/16 at 2:53 PM revealed housekeeping cleaned the outside of the ice machines on the hall and maintenance was responsible for cleaning the inside of the ice machines. During an interview on 09/20/16 at 3:09 PM the Maintenance Director stated the facility had one ice machine in the kitchen and the other two were located in the nutrition pantries on the halls. The ice machines were cleaned by him or his assistant every three months. The Maintenance Director indicated the cleaning included emptying the ice out of the bin and cleaning the inside of the bin as well as the angled piece of metal which he referred to as the "diverter" (deflects the ice towards the back of the ice bin). The Maintenance Director stated he kept a cleaning log for the ice machines and was asked to get	F 371	condition. The staff have been reeducated starting 9/28/2016 through 10/12/2016 regarding reporting immediately to the maintenance department if they notice the ice machine is dirty, by the Staff Development Coordinator. Newly hired staff will receive this education during their specific orientation. Monitoring logs were developed to monitor that the ice machine storage bins are clean. Then logs will be reviewed by the Maintenance Director or designee to assure continued compliance of F371. This will be monitored 3 times a weeks for 4 weeks and monthly for 3 months. Results from the monitoring will be discussed during weekly Quality Assurance Meetings for its effectiveness. Any identified issues will be corrected per the Quality Assurance Team recommendations. Unresolved issues will be reviewed by the Maintenance Director or designee for follow-up reeducation. The Maintenance Director is responsible for the on-going compliance with F371.	

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F 371	Continued From page 32 this from his office for review. The Maintenance Director returned on 09/20/16 at 3:15 PM with the log which noted the last time the ice machines were cleaned on McCain Lane or Jeffries Junction was 06/10/16. He indicated they were a little late with the cleanings but then recalled his assistant had cleaned the ice machine on McCain Lane the week before last because someone thought they saw a fly. The Maintenance Director further stated he did not document this cleaning and had also changed the water filter on the McCain Lane ice machine approximately 2 weeks ago. An interview with the Maintenance Assistant on 09/20/16 at 3:20 PM revealed he had cleaned the McCain Lane ice bin recently and stated he had removed all the ice and washed the inside of the bin with soapy water and rinsed the bin inside and out. The Maintenance Assistant further stated he had cleaned the "diverter" at that time. On 09/20/16 at 3:24 PM the Maintenance Director and the Maintenance Assistant were accompanied to the nutrition pantry on McCain Lane to observe the ice machine. The Maintenance Director ran his index finger across the front of the "diverter" and black matter covered his finger. The Maintenance Director stated the surface of the diverter was dirty and should not be that way. The Maintenance Director further stated he had just changed the water filter on this ice machine and did not know where the dirt was coming from. During an interview on 09/22/16 at 2:43 PM the Administrator stated she expected the ice machines to be cleaned according to the maintenance schedule and documented on the	F 371		

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F 371	Continued From page 33 log.	F 371		