

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2017
NAME OF PROVIDER OR SUPPLIER BROOKRIDGE RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1199 HAYES FOREST DRIVE WINSTON-SALEM, NC 27106		
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F 371 SS=E	<p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to: discard rotten produce from refrigerator and freezer; failed to clean a plate warmer; a steam table; four carts that dishes and trays were stored.</p> <p>The findings included:</p> <p>a. On 5/16/17 at 10:00 AM, during the tour of the kitchen, the freezer had a ½ box of rotten</p>	F 371	<p>No residents were effected by the deficiency.</p> <p>When spoiled peppers were identified there were immediately disgarded to insure no future residents would be effected.</p> <p>To ensure from reoccurring, stock personnel as well as prep cook will be responsible for inspecting all incoming</p>	6/9/17	

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

TITLE

(X6) DATE

Electronically Signed

06/07/2017

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 371	<p>Continued From page 1</p> <p>green peppers mixed with fresh peppers. The refrigerator had the following items: 2 sliced rotten tomatoes, rotten cucumber, rotten bag of lettuce and molded cheese.</p> <p>On 5/16/17 at 10:00 AM, during an interview, the Dietary Manager (DM) stated that items should have been checked and discard when found rotten prior to being placed in the refrigerator and freezer.</p> <p>b. On 5/16/17 at 10:05 AM, during the tour of the kitchen the plate warmer had a large volume of dried foods, liquids on the inside and outside. There were two rows of clean plates stored on the inside.</p> <p>On 5/16/17 at 10:05 AM, during an interview, the DM stated the kitchen equipment should be cleaned in accordance to the kitchen checklist. The DM provided a checklist that indicated the designated frequency for cleaning kitchen equipment.</p> <p>c. On 5/16/17 at 10:05 AM, during the tour of the kitchen the steam table surfaces and lids had large volumes of dried food, liquids and grease build up. Inside the steam table there was left over food floating in the water.</p> <p>On 5/16/17 at 10:05 AM, during an interview, the DM stated the kitchen equipment should be cleaned in accordance to the kitchen checklist. The DM provided a checklist that indicated the designated frequency for cleaning kitchen equipment.</p> <p>d. On 5/16/17 at 10:05 AM, during the tour of the kitchen the four tray carts had a large volume of dried food and liquids in the grooves and</p>	F 371	<p>produce and disposing of all produce that is not of a quality to be served during a daily inspection and will record on the daily checklist.</p> <p>All dietary staff was inserviced from 6/5/2017-6/7/2017 on Food Procurement/storage/and Sanitation,</p> <p>Dietary Manager, Dietary Assistant, Independent Living Manager will review daily checklists for completion.</p> <p>Health Care Administrator will review weekly the findings of the checklists and report to weekly IDT meeting as well as monthly and quarterly QAPI.</p> <p>Soiled equipment was immediately cleaned using degreaser upon discovery and clean plates were removed from warmer.</p> <p>Water baths were emptied and cleaned immediately upon discovery.</p> <p>To prevent from reoccurring, cleaning schedule has been revised to weekly for steamtable and warmer. All tray cart pressure washer cleaning has been revised to bi-monthly and placed on daily sanitation checklist.</p> <p>Staff was inserviced on sanitation from 6/5/2017-6/7/2017.</p> <p>Dietary Manager and Assistant Dietary Manager will round daily and document on checklist.</p>		

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F 371	Continued From page 2 edges where clean trays were stored. On 5/18/17 at 11:05 AM, during an interview, the Dietary Aide (DA) #1 stated the produce should be checked and labeled prior to placement in refrigerator or freezer. The kitchen equipment should be cleaned and wiped down in accordance to the kitchen checklist. On 5/18/17 at 11:10 AM, during an interview, DA#2 stated that the expectation was to wipe down kitchen equipment daily and deep clean weekly. DA#2 also stated any spoiled or rotten foods should be discarded prior to putting them in the refrigerator or freezer. On 5/18/17 at 11:10 AM, during an interview, Cook #2 stated produce should be checked for spoiled/ rotten areas prior to placement in refrigerator or freezer. The kitchen equipment should be wiped down daily and deep cleaned weekly. On 5/18/17 at 1:30 PM, during an interview, the Administrator indicated the expectation was for the dietary manger to maintain the kitchen in accordance to kitchen policy and procedures and designated by checklist.	F 371	Healthcare Administrator will receive daily checklist results and address daily for deficiencies as well as present at weekly IDT meeting and monthly QAPI as well as quarterly.		
F 431 SS=E	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.	F 431		6/9/17	

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F 431	Continued From page 3 (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and	F 431			

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F 431	<p>Continued From page 4</p> <p>Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to remove nine expired medications from 1 of 2 medication carts on six east hall. (Resident #1, #3, #10, #28, #34, #36)</p> <p>Findings Included:</p> <p>On 5/17/17 at 9:00 AM, during the observation with Nurse # 1 there were nine plastic containers of topical ointment which were expired on the medication cart on six east hall. Observation revealed Resident # 3 had two containers expired on 4/20/17, Resident # 34, had one expired container on 4/30/17, Resident #1 had one container which expired on 5/11/17, Resident # 10 had two containers which expired on 5/11/17, Resident # 36 had two containers expired on 5/11/17, and Resident # 28 one expired container on 5/13/17.</p> <p>On 5/17/17 at 9:10 AM, during an interview, Nurse # 1 indicated that the third shift nurses were responsible to check for expired medications. The nurse confirmed that she had not checked the expiration date on topical creams in her medication administration cart.</p> <p>On 5/17/17 at 9:40 AM, during an interview, the Director of Nursing revealed that the night nurses were responsible to check all medication carts on a nightly basis. Her expectation was that no expired items be left in the medication carts.</p>	F 431	<p>For the residents affected: No residents were effected by the deficient practice.</p> <p>For the residents with potential to be affected: The expired medication containers were disposed of immediately.</p> <p>Measure put in place: Education was provided with directives for floor nurses to monitor medication carts every shift for expired medications rather than monitoring nightly. This inservice was completed on or before 5/22/2017.</p> <p>Monitoring: The DON or designee will audit medication carts daily x one month to ensure no expired medications are found. If substantial compliance is obtained the audit will continue with floor nurses monitoring medication carts every shift for expired medications and DON or designee will monitor medication carts weekly x 3 months. If after 3 months substantial compliance remains, DON or designee will monitor on a monthly basis with hall nurses to continue monitoring every shift. This plan of correction will be discussed weekly during IDT meetings and brought monthly and quarterly to quality assurance meetings for discussion and evaluation of compliance.</p>		

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F 520 SS=E	<p>483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>(g) Quality assessment and assurance.</p> <p>(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:</p> <p>(i) The director of nursing services;</p> <p>(ii) The Medical Director or his/her designee;</p> <p>(iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and</p> <p>(g)(2) The quality assessment and assurance committee must :</p> <p>(i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>(i) Sanctions. Good faith attempts by the committee to identify and correct quality</p>	F 520		6/9/17	

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F 520	<p>Continued From page 6</p> <p>deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff and resident interviews the facilities Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place on 5/1/16. For a recited deficiency which was originally cited on a Recertification survey dated 4/7/16 which was cited at F431. The deficiency was in the area of medication storage. The continued failure of the facility during a federal survey of record show a pattern of the facilities inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referred to:</p> <p>F 431 Based on observations and staff interviews the facility failed to remove nine (9) expired medications from 1 of 2 medication carts on six east hall. (Resident #1, #3, #10, #28, #34, #36)</p> <p>The facility was cited for failing to remove expired medications from the medication cart during a recertification survey conducted on 04/07/16.</p> <p>F 431: Based on observations and staff interviews the facility failed to remove expired medications from 2 out of 2 refrigerators in the medication storage rooms. The expired medications included 6 out of 6 pneumococcal vaccine vials and 6 out 21 Tylenol suppositories, which are to be stored in the refrigerator.</p>	F 520	<p>For residents affected: No residents were affected by the deficient practice.</p> <p>For residents with potential to be affected: Substantial compliance evaluation of medication cart audit findings to be discussed weekly during IDT meeting. Audit schedule frequency increased by DON or designee with audit times to vary to ensure each shift monitored equally.</p> <p>Measures put in place: Weekly discussion of medication cart audit findings during IDT meeting. QAPI meetings to be held monthly in addition to quarterly to evaluate substantial compliance with plan of correction.</p> <p>Monitoring: Plan of correction to be discussed weekly during IDT meeting and during monthly and quarterly QAPI, at which time audit findings will be discussed to evaluate substantial compliance, review any concerns and discuss identified weaknesses if applicable, and implement if warranted steps to improve QAPI process to ensure substantial compliance is maintained with plan of correction.</p>		

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

PRINTED: 06/19/2017
FORM APPROVED
OMB NO. 0938-0391

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F 520	Continued From page 7 During an interview on 05/18/2017 at 1:37 PM, the Director of Nursing indicated to maintain compliance the facility would set up a schedule for audits and vary the time and the shift. The facility would review concerns based on the audits, and improve and identify the weakness in the system.	F 520		