

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

PRINTED: 09/01/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345152</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/20/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1265 21 STREET NE</b> <b>HICKORY, NC 28601</b>		
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F 000	INITIAL COMMENTS	F 000			
F 371 SS=F	<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 and staff interview the facility failed to prevent mold formation in the ice machine, failed to keep sanitizing solutions at the strength recommended by the manufacturer, and failed to cover baked good to prevent cross-contamination. The facility also failed to</p>	F 371	<p>Ice Machine:</p> <p>The food services department emptied the ice machine and maintenance thoroughly cleaned the ice machine the week of July 10. However, the charcoal</p>	8/6/17	

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

TITLE

(X6) DATE

Electronically Signed

08/02/2017

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>de-stain and clean kitchenware used for serving food, and failed to label and date opened and repackaged food items in storage. Findings included:</p> <p>1. During initial tour of the kitchen, beginning at 8:50 AM on 07/17/17, there was a thin line of slimy pink build-up running about one and a half inches long across the back panel of the ice machine. Water was running across this build-up and into the ice being stored in the machine.</p> <p>During a follow-up tour of the kitchen, at 9:40 AM on 07/19/17, the thin line of slimy pink build-up was still present on the back panel of the ice machine. A steady stream of water was still running across the build-up and into ice being stored in the machine.</p> <p>At 9:52 AM on 07/19/17 the dietary manager (DM) stated the ice machine was completely cleaned last week. She also commented that usually there was not a steady flow of water across the back panel of the ice machine.</p> <p>At 10:12 AM on 07/20/17 the DM stated when the ice machine was cleaned last week the maintenance staff did not replace the wands which contained charcoal filters. She reported she thought this contributed to the pink build-up on the back panel of the ice machine. She commented the maintenance department was still trying to determine the cause of the constant flow of water across the back panel.</p> <p>At 10:25 AM on 07/20/17 a dietary employee/cook stated there should not be any pink or gray build-up in the ice machine because these were indicators of mold which could make</p>	F 371	<p>wands were not replaced after the cleaning, which caused a slight mold build up.</p> <p>The FSD in-serviced the staff on 7/27/17 on the proper way to clean the ice machine. This will consist of wiping down the outside, along with removing and sanitizing the white shield. The AFSD will maintain back up wands in stock at all times and will replace each time the machine is emptied and cleaned.</p> <p>The cleaning of the ice machine is already an item on the kitchen inspection report. The machine will be cleaned weekly and will be checked monthly as part of the RDs sanitation inspection.</p> <p>The FSD will implement the POC.</p> <p>All in-service, cleaning and inspection was completed on 7/27/17.</p> <p>Sanitizing Solution:</p> <p>While awaiting a shipment of test strips, the food service department used a temporary brand that did not include 50ppm ranges; therefore, the precise range was unclear to the staff.</p> <p>Upon being brought to the attention of the staff that the range was low, the aides and cooks emptied and re-filled the sanitation buckets. The sanitizer was re-tested at 200ppm. The FSD also in-serviced staff on 7/27/17 on the proper use of sanitation</p>		

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F 371	<p>Continued From page 2 residents sick.</p> <p>2. During observation of food preparation, at 10:00 AM on 07/19/17, a dietary employee was observed wiping down a food preparation table where slaw had been prepared. She used a rag from a red bucket containing quaternary sanitizing solution.</p> <p>At 10:02 AM on 07/19/17 a strip used to measure the strength of the sanitizing solution in the red bucket registered 10 - 100 parts per million (PPM) of sanitizer. At this time the employee using the solution stated the strip should register 150 - 200 PPM per manufacturer guidelines.</p> <p>At 10:32 AM on 07/19/17 another dietary employee was observed wiping down a food preparation table where she had been placing cookies on dessert plates. She used a rag from a red bucket containing quaternary sanitizing solution.</p> <p>At 10:34 AM on 07/19/17 a strip used to measure the strength of the sanitizing solution in the red bucket registered 10 - 100 PPM of sanitizer. At this time the employee using the solution stated the strip should register 150 - 200 PPM per manufacturer guidelines. She also commented that the red buckets in the kitchen were last changed out (new solution was drawn from the sanitizer dispensing system) between 7:00 AM and 7:30 AM on 07/19/17, but additional rags had been added to the buckets since then.</p> <p>At 10:12 AM on 07/20/17 the dietary manager (DM) stated quaternary sanitizing solution was first placed in the red buckets around 6:00 AM and fresh solution was placed in these same</p>	F 371	<p>buckets and appropriate ranges.</p> <p>A monitoring sheet was created for each area to record the strip 4 times per day. The sanitizer solution has been increased to 400ppm by the Ecolab representative so the sanitizer will remain effective for longer periods of time.</p> <p>The AFSD or designee will monitor the processes and review the monitoring sheet daily. Monitoring sheets will be maintained in the dietary office.</p> <p>All in-service, cleaning and implementation of the new monitoring tool was completed on 7/27/17.</p> <p>Covering Baked Good and Flies in the Kitchen:</p> <p>Normal protocol is to cover food items after they have been prepared and cooled. On 7/19/17, the cookies were left uncovered for 35 minutes. This may have attracted more flies into the kitchen.</p> <p>The FSD in-serviced staff on 7/27/17 about the importance of covering baked items with loose plastic wrap or wax paper once they have been removed from the oven. Also, the maintenance director contacted the City of Hickory to request new and clean dumpsters. In addition, a bug zapper has been ordered for the back of the building and fly strips added to the service hall just outside the kitchen. This should help to reduce the number of flies</p>		

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F 371	<p>Continued From page 3</p> <p>buckets around 9:00 AM. She reported she thought adding too many rags into the buckets contributed to the problem with the weak sanitizing solutions.</p> <p>At 10:25 AM on 07/20/17 a dietary employee/cook stated red buckets were filled with sanitizing solution around 5:00 AM, and these buckets were emptied and new sanitizer was used to fill them around 7:30 AM the same morning and again around 2:00 PM the same afternoon. She commented the strength of the sanitizing solution should always be between 150 - 200 PPM in order to kill bacteria and germs effectively.</p> <p>3. At 9:25 AM on 07/19/17 there were five pans of uncovered cookies stored on an open rack, and three flies were observed in the kitchen.</p> <p>At 9:33 AM on 07/19/17 a cook stated he removed the cookies from the ovens earlier that morning at 9:15 AM.</p> <p>These pans of cookies remained uncovered until 9:50 AM on 07/19/17 when dietary employees began to place them on dessert plates. The pans were at room temperature when they were touched.</p> <p>At 10:12 AM on 07/20/17 the dietary manager (DM) stated last week employees were in-serviced to keep items covered during operation of the trayline because of an increase in the number of flies found in the kitchen. She reported it was her expectation for staff to cover baked goods with loose plastic wrap or wax paper to keep flies and gnats off them.</p>	F 371	<p>around the building and therefore lessen the number of flies that have the potential to enter the kitchen. The AFSD or designee will conduct daily checks for the next 3 months to determine and verify that the protocol to cover food items is being followed. A form to monitor the process was created and implemented on 7/31/17.</p> <p>The AFSD will monitor the process to ensure the POC is being followed.</p> <p>In-service and implementation of monitoring form was completed as of 7/31/17.</p> <p>Stained and Unclean Dishes:</p> <p>Protocol is to check dishes for stains and food particles once they have been washed. Surveyor found several side dishes that were stained and pitted, along with some residue food particles.</p> <p>The FSD immediately discarded several items and sent others back to be run through another cycle in the dishwasher. The FSD in-serviced staff on 7/27/17 on the importance of checking and re-checking dishes and utensils for cleanliness and stains. On 7/17/17, the FSD and AFSD went through the entire inventory of dishes and removed stained and pitted items that would not come clean. The FSD also ordered new dishes on 7/27/17 to replace items removed from inventory.</p>		

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F 371	<p>Continued From page 4</p> <p>At 10:25 AM on 07/20/17 a dietary employee/cook stated staff were told in previous meetings to keep foods covered with plastic wrap on tin foil so that flies and gnats did not contaminate them with germs and bacteria. She commented this practice was especially important for foods which had cooled down below 135 degrees Fahrenheit because the bacteria could not be killed by heat.</p> <p>4. During a kitchenware inspection, beginning at 10:35 AM on 07/19/17, 6 of 15 side dishes (small bowls), available for use at the upcoming lunch meal, had dark brown stain in them, and 1 of 15 side dishes had food particles still inside it. 15 of 33 plastic coffee mugs, available for use at the upcoming lunch meal, had dark brown stains inside of them, and 7 of 24 plastic soup/cereal bowls had a white sticky food residue inside of them.</p> <p>At 10:12 AM on 07/20/17 the dietary manager (DM) stated kitchenware was supposed to be de-stained weekly. She commented coffee mugs were de-stained on Fridays, and the side dishes were de-stained on Thursdays. According to the DM, the kitchen had problems getting all its kitchenware back from residents that hoarded items. She explained she thought this contributed to finding kitchenware which had not been de-stained on 07/19/17. She also reported that observation of the dish machine revealed there was excess residue inside which may have contributed to finding kitchenware that had not been cleaned properly on 07/19/17.</p> <p>At 10:25 AM on 07/20/17 a dietary employee/cook stated finding old food caked in/on items of kitchenware was not good because</p>	F 371	<p>Supervisory cooks will check the racks of dishes immediately after coming out of the wash cycle to ensure items are cleaned properly and without stains. If dirty items are found, they will be sent back through the dishwashing cycle. Finally, the current protocol of de-staining dishes on Fridays will remain in place.</p> <p>Effective 7/31/17, the supervisor cooks will be responsible for completing an audit sheet to report observations. As a follow up, the AFSD or designee will spot check items daily for 3 months to ensure protocol is being followed.</p> <p>In-service and implementation of monitoring tool was completed as of 7/31/17.</p> <p>Date and labeling:</p> <p>It is facility protocol to properly label and date open food items. Items not dated or labeled should be discarded or labeled correctly.</p> <p>All items that did not have a proper date or label were immediately discarded by the cook on 7/17/17. The FSD in-serviced staff on 7/27/17 on the importance of recognizing and dating items. On 7/28/17, the FSD re-arranged items in the cooler and freezer. All items that are open will be dated with open date and placed on a newly designated shelf for immediate use. Items unopened will be stored on different shelves to keep separate. Items taken</p>		

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F 371	<p>Continued From page 5</p> <p>it could cause cross-contamination if not detected and make residents sick. She reported the employee putting away sanitized kitchenware as it exited the dish machine was supposed to catch items which were not properly cleaned and make sure they were run back through the dish machine until all food was removed. She commented kitchenware was supposed to be de-stained weekly using a bleach-based solution. According to the cook, stained kitchenware was not attractive to residents and could lessen enjoyment generated during the dining experience.</p> <p>5. During initial tour of the kitchen, beginning at 8:50 AM on 07/17/17, an opened 40-ounce containers of mixed nuts and an opened 8.6-ounce foil bag of fruit punch mix found in the dry storage room were without labels and open dates. A gallon container of ranch dressing, a gallon container of thousand island dressing, a gallon container of dill pickle relish, a gallon container of yellow mustard, and a gallon container of spicy brown mustard were opened and stored in the walk-in refrigerator without labels and open dates on them. Two bags of sliced potatoes, a repackaged tortilla, a bag of oriental mixed vegetables, a bag of apple tarts, a bag of diced chicken, and a bag of chicken fingers were opened and stored in the walk-in freezer without labels and open dates. Part of an onion and a puree dessert found in the reach-in refrigerator were without labels and dates on them.</p> <p>During a follow-up tour of kitchen storage areas, beginning at 10:28 AM on 07/19/17, a bag of sweet potato fries, a bag of breaded chicken patties, and a container with a coconut cream pie</p>	F 371	<p>from the freezer will be dated with the expiration date from the original box or packaging.</p> <p>Effective 7/31/17, the cooks will monitor, record, and check items on the designated "open" shelf to make sure items have proper date. Items not dated will be discarded immediately.</p> <p>The AFSD or designee will randomly check the cooler and freezer daily to ensure the cooks do not overlook items without dates and labeling.</p> <p>In-service and implementation of monitoring tool was completed on 7/31/17.</p> <p>The FSD will oversee the entire POC and initiate a new performance improvement plan (PIP) that will be reviewed quarterly.</p>		

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F 371	<p>Continued From page 6</p> <p>were opened and stored in the walk-in freezer without labels and open dates.</p> <p>At 10:12 AM on 07/20/17 the dietary manager (DM) stated all dietary employees were supposed to check storage areas as they entered and exited them to make sure opened, repackaged, and leftover food items were labeled and dated. She reported this practice helped to make sure older foods were used up first to lessen the chance of spoilage and to keep food quality high. She commented labeling and dating were monitored by the assistant dietary manager as he placed orders, by the cooks as they handled foods during preparation tasks, and the stock person when putting away foods delivered by truck.</p> <p>At 10:25 AM on 07/20/17 a dietary employee/cook stated it was important to know the age of food items, and that was the reason the facility placed received and opened dates on containers and packaging. She reported all opened food items, all repackaged food items, and all leftovers were supposed to have labels and dates on them. She commented bacteria and mold were more prone to grow in older foods which had not been disposed of.</p>	F 371			