

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

PRINTED: 12/04/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/26/2017
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER HEALTH & REHAB/EDEN			STREET ADDRESS, CITY, STATE, ZIP CODE 226 N OAKLAND AVENUE EDEN, NC 27288		
(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 deficiency was cited for the complaints. Event ID. H50V11 .Dated 10/26/17.	F 000			
F 371 SS=F	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3) (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (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 facility staff interviews, the facility failed to discard expired food from the dry storage, reach in refrigerator, nourishment refrigerator, walk-in refrigerator and walk-in freezer and failed to properly store food in the	F 371		11/8/17	
			Tag 0371 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of		

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

TITLE

(X6) DATE

Electronically Signed

11/10/2017

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 walk in freezer.</p> <p>Findings included:</p> <p>1a. An observation of the bread rack in dry storage on 10/23/17 at 3:30 PM revealed the 2 loaves of whole wheat bread with best by date 10/12/17, 2 loaves of whole wheat bread with best by date 10/19/17, 2 loaves of king thin bread with best by date 10/19/17, 7 packs of hot dogs buns with best by date 10/19/17 indicated on them. The bread rack also contained 4 loaves of opened king thin bread with best by date of 10/19/17 and 2 packs of opened hot dog buns opened with best by date 10/19/17 with no opened date or use by date label on them.</p> <p>b. Observation of the reach in refrigerator on 10/23/17 at 3:35 PM revealed a clear plastic container with a label "Cream of Mushroom, Use by date: 10/22/17", a clear plastic container with yellowish liquid with a label " Cream of chicken, Use by date: 10/22/17", an aluminum container with a plastic cover with a label " Cabbage, Use by date 10/19/17", a plastic container containing a purple jelly like food with a label "Grape Jelly, Use by date 10/3/17, Wholesome farm liquid eggs pasteurized - 64 ounce carton with label " Use by date 10/20/17, and an 8 ounce (oz.) milk carton with expiration date 10/1/17 indicated on it . Observation also revealed a plastic container with salad mix with a label "10/22/17". Label did not indicate a "use by" or "preparation date".</p> <p>During an interview with the dietary aide (DA) # 1 on 10/23/17 at 3:37 PM, dietary aide indicated that all left over foods were labelled with a "use by" date which was usually 2-3 days from the date of preparation. She stated that the food was</p>	F 371	<p>deficiencies. The plan of correction prepared and/or executed solely because it is required by the provisions of federal and state law. This plan of correction is the facilities allegation of compliance.</p> <ul style="list-style-type: none"> Staff did not properly date and did not properly discard bread, hot dog buns, "cream of mushroom", "cream of chicken", cabbage, grape jelly, liquid pasteurized egg carton, 8 oz. milk carton, salad mix, apple sauce, frozen turkey Tet., Southern Style Chicken purred shaped meat with binders and country style green beans. Staff did not discard resident food in nourishment refrigerator that was stored greater than one month. Staff did not discard "muffin bulk" ice covered cardboard box in walk in freezer that per the DM#1 indicated water must have dripped out of the compressor.. Staff is to place used by or preparation dates on food packaging / storage. Food is to be used by date or discarded on or before used by date. Freezer should not have ice buildup. Freezer should not have ice buildup. Freezer should be serviced if ice buildup is noted. Administrator provided one to one education to DM#1 that staff is to place used by or preparation dates on food packaging / storage prior to storing the food. Administrator provided one to one education to DM#1 that food is to be used by date or discarded on or before used by 		

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F 371	<p>Continued From page 2</p> <p>used within the date indicated on the label. She further stated that the food was to be discarded when not used within the "use by" date indicated on them.</p> <p>c. Observation of the walk in refrigerator on 10/23/17 at 3:40 PM revealed a container on the top rack containing 4 whole wilting purple cabbage heads and a Ziploc bag containing a half cut purple cabbage with "Date opened -9/20/17 and use by date - 9/23/17" written on it. Observation also revealed a transparent container with white mushy food and a label "Applesauce, date - 10/14/17".</p> <p>d. Observation of the walk in freezer on 10/23/17 at 3:45 PM revealed an aluminum pan with silver foil with a label "to be frozen - turkey tet, dated 4/3/17", 2 cardboard boxes labeled "southern style chicken pureed shaped meat with binders - 24/ 3 oz. with expiration date 3/27/15. Observation also revealed one cardboard box labeled "country style green beans - 24/3.2 oz." with expiration date 2/20/15.</p> <p>During an interview with the DA # 1 on 10/23/17 at 3:37 PM, dietary aide indicated that she was unaware that the food had expired in 2015 and unsure who placed these boxes in the freezer and why it was not discarded earlier.</p> <p>During an interview with the Dietary Manager (DM) on 10/25/17 at 12:01 PM, the DM indicated that that the boxes in the freezer were an error on his part. He indicated that that while checking the emergency supply, instead of discarding the expired pureed food, he had placed it in the freezer and was to discard them later.</p>	F 371	<p>date. Administrator provided one to one education to DM#1 that freezer should not have ice buildup. Administrator provided one to one education to DM#1 that freezer should be serviced if ice buildup is noted. DM#1 educated dietary staff that staff is to place used by or preparation dates on food packaging / storage prior to storing the food. DM#1 educated dietary staff that food is to be used by date or discarded on or before used by date. DM#1 educated dietary staff that freezer should not have ice buildup. DM#1 educated dietary staff that freezer should be serviced if ice buildup is noted.</p> <ul style="list-style-type: none"> DM#1 will conduct documented Sanitation Observation Rounds in the kitchen and the nutritional refrigerators three times a week for six months. During the Sanitation Rounds, DM#1 observations will include: validating used by and or prepared on dates are present for each item, and that there is not ice buildup is not present in the freezer or on packaging. DM#1 will assign a Dietary Aid to conduct documented Sanitation Observation Rounds in the kitchen and the nutritional refrigerators three times a week for six months. During the Sanitation Rounds, DM#1 observations will include: validating used by and or prepared on dates are present for each item, and that there is not ice buildup is not present in the freezer or on packaging. DM#1 will designate the second shift Dietary Aid to conduct documented Sanitation Observation Rounds in the dietary department and the 		

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F 371	<p>Continued From page 3</p> <p>e. Observation of nourishment refrigerator in hallway 200 on 10/26/2017 at 8:33 AM, revealed a blue plastic bag with label indicating resident name and date 9/26/17. Observation of the plastic bag when opened by the staff revealed a clear plastic box with brown colored food that looked like home cooked food with some meat and vegetables.</p> <p>During an interview with Assistant Director of Nursing [ADON] on 0/26/2017 at 9:50 AM, she indicated that the Nursing aides [NA] were assigned to clean the nourishment refrigerator. She further stated that all resident's food were labeled and dated. She also stated that store purchased, sealed food, unopened with an expiration date was stored more than a month.</p> <p>f. Observation of the walk in freezer on 10/23/17 at 3:45 PM revealed ice on a cardboard labeled "muffin bulk" stored on the rack beneath the freezer compressor. The DM #1 indicated that the water must have dripped out of the compressor.</p> <p>During an interview with DM on 10/26/2017 at 10:00 AM, he indicated that it was his expectation that every Monday, the bread guy pulls out the old bread before storing fresh bread on the rack. He also indicated that all staff should label opened containers and leftovers with a "preparation date" and a "use by" date. He further stated that leftover food should be used or discard based on the date indicated on the label. He also indicated that all expired food should be discarded immediately. He stated that the freezer would be serviced to prevent ice formation.</p> <p>During an interview on 10/26/2017 at 10:54 AM, the Administrator stated that it was her</p>	F 371	<p>nutritional refrigerators four times per week so there is a seven day a week Sanitation Observation Rounds being conducted. The second shift Dietary Aid observations will include: validating used by and or prepared on dates are present for each item, and that there is not ice buildup is not present in the freezer or on packaging. Once a week, on random days and times, the Administrator will conduct documented Sanitation Observation Rounds in the Dietary department and the nourishment refrigerators. During the Sanitation Rounds, DM#1 observations will include: validating used by and or prepared on dates are present for each item, and that there is not ice buildup is not present in the freezer or on packaging. If there are any items noted that are not dated or that are expired, those items will be immediately discarded, the dietary staff will be re-educated and the Administrator will be notified. If there is ice buildup noted in the refrigerator or on packaging noted, the item will be immediately discarded, the dietary staff will be re-educated and the Administrator will be notified. DM#1 will present the results of the audits to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for a minimum of six months. The QAPI Committee will review the audits for trends and make recommendations to assure compliance is sustained ongoing. The audits will be conducted for a minimum of six months and may be conducted longer at the discretion and recommendation of the</p>		

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F 371	Continued From page 4 expectation that staff use proper labeling and discard expired products immediately and appropriately. She also indicated that a staff member was now assigned as a designated staff for nourishment refrigerator and that the refrigerator will be checked on regular basis and foods disposed as needed.	F 371	Quality Assurance and Performance Improvement Committee. The Administrator is ultimately responsible for the plan of correction.		
F 520 SS=D	QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS CFR(s): 483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (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 (g)(2) The quality assessment and assurance committee must : (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 (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;	F 520		11/9/17	

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F 520	<p>Continued From page 5</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 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 review, observations and facility staff interviews, the facility ' s Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following the 12/1/2016 recertification survey to correct a deficiency in the area of dietary (F371), which was subsequently recited on 10/26/17 on the recertification. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance program.</p> <p>The Findings Included:</p> <p>This tag is cross referenced to: F371</p> <p>Based on observation and facility staff interviews, the facility failed to discard expired food from the dry storage, reach in refrigerator, nourishment refrigerator, walk-in refrigerator and walk-in freezer and failed to properly store food in the walk in freezer.</p> <p>An interview with the Administrator on 10/26/17 at</p>	F 520	<p>0520</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction prepared and/or executed solely because it is required by the provisions of federal and state law. This plan of correction is the facilities allegation of compliance.</p> <ul style="list-style-type: none"> The center did not maintain the Quality Assurance and Performance Improvement (QAPI) Program to assure compliance with F371 resulting in repeat violations. The Quality Assurance and Performance Improvement Committee is designed to maintain implemented procedures and monitor the interventions as well as develop and implement appropriate plans of action to correct identified quality deficiencies. 		

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F 520	Continued From page 6 1:42 PM revealed the facility had a Quality Assurance and Performance Improvement (QAPI) program in place. Administrator indicated that the QAA (Quality Assurance Agency) committee consisted of herself, Director of Nursing, Minimum Data Set coordinator, Medical Director, Business Office Manager, Dietary Manager, All Department heads and the Admissions Coordinator. She indicated that team met during daily stand up meeting, monthly reviews and quarterly assessment. She indicated that the team discussed on-going issues, has an audit program, tracked and trended the problem and planned training and education process based on the trends.	F 520	<ul style="list-style-type: none"> The District Director of Clinical Services educated the center QAPI Committee, including, but not limited to the Administrator, Dietary Manager #1, Director of Nursing, Assistant Director of Nursing, and the Staff Development Coordinator that the committee is designed to maintain implemented procedures and monitor the interventions as well as develop and implement appropriate plans of action to correct identified quality deficiencies and monitor of trends and make recommendations to attain or sustain compliance ongoing. The QAPI Committee recommended during each routine visit for a minimum of six months, the Registered Dietician (RD) conduct documented Sanitation Observation Rounds to include: validating used by and or prepared on dates are present for each item, and that there is not ice buildup is not present in the freezer or on packaging. The QAPI Committee recommended the audits are reviewed with DM#1 and the Administrator after each tour for any actions or immediate follow up that is needed. DM#1 will present the results of the RD audits at the monthly QAPI Committee Meeting. The QAPI Committee will review the audits for trends and make recommendations to assure compliance is sustained ongoing. The audits will be conducted for a minimum of six months and may be conducted longer at the discretion and recommendation of the Quality Assurance and Performance 		

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F 520	Continued From page 7	F 520	Improvement Committee. The Administrator is ultimately responsible for the plan of correction.		