| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345436 | A. BUILDING _____ B. WING _____ | C 10/26/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WELLINGTON REHABILITATION AND HEALTHCARE** | **1000 TANDAL PLACE KNIGHTDALE, NC 27545** |

| (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<br><br>No deficiences were cited for the complaint invetigations Event # XF7R11. | F 000 | | |
| F 371 SS=E | FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br>CFR(s): 483.60(i)(1)-(3)<br><br>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br><br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br><br>(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.<br><br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br><br>(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.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations and staff interviews, the facility failed to provide an appropriate barrier between ready to eat foods or straws and the server's bare hands for 1 of 5 staff members. The findings included: | F 371 | F371<br>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br>Corrective Action or the Resident Affected Staff Member #1 was in-serviced on | 11/15/17 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/09/2017

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| F 371 | Continued From page 1<br><br>During the lunch dining observations in the dining room on 10/23/17 at 12:15 PM staff member #1 was observed assisting a resident with her meal set up. She was observed to remove the cornbread from the paper bread bag using her bare hand. Staff member #1 was also observed to touch the part of the straw used for drinking as she removed the paper from the straw. She then placed the straw into the resident's beverage.<br><br>On 10/23/17 at 12:20PM staff member #1 was observed to assist another resident with meal set up when she again put her hand inside the paper bread bag and removed the corn bread with her bare hand.<br><br>An interview was conducted on 10/23/17 at 12:40 PM with staff member #1. She stated she put her hand into the bag to remove the bread and she usually wore gloves so she may have touched the bread with her bare hand. She stated she touched the tip of the straw when she was removing the paper from the straw as she tore it open. She stated she knew she should not touch the bread or the drinking end of the straw.<br><br>On 10/23/17 at 5:15 PM during an interview, the Director of Nursing stated staff members should not touch food or the tip of the straw with their bare hands. | F 371 | 10-23-17 by the Director of Clinical Services on how to remove cornbread from the paper bread bag and touching any ready to eat foods with their hands. Staff Member #1 was in-serviced on 10-23-17 by the Director of Clinical Services on how to remove a straw from its paper without touching the part of the straw used for drinking.<br>Corrective Action for the Resident Potentially Affected<br>Director of Clinical Services and RN supervisor completed Observations of meals, breakfast, lunch and dinner in facility's current dining rooms and random observations of tray service in resident rooms for failures by staff to provide appropriate barrier between ready to eat foods and straws. Follow up based on findings.<br>On 10-23-17, the Director of Clinical Services and RN Supervisor initiated an in-service for staff re-educating them on the proper procedures for removing cornbread from a paper bag when assisting residents with their meals and touching any ready to eat foods with their hands. In-service will be completed as of 11-14-17; any in-house staff who did not receive in-service training by 11-14-17 will not be allowed to work until training has been completed. The Facility will incorporate this training in the orientation process for new hires.<br>On 10-23-17 the Director of Clinical Services and RN Supervisor initiated an in-service for staff re-educating them on how to remove a straw from its paper without touching the part of the straw used | |

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| F 371 | Continued From page 2 | F 371 | for drinking when assisting residents with their meals. In-service will be completed as of 11-14-17; any in-house staff who did not receive in-service training by 11-14-17 will not be allowed to work until training has been completed. The Facility will incorporate this training in the orientation process for new hires.<br>Systemic Changes<br>The Director of Clinical Services and or RN Supervisor to randomly monitor 3 meals weekly for 12 weeks, then monthly using the QI Monitoring Tool for how to remove cornbread from the paper bread bag and touching any ready to eat foods with their hands. Opportunities to be corrected by the DCS and or RN Supervisor as identified during the Quality monitoring.<br>The Director of Clinical Services and or RN Supervisor to randomly monitor 3 meals weekly for 12 weeks, then monthly using the QI Monitoring Tool for how to remove a straw from its paper without touching the part of the straw used for drinking. Opportunities to be corrected by the DCS and or RN Supervisor as identified during the Quality Monitoring.<br>Quality Assurance<br>The results of these reviews to be submitted to the QAPI Committee by the DCS or RN Supervisor for review by IDT members each month. Quality monitoring schedule modified based on findings. The QAPI Committee to evaluate the effectiveness and amend as needed. | |