

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

PRINTED: 08/06/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER NORTHAMPTON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 305 NORTH JACKSON, NC 27845	
(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 812 SS=D	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on the observations and staff interviews the facility failed to provide a barrier between ready to eat food and the server's bare hands for 1 or 3 dining observations.</p> <p>Observations on 7/23/2018 from 12:03 PM to 12:32 PM revealed nursing assistant (NA) #1 was serving meals to residents eating in their rooms on the 100 hallway. The following observations were made of NA #1 using her bare hands to serve resident bread products during this meal:</p> <p>On 7/23/2018 at 12:03 PM NA #1 was observed to take a meal tray into Room #110 and set the tray on a resident's over bed table. NA #1 was then observed to use her bare hands to adjust the</p>	F 812	<p>Northampton Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care or residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Northampton Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor</p>	8/10/18

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

TITLE

(X6) DATE

Electronically Signed

07/31/2018

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 812	<p>Continued From page 1</p> <p>over bed table, position the resident in bed and set up the resident's meal tray. NA #1 then used her bare hands to remove a roll from a paper wrapper and place the roll on the resident's plate. NA #1 was observed to sanitize her hands after she left Room #110.</p> <p>On 7/23/2018 at 12:05 PM, NA #1 was observed to take a meal tray into Room #109 and set the tray on the resident's over bed table. NA #1 then used her bare hands to take a paper pad off the resident's side rail, untangle her call light, position the call light on the bed, lift the resident's side rail, raise the head of the bed, and place the resident's TV remote on the bed. The NA then used her bare hands to remove a roll from a paper wrapper and place the roll on the plate. The NA then left the hall for a bathroom break, came back to the hall and washed her hands Room #109's sink.</p> <p>On 7/23/18 at 12:18 PM, NA #1 was observed to take a meal tray into Room 116 and place the tray on a resident's over bed table. The NA then used her bare hands to pick up the resident's bed control, position the bed and to place a clothing protector on the resident. The NA then used her bare hands to remove a roll from a paper wrapper and place the roll on the resident's plate. NA #1 used hand sanitizer after she left Room #116.</p> <p>On 7/23/18 at 12:21 PM, NA #1 was observed to take a meal tray into Room #117 and place the tray on a resident's over bed table. The NA then put gloves on both of her hands and positioned the resident in bed. The NA then removed the gloves and with her bare hands, raised the head of the resident's bed, readied the resident's meal tray, and removed a roll from a paper wrapper and placed the roll on the resident's plate.</p> <p>On 7/23/2018 at 2:05 PM, an interview was</p>	F 812	<p>does it constitute an admission that any deficiency is accurate. Further, Northampton Nursing and Rehabilitation Center reserves the right to refute the deficiency on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>The process that lead to this deficiency was the facility failed to provide a barrier between ready to eat food and the server's bare hands for 1 of 3 dining observations.</p> <p>On 7/28/18, 100% Resident Care Audits on Food Handling initiated by the Staff Facilitator with all licensed nurses, NA's (nursing assistants) to include NA#1, dietary staff and therapy staff to include:</p> <ol style="list-style-type: none"> 1. Did staff check meal ticket prior to setting up tray 2. Did staff wash hands prior to setting up tray 3. Did staff use correct procedure when setting up meal tray 4. Did staff use appropriate barrier when serving ready to eat food items 5. If care performed incorrectly, staff member retrained regarding: <p>All areas of concern will be immediately addressed by the Director of Nurses, Staff Facilitator and Quality Assurance Nurse to include staff retraining. Audits will be completed by 8/10/18.</p>		

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F 812	<p>Continued From page 2</p> <p>conducted with NA #1, who stated she thought she might have had training for meal service, but was running short of time, and was trying to get all residents served at the lunch meal today. The NA stated she realized now that she touched everything else in the room with her bare hands before she used her bare hands to handle the rolls served on the residents' meal trays.</p> <p>On 7/25/2018 at 9:53 AM, an interview was conducted with the Director of Nursing who stated she expected the NA to follow protocol of not handling food with her bare hands when serving resident meals.</p>	F 812	<p>On 7/28/18, 100% in-service was initiated by the Staff Facilitator with all the licensed nurses, nursing assistants (NA's) to include NA#1, dietary staff and therapy staff in regards to Food Handling to include:</p> <ol style="list-style-type: none"> 1. Staff should wash hands when entering resident's room, after any care and prior to tray set up, after leaving resident's room and before setting up tray for next resident. 2. Staff should never touch resident's food with bare hands. 3. If resident's food becomes contaminated either by touching a contaminated item or by staff inadvertently touching food item, the item must be removed and a replacement item obtained from the kitchen. <p>In-service will be completed by 8/10/18. After 8/10/18, no staff will be allowed to work until training is completed.</p> <p>All newly hired licensed nurses, NA's, dietary staff and therapy staff will be in-serviced by the Staff Facilitator during orientation in regards to Food handling to include:</p> <ol style="list-style-type: none"> 1. Wash hands when entering resident's room, after any care and prior to tray set up, after leaving resident's room and before setting up tray for the next resident 2. Staff should never touch resident's food with bare hands 		

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F 812	Continued From page 3	F 812	<p>3. If resident's food becomes contaminated either by touching a contaminated item or by staff inadvertently touching food item, the item must be removed and a replacement item obtained from the kitchen</p> <p>25% Resident Care Audits on Food Handling will be completed by the Staff Facilitator with all licensed nurses, NA's to include NA#1, dietary staff and therapy staff weekly x8 weeks then monthly x 1 month. All areas of concerns will be immediately addressed by the Staff Facilitator to include staff retraining and/or food replacement. The Director of Nurses will review and initial the Resident Care Audits on Food Handling weekly x 8 weeks then monthly x 1 month to ensure all areas of concern have been addressed.</p> <p>The Administrator will forward the results of the Resident Care Audits on Food Handling to the Executive QA Committee monthly meetings x 3 months. The Executive QA will meet monthly x 3 months and review the Resident Care Audits on Food Handling to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.</p> <p>The Administrator and the Director of Nurses will be responsible for the implementation of corrective actions to</p>		

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F 812	Continued From page 4	F 812	include all 100% audits, in-services and monitoring related to the Plan of Correction.		