

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

PRINTED: 01/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2021
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF RAEFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON STREET RAEFORD, NC 28376	
(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 A complaint investigation survey was conducted on 11/16/21 and 11/17/21 . Additional information was obtained off-site on 11/18/21 and 11/19/21. Therefore, the exit date was 11/19/21.	F 000		
F 804 SS=B	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews, record review, and observations, the facility failed to serve palatable food for 2 of 2 residents (Resident #17, #18) reviewed for food palatability. Findings included: Record review of Resident Council Minutes for July 2021 indicated meals were cold when they arrived for service. During an interview 11/16/21 at 11:10 AM, Resident #18 indicated the food was "not good" and meat was often served tough and hard to chew.	F 804		11/19/21
			Corrective action accomplished for those residents found to have been affected by the deficient practice: No residents were noted to be affected by the temperature of the food during breakfast on 11/17/2021. How the facility identified other residents having the potential to be affected by the deficient practice: The facility's plate warmer was adjusted on 11/17/21 to ensure appropriate temperature of plates is achieved. Education will be provided to all dietary	

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

TITLE

(X6) DATE

Electronically Signed

11/30/2021

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 804	<p>Continued From page 1</p> <p>A test tray was requested at 11/17/21 at 8:00 AM regarding cold food served at breakfast.</p> <p>The test meal was plated at 8:26 AM and put onto a plastic base with a plastic lid on top. The grits were in a separate ceramic bowl placed on the plate under the lid. The tray was placed on an open delivery cart. The cart arrived to the 300 hall at 8:28 AM. Staff began delivering the trays immediately. The Certified Dietary Manager (CDM) was present on the 300 hall when the lid was removed and no visible steam was observed. The last tray was delivered at 8:37 AM. The surveyor sampled each item. Upon taste testing, the pancake was described as cold and tough. The scrambled eggs were barely warm. The sausage patty was barely warm.</p> <p>During an interview on 11/17/21 at 8:40 AM, the CDM indicated the foods should be hotter when they arrive to the resident to be served.</p> <p>During an interview on 11/17/21 at 9:40 AM, the resident council president (Resident #17) expressed previous issues of food being cold when it arrived for meals.</p> <p>During a follow-up interview on 11/17/21 at 10:15 AM, the CDM revealed the plate warmer was not working that morning and that was why the foods were cold. She was previously unaware it was not working. Maintenance fixed the plate warmer following breakfast, and it was working properly. She further stated if the food was cold, it should have been pulled and reheated.</p> <p>During an interview on 11/19/21 at 11:30 AM, the administrator stated he frequently discussed meals with residents, and they did not express</p>	F 804	<p>cooks on how to operate plate warmer and the requirement of notifying supervisor and Director of Maintenance via work order in the event that the plate warmer is found to be not functioning properly. All dietary cooks will be educated by 11/19/21 on ensuring appropriate temperatures are achieved for all food items at the time of plating food. all newly hired cooks will receive this education during orientation.</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The Certified Dietary Manager/or designee will conduct dietary temperature audits at least 10 times a week in which all meal times will be represented. The audit will consist of obtaining temperatures on each food items throughout different intervals of the meal service. This will insure food maintains temperature throughout meal service. A test Tray Audit will be conducted randomly throughout the facility five times a week in which all meals will be represented. Both audits will be conducted for a period of 90 days to ensure ongoing compliance. Any audit with negative findings will result in immediate re-education to staff member to ensure there is not an interruption in providing food at appropriate temperatures.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained:</p>		

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F 804	Continued From page 2 any concerns about cold food. He further revealed the cold food situation was addressed as soon as the CDM was made aware.	F 804	Audits will be reviewed each month for 90 days during the facility's QAPI meeting. the duration of the audits will be dependent upon its findings.		