

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

PRINTED: 03/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2022
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NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SC CTR AT MATTHEWS GLEN	STREET ADDRESS, CITY, STATE, ZIP CODE 740 PAVILION VIEW DRIVE MATTHEWS, NC 28105
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E 000	Initial Comments	E 000		
F 761 SS=D	<p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to discard 2 of 3</p>	F 761	Preparation and/or execution of this Plan of Correction does not constitute	3/30/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/21/2022
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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 761	<p>Continued From page 1</p> <p>opened expired multi-dose vials of Tuberculin Purified Protein Derivative in 1 of 1 medication storage room refrigerators.</p> <p>Findings included:</p> <p>An interview and observation on 03/02/22 at 03:16 PM of the refrigerator in medication room #1 with Nurse #1, revealed 2 multi-dose vials of Tuberculin Purified Protein Derivative (a medication used in a skin test to help diagnose tuberculosis) was opened and available for use with an opened date recorded. One multi-dose vial was labeled as being opened on 01/01/22 and one multi-dose vial was labeled as being opened on 01/19/22. Nurse #1 revealed she was not sure how long an opened multi-dose vial of Tuberculin Purified Protein Derivative could be kept but believed the medication was good for either 90 days or 6 months once opened.</p> <p>Review of the manufacturer instructions revealed vials in use for more than 30 days should be discarded due to possibly affecting the outcome of the tuberculosis skin test.</p> <p>An interview and observation with the Director of Nursing (DON) on 03/02/22 at 04:46 PM of the refrigerator in medication room #1, revealed 2 multi-dose vials of Tuberculin Purified Protein Derivative was opened and available for use with an opened date recorded. One multi-dose vial was labeled as being opened on 01/01/22 and one multi-dose vial was labeled as being opened on 01/19/22. She revealed the multi-dose vials should have been discarded after 30 days and sent back to the pharmacy. Checking for expired medications was the responsibility of the nursing staff and she was not sure why no one checked</p>	F 761	<p>admission or agreement by the providers of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This Plan of Correction is prepared solely as a matter of compliance with State law.</p> <p>Nurse #1 was re-educated by the DON on 3/2/2022 regarding proper Medication Storage and Disposal of Multi Vials. Nurse #1 verbalized understanding of education. DON/Designee also began verbal re-education on Medication Storage and Disposal of Multi Vials with Nursing Staff on 3/2/2022.</p> <p>On 3/4/2022 Licensed Staff was provided with written education on proper Medication Storage and Disposal of Muti Vials which was initiated by the DON/Designee and will be completed by 3/30/2022.</p> <p>Licensed Staff will not be able to work after 3/30/2022 if they have not completed the education Medication Storage and Disposal of Muti Vials which was initiated by the DON/Designee.</p> <p>Newly Hired Licensed Staff & Yearly Competencies for Licensed Nursing Staff now include education on Medication Storage and Disposal of Muti Vials.</p> <p>Night shift Licensed Staff responsibilities include checking for expired medications nightly and expired medication will be discarded properly according to policy.</p>		

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F 761	Continued From page 2 the opened dates on the multi-use vials or discarded them after 30 days. The DON discarded the 2 expired multi-dose vials. An interview with the Administrator on 03/02/22 at 05:19 PM revealed nursing staff should be monitoring that all opened medications are dated and removed prior to expiration.	F 761	Medication Storage/Disposal Audit Tool was implemented on 3/17/2022 as part of the Plan of Correction the DON/Designee will audit weekly times two months, every other week for two months and once a month times two months. Completion Date of Plan of Correction is 3/30/2022. The results of the audits will be submitted to the Quality Assurance and Improvement (QAPI) Committee Meeting for six months by the DON/Designee monthly.		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §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. §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	F 812		3/30/22	

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F 812	<p>Continued From page 3</p> <p>by: Based on observations and staff interviews, staff failed to change gloves and sanitize hands between handling soiled and clean dishware for 1 of 1 dietary aide (Dietary Aide #1). This practice had the potential to cross-contaminate food served to residents on the Red Oak dining hall.</p> <p>The findings included:</p> <p>During a continuous observation on 3/1/22 from 9:15 AM to 9:32 AM, a tour of the satellite kitchen on the Red Oak dining hall, Dietary Aide (DA) #1 was observed wearing gloves when handling a dish cart with soiled dishware (3 coffee cups, 4 dessert or fruit bowls, 14 pieces of silverware including knives, forks, and spoons). DA #1 was observed pushing the soiled dish cart towards the dish machine area in the satellite kitchen. DA #1 removed a clean dish rack of 10 scoops and placed them on the counter with the same gloved hands. She then placed soiled dishware on the dish cart and placed the dish cart in the dishwasher with the same soiled gloved hands. DA #1 failed to perform hand hygiene before handling clean dishware.</p> <p>An interview dated 3/1/22 at 9:35 AM with DA #1 revealed she had training and in-services on cross-contamination and that she should change her gloves when moving from soiled dishes and utensils to clean dishes and utensils. DA #1 further revealed that she usually changes her gloves three to four times each day. DA #1 did not recall why she did not remove her soiled gloves and sanitize her hands after handling soiled dishware and before handling clean dishware.</p>	F 812	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This Plan of Correction is prepared solely as a matter of compliance with State law.</p> <p>F812</p> <p>¿ How will the corrective action be accomplished for those residents found to have been affected by the deficient practice.</p> <p>No resident was affected.</p> <p>¿ Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All the residents on Red Oak Way had the potential to be affected by the deficient practice.</p> <p>¿ Medical Dietary Aide (MDA) was re-educated on 3/1/22 regarding proper hand washing to include glove donning and doffing, as well as maintaining separation between clean and soiled dishware. The MDA verbalized understanding of education. The Certified Dietary Manager (CDM) also began re-education on proper hand washing to include glove donning and doffing, as well as maintaining separation between clean</p>		

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F 812	<p>Continued From page 4</p> <p>Review of the Professional Development Tracking In-services form revealed DA #1 received an in-service on 12/21/21 related to debris on non-food contact and gloves. A review of Relias Course Completion History dated 3/2/22 revealed DA #1 completed in-service for safe food handling and safety in the kitchen on 1/5/22.</p> <p>During an interview on 3/1/22 at 9:45 AM the Dietary Manager verbalized staff received in-service training on cross-contamination and proper hand hygiene when they were first hired and on-going as needed. The Dietary Manager indicated gloves should be changed and proper hand hygiene performed when transitioning from soiled dishes to clean dishes. She further indicated DA #1 failed to change her gloves and sanitize her hands when moving from soiled to clean dishware.</p> <p>An interview on 3/1/22 at 12:18 PM with the Nutrition Care Coordinator/ Registered Dietician (RD) revealed Dietary Aide #1 should have performed hand hygiene to avoid cross contamination by changing her gloves each time she handled soiled dishes then clean dishes.</p> <p>An interview on 3/2/22 at 9:05 AM with the Administrator revealed the process for avoiding cross-contamination should be to change gloves and sanitize hands between soiled and clean dish handling.</p> <p>An interview with the Culinary Campus Director (CCD) on 3/2/22 at 9:28 AM indicated she oversees the food for the entire campus and assures that everyone was compliant with in-services. The CCD communicated the last hand washing in-service took place in December</p>	F 812	<p>and soiled dishware with the Cooks and MDAs on 3/2/22.</p> <p>¿ Address what measure will be put in place or systemic changes to ensure that the deficient practice will not recur.</p> <p>The CDM began in-servicing with the Cooks & MDAs on proper hand washing to include glove donning and doffing, as well as maintaining separation between clean and soiled dishware on 3/2/22.</p> <p>¿ Newly hired Cooks/ Medical Dietary Aides will be educated on hand washing procedure to include glove donning and doffing, as well as maintaining separation between clean and soiled dishware on orientation, annually and as needed.</p> <p>¿ The CDM/Designee will observe hand washing, glove donning and doffing as well as maintaining separation between clean and soiled dishware weekly x 2 months, every other week for two months and once month times two months.</p> <p>Completion Date of plan of Correction is 3/30/22</p> <p>The CDM/Designee will report the findings in the QAPI for 6 months.</p>		

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F 812	Continued From page 5 2021. The CCD further communicated that the DA #1 failed to change her soiled gloves, perform hand washing, and re-glove after she handled soiled dishware and before she handled clean dishware.	F 812		