

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

PRINTED: 08/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/19/2022
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NAME OF PROVIDER OR SUPPLIER COMPASS HEALTHCARE AND REHAB HAWFIELDS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2502 S NC 119 MEBANE, NC 27302
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(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
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F 000	INITIAL COMMENTS The surveyor entered the facility on 7/18/22 to conduct a complaint investigation and exited on 7/18/22. Additional information was obtained on 7/19/22. Therefore, the exit date was changed to 7/19/22. Event 2JU911.	F 000		
F 803 SS=E	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.	F 803		7/26/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/22/2022
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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 803	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, and staff interview the facility failed to follow menus for three (Residents # 3, # 5, and # 6) of five residents reviewed for dietary services. Findings included.</p> <p>The Dietary Manger provided the facility's menus during a kitchen tour which took place on 7/18/22 beginning at 10:15 PM. A review of the menus revealed there was an "Always Available Menu" in addition to the daily menu of scheduled meals. On the "Always Available Menu" chicken tenders were listed as always available.</p> <p>According to the DM, the facility was currently on Week Four of the scheduled menu. A review of Week Four's menu revealed that on Sunday, 7/17/22, the scheduled lunch menu was for fried chicken, mashed potatoes, mixed vegetables, roll, and peach cobbler. On Monday, 7/18/22, the lunch menu was for pork loin, rice, winter vegetables, roll, and baked cookie.</p> <p>1a. Resident # 3 was admitted to the facility on 7/26/19. One of the resident's diagnoses included gastroesophageal reflux disease.</p> <p>Resident # 3's quarterly Minimum Data Set assessment, dated 5/23/22, coded the resident as cognitively intact.</p> <p>Resident # 3 had a current order for a low fat and low cholesterol/ no added salt diet with a regular consistency.</p> <p>Resident # 3 was observed on 7/18/22 (Monday) at 12:30 PM in the dining room as staff served the</p>	F 803	<p>F803 Menus and nutritional adequacy</p> <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident.</p> <p>1. Resident #3 was offered an alternate meal of her choice by the Director of Nursing, and she refused. Resident # 6 on 7/17/2022 did not notify facility staff of missing items on her tray. On 07/21/2022 the Director of Nursing met with resident #6 and informed her that the facility was developing a plan of correction that would address food concerns. Resident # 5 was offered the missing item on her tray after her tray was served.</p> <p>2. It is more likely than not that many residents were affected by the alleged deficient practice.</p> <p>3.</p> <p>a. The Dietary Manager/designee will re in-service all dietary personnel on the process of 2 dietary personnel reviewing</p>		

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F 803	<p>Continued From page 2</p> <p>trays. Resident # 3 was served a hamburger steak pattie, whole yellow and green beans, and a cookie. Resident # 3's tray card was observed to have chicken tenders, green beans, and a roll handwritten on the tray card. Resident # 3 stated she had chosen the handwritten items earlier because she knew she could eat chicken tenders and there were many things she could not eat. NA # 1 (Nurse Aide) was in the dining room at the time and talked to the resident. The resident also told NA # 1, that excluding the cookie, she could not eat the food. NA # 1 was interviewed about the missing chicken tenders and the roll and stated she would check with the dietary department. NA # 1 returned after checking with the dietary department and informed Resident # 3 the dietary department had no chicken tenders and they did not have a roll, but they did have a piece of bread. The DON (Director of Nursing) also came to talk to the resident and informed her that they did not have chicken tenders but they could make her something else. Resident # 3 declined other foods offered and stated she would eat some of the food, which her family had placed in her refrigerator within her room.</p> <p>The Dietary Manager (DM) was interviewed on 7/18/22 at 5:20 PM and reported the following. She ordered items twice per week and she had ordered enough chicken tenders so they could offer them on an "Always Available Menu" for residents who did not like the scheduled meal. The previous day (7/17/22), the facility had served fried chicken and one of the dietary staff members had cut up chicken tenders for the residents who needed mechanically altered diets. Instead the dietary staff should have used diced up chicken and chicken breasts the previous day. These items had been available, but the staff</p>	F 803	<p>each resident's meal ticket and tray during all mealtimes to ensure each resident's tray contains all alternative choices and preferences, entrée and all side items listed per menu. The new process will require that at least two dietary personnel check the meal tray prior to delivery to the resident. Any dietary personnel not trained by 07/25/2022 will not be able to work.</p> <p>b. The DM was re-educated by the Director of Nursing Services on 07/24/2022 regarding the process for ordering food to ensure the facility does not run out of stock. This includes all foods listed on the weekly and all always available menu as well as non-menu items such as snacks, drinks condiments Etc. The DM will check all stocked foods 2 time per week to determine what and how much need to be ordered based on resident choices and the facilities census, the next weeks menu and always available menu. The DM will review the ordering of product with the administrator/designee on a weekly basis. The RD will make recommendation regarding process improvements with product ordering and menu changes to the DM monthly. The DM will inform the Administrator/designee of any issues with the ordering food items i.e., out of stock or not available, delivery delays.</p> <p>c. The DM/designee will re-Inservise all dietary personnel regarding changes in the menu and to use the correct product type and amount to prepare based up</p>		

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F 803	<p>Continued From page 3</p> <p>member did not use them. Therefore, they had completely run out of chicken tenders and did not have them to offer on Monday, 7/18/22. The DM was also interviewed regarding how she knew how much to order and reported the following. There were 15 residents who routinely obtained the menus and chose from the menu what they wanted or if they wanted instead to select from the "Always Available Menu." For all other residents, when an item was on the scheduled daily menu and also appeared on a resident's dislike food item list, then the dietary staff just chose something from the "Always Available Menu" to substitute. By ordering twice per week, she tried to keep the "Always Available" items in stock."</p> <p>1 b. Resident # 6 was admitted to the facility on 11/16/22.</p> <p>Resident # 6's annual Minimum Data Set Assessment, dated 7/11/22, coded the resident as cognitively intact. Resident # 6 had a current order for a no added salt and low concentrated sweets regular diet.</p> <p>Resident # 6 was interviewed on 7/18/22 at 3:55 PM and reported the following. She was given a facility menu from which to choose her meals. Sometimes she did not get what was on the menu and chosen by her. A specific example had occurred the previous day; 7/17/22. She had not received a complete lunch meal per the menu. She did not want chicken with bones and therefore she was served chicken tenders. The only other item served with the chicken tenders was mashed potatoes. There was no bread, additional side item, or dessert. Her responsible party was visiting at the time. She did not ask for</p>	F 803	<p>resident choices and facility census. Any dietary personnel not trained by 07/25/2022 will not be able to work. This updated process will be implemented on 07/25/2022.</p> <p>4.</p> <p>a. Effective 7/26/22, the Dietary manager/designee will conduct random audits of resident's meal ticket, tray, and tray line for 2 meals times daily x 2 weeks, weekly x 4 weeks, then monthly x 3 months to ensure each resident meal ticket is reviewed and that the resident tray contains all alternative choices and preferences, chosen entrée and all side items listed per menu. These audits will be reviewed weekly at clinical stand up by the Administrator/designee. Audit results to be reported to monthly QAPI committee meeting until a pattern of compliance is established.</p> <p>b. Effective 7/26/22, the Dietary manager/designee will observe food preparation and service for 1 meal daily x 2 weeks, weekly x 4 weeks, then monthly x 3 months to ensure correct product type and amount is being prepared and served. These audits will be reviewed weekly at clinical stand up by the Administrator/designee. Audit results to be reported to monthly QAPI committee meeting until a pattern of compliance is established.</p> <p>5. Compliance date: 07/26/2022</p>		

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F 803	<p>Continued From page 4</p> <p>anything more because she did not want to bother the nurse aides and she did not want to upset her responsible party about it because her responsible party also was aware food was a problem. He would often offer to go get her other food and she did not want her responsible party to have to do that on 7/17/22. Therefore, she had not complained. Resident # 6 stated the facility should know how much food to cook but food was a problem at the facility.</p> <p>Resident # 6's RP was interviewed on 7/18/22 at 5:05 PM via phone and reported the following. He did not recall what had been served on 7/17/22 but stated he had been present on multiple occasions when Resident # 6 was served her food and would say it was not what she ordered or that he observed she did not get all the portions on her tray.</p> <p>Interview with the Director of Nursing on 7/18/22 at 6:00 PM revealed Resident # 6 was a credible source of information.</p> <p>The DM was interviewed on 7/18/22 at 5:20 PM and reported the following. Resident # 6 should have received additional food items at lunch on 7/17/22. The DM stated she had experienced problems with some of her staff sending out trays without all of the food items on the trays. She had instructed them on multiple occasions, but unless she was standing on the tray line and overseeing them; sometimes they did not follow through and would let trays go out which were not complete. She had not been present on 7/17/22.</p> <p>1c. Resident # 5 was admitted on 11/23/21.</p> <p>Resident # 5's quarterly Minimum Data Set</p>	F 803			

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F 803	<p>Continued From page 5</p> <p>Assessment, dated 5/18/22, coded the resident as cognitively impaired.</p> <p>Resident # 5's Responsible Party (RP) was interviewed on 7/18/22 at 1:07 PM and reported the following. Near the end of June 2022 there was a date when Resident # 5 was supposed to be served a salad with her meal and it was not served when they brought the tray. The only thing served was pizza and dessert. She also observed many other residents did not receive any salads and it was supposed to be on the menu that day. She complained to the dietary staff about it.</p> <p>The DM was interviewed on 7/18/22 at 5:20 PM and confirmed the incident. The DM reported the following. She recalled Resident # 5's Responsible Party approaching her to complain about the lack of salads on the day the incident had occurred. Salads should have been served to the residents but there was a whole hall that did not get salads. The DM stated she talked to her staff and they knew there had been 87 residents that day but they only made 53 salads which was not enough. Her staff went ahead and sent out the trays without the salads anyway. There had been enough of ingredients to have made the salads and when she questioned her staff member after the family member had approached her, the staff member just indicated she had not made enough. The DM did not know why the staff member would not have made enough when the supplies were there and the staff member knew there were more residents who needed them than what was prepared for them. The DM stated it seemed almost as if it was intentional. The DM further reported that when she found out about it, she made her staff</p>	F 803			

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F 803	Continued From page 6	F 803			
F 812 SS=E	<p>make the salads and send them out that day late.</p> <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 observation and staff interview the facility failed to store food off the floor, assure refrigerated food items were dated, refrigerated food items were removed when dates signified the food items should be discarded, and failed to have a working cleaning schedule in place to assure floors and equipment were clean. The findings included.</p> <p>Kitchen observations were conducted on 7/18/22 from 10:15 AM to 11:10 AM. The Dietary Manager (DM) was present and interviewed at this time revealing the following.</p>	F 812	<p>F812 Food safety requirements Store prepare distribute and serve food</p> <p>This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under</p>	7/26/22	

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F 812	Continued From page 7 The DM was interviewed regarding any live pests she may have observed and stated she had seen some roaches but that the pest control company sprayed routinely. The DM reported she last saw one live roach on Friday (7/15/22). It was near the area where the clean plate wells were; near the serving table. During the 7/18/22 kitchen observation, the DM was observed to lift all the plates out of the wells and at the bottom of one there was a dead roach. The DM reported that the pest control technician had told her to clean the wells and she had taken the storage wells out and cleaned it about three weeks ago with bleach and stainless steel cleaner, and that was the last time it had been cleaned. It was observed that there were particles of matter on the floor where the floor met the wall underneath a table. The table was beside the dishwasher. The DM was observed to sweep all of the particles out and once removed it was evident that there were dead roaches in the particles. The DM reported she also saw the dead roaches and that the staff should be sweeping. Within the dry storage area, the following observations were made and also observed by the DM. The flour container lid was partially open. There was brown residue around the top of the container where the lid was supposed to close onto the container. There was a gritty substance on the top of the lid. There were loose cheerios on the floor underneath two of the shelving/storage units. Additionally, there was a closed individual container of applesauce, a closed individual container (1 serving container) of cereal, and a can of soup on the floor. There was a brown substance adhered to the floor	F 812	state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident. 1. On 07/18/2022 the Dietary Manager removed all food from the floor, ensured all refrigerated foods food items were dated or discarded if the expiration date signified, they needed to be discarded, swept, and cleaned the kitchen, dry storage, and plate warmer well to include the removal of all visible dead roaches and all food particles and inspected the cleanliness of the equipment. On 7/21/22 the kitchen floor was deep cleaned by outsourced environmental services company. On 7/21/2022 the DM posted an updated cleaning schedule and cleaning checklist to include posting of staff cleaning assignments. 2. It is more likely than not that many residents were affected by the alleged deficient practice. 3. The DM was re-educated by the Director of Nursing Services on 07/22/2022 on the proper use of the updated cleaning schedule and cleaning checklist to include posting of staff cleaning assignments and visual observation of the cleanliness of the kitchen and storage areas, to ensue cleaning/checklist schedule is completed and the kitchen is free form pests/rodents, and all foods are stored in accordance with professional standards for food service safety. On 07/21/2022 the DM posted a cleaning schedule with staff		

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F 812	<p>Continued From page 8</p> <p>underneath the shelf and beside these food items. The DM reported they had cheerios in bulk and filled individual bowls with them. She speculated that staff may have dropped loose cheerios when filling the bowls. She stated the brown substance on the floor appeared to have dripped from the shelves. On another shelf, which was located in the dry storage, there was a syrup bottle. Beside the syrup bottle there was an uu-opened canned item which had approximately 1 teaspoon of syrup on the top of it.</p> <p>Within the walk in kitchen refrigerator the following items were found: a pack of bologna with a "sell by date" of 4/5/22; a partially full container of potato salad which was dated 7/2/22; a pan of biscuits with no date; thawed strawberries with no date; 2 salads with no date; and a bag of onions was stored on the floor. The DM stated all the food should be dated and she had told her staff this multiple times but they did not follow through. She was observed to store the onions on a shelf and discarded all of the other items. She stated prepared items should be kept no more than a week.</p> <p>The DM was asked about a cleaning schedule and stated she did have a cleaning schedule and she would look to see if staff had been signing off on the schedules.</p> <p>A follow up interview was done with the DM on 7/18/22 at 5:20 PM. During this interview the DM reported she had not found any schedules for the last two months where staff had been signing off they had completed cleaning. The DM reported the last time the flour would have been used was on Sunday, 7/17/22 and she did not know if the staff had just hit the flour container and left it</p>	F 812	<p>assignment. The DM/Designee will re-Inservice all dietary personnel on the proper use of the updated cleaning schedule and cleaning checklist to include posting of staff cleaning assignments and visual observation of the cleanliness of the kitchen and storage areas, to ensure the cleaning schedule/checklist is completed and the kitchen is free form pests and rodents. Any dietary personnel not trained by 07/25/2022 will not be able to work. This updated process will be implemented on 07/24/2022.</p> <p>4. Effective 7/26/2022, The DM/designee will review the cleaning schedule and cleaning check list daily x 2 weeks, weekly x 4 weeks, then monthly x 3 months to ensure completion. DM/designee will complete 10 random observation audits of all kitchen areas daily x 2 weeks, weekly x 4 weeks, then monthly x 3 months to ensure the kitchen is clean per cleaning schedule/checklist and free from pests and rodents and all foods are stored in accordance with professional standards for food service safety., the facility administrator/designee will perform routine kitchen sanitation audits 3x per week for 4 weeks, 1x per week for 4 weeks, and 1x per month thereafter. These audits will be reviewed weekly at clinical stand up by the Administrator/designee. Audit results to be reported to monthly QAPI committee meeting until a pattern of compliance is established.</p> <p>5. Compliance date: 7/26/2022</p>		

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F 812	Continued From page 9 open by mistake or had not closed it the previous day. She had initially thought the substance on the flour container was brown sugar but was not sure that was the case. There was no set schedule for the plate wells, which had the dead roach in it earlier, to be cleaned. According to the DM she felt the kitchen was being cleaned some although the staff were not signing off on it. The DM was interviewed regarding who would have been responsible for sweeping prior to the morning observations of 7/18/22, and the DM reported that Cook # 1 had been present on the evening shift with one other dietary aide on 7/17/22. It should have been swept before they went home on 7/17/22. Cook # 1 was present and was called over by the DM on 7/18/22 at 5:40 PM to be interviewed about sweeping. Cook # 1 reported there had only been him and one other Dietary Aide on the evening of 7/17/22 and they did not have time to sweep and therefore they had not done so. According to the DM, Cook # 1 came in from 12:00 to 8:00 PM and one other Dietary Aide had been present on 7/17/22 from 4:00 PM to 8:00 PM. The first shift dietary staff had left at 2:00 PM and they did not typically help out her evening shift crew. The DM reported she had hired three staff members who were awaiting clearance to work but in the interim she had multiple staff wanting vacation. Currently she reported two of her staff were out of work on vacation. To have been fully staffed on the evening of 7/17/22, when the kitchen was not swept, the DM reported that there should have been three dietary aides and a cook. Instead they had only had the two dietary staff members. The DM also reported that she was working six days per week helping on the tray line and working to fulfill the responsibilities of her staff.	F 812			

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F 925 F 925 SS=E	Continued From page 10 Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interviews, and pest control employee interviews, the facility failed to assure sanitation practices of removing dead roaches, cleaning up spilled food, and assuring food items were closed were being followed to prevent roaches in the kitchen. The findings include: Kitchen observations were conducted on 7/18/22 from 10:15 AM to 11:10 AM. The Dietary Manager (DM) was present and interviewed at this time revealing the following. The DM was interviewed regarding any live pests she may have observed and stated she had seen some roaches but that the pest control company sprayed routinely. The DM reported she last saw one live roach on Friday (7/15/22). It was near the area where the clean plate wells were; near the serving table. During the 7/18/22 kitchen observation, the DM was observed to lift all the plates out of the wells and at the bottom of one there was a dead roach. The DM reported that the pest control technician had told her to clean the wells and she had taken the storage wells out and cleaned it about three weeks ago with bleach and stainless steel cleaner, and that was the last time it had been cleaned. It was observed that there were particles of matter on the floor where the floor met the wall	F 925 F 925	F925 Maintain an effective pest control program so that the facility is free from pests and rodents This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts or alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of the requirement under state and federal law, and to demonstrate the good faith attempts by the provider to improve the quality of life of each resident. 1. The facility is contracted with Terminix Commercial to include monthly and as needed facility inspections and an integrated pest management service to include German roaches. The facility received services on 07/11/2022 and again on 07/19/2022 to include a targeted pest service in the facility kitchen specifically for German Roaches. On 7/18/2022 the Dietary Manager swept and cleaned the kitchen, dry storage, and plate warmer well to include the removal of all visible dead roaches and all food	7/26/22	

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F 925	<p>Continued From page 11</p> <p>underneath a table. The table was beside the dishwasher. The DM was observed to sweep all of the particles out and once removed it was evident that there were dead roaches in the particles. The DM reported she also saw the dead roaches and that the staff should be sweeping.</p> <p>Within the dry storage area the following observations were made and also observed by the DM. The flour container lid was partially open. There was brown residue around the top of the container where the lid was supposed to close onto the container. There was a gritty substance on the top of the lid. There were loose cheerios on the floor underneath two of the shelving/storage units. There was a brown substance adhered to the floor underneath a shelf. The DM reported they had cheerios in bulk and filled individual bowls with them. She speculated that staff may have dropped loose cheerios when filling the bowls. She stated the brown substance on the floor appeared to have dripped from the shelves. On another shelf, which was located in the dry storage, there was a syrup bottle. Beside the syrup bottle there was an up-opened canned item which had approximately 1 teaspoon of syrup on the top of it.</p> <p>The DM was asked about a cleaning schedule and stated she did have a cleaning schedule and she would look to see if staff had been signing off on the schedules.</p> <p>A follow up interview was done with the DM on 7/18/22 at 5:20 PM. During this interview the DM reported she had not found any schedules for the last two months where staff had been signing off they had completed cleaning. There was no set schedule for the plate wells, which had the dead</p>	F 925	<p>particles. On 7/21/22, the kitchen floor was deep cleaned by outsourced environmental services company.</p> <p>2. It is more likely than not that many residents were affected by the alleged deficient practice.</p> <p>3. The DM was re-educated by the Director of Nursing Services on 07/22/2022 on the proper use of the updated cleaning schedule and cleaning checklist, to include posting of staff cleaning assignments and visual observation of the cleanliness of the kitchen and storage areas, to ensure cleaning schedule/checklist is completed and the kitchen is free form pests and rodents. On 07/21/2022 the DM posted a cleaning schedule with staff assignment. The DM/Designee will re-Inservice all dietary personnel on the proper use of the updated cleaning schedule and cleaning checklist to include posting of staff cleaning assignments and visual observation of the cleanliness of the kitchen and storage areas, and ensure the kitchen is free form pests and rodents. Any dietary personnel not trained by 07/25/2022 will not be able to work. This updated process will be implemented on 07/24/2022.</p> <p>4. Effective 7/26/22, the DM/designee will review the cleaning schedule and cleaning check list weekly x 4 weeks, then monthly x 3 months to ensure completion. DM/designee will complete 10 random observation audits of all kitchen areas</p>		

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F 925	<p>Continued From page 12</p> <p>roach in it earlier, to be cleaned. According to the DM she felt the kitchen was being cleaned some although the staff were not signing off on it. The DM was interviewed regarding who would have been responsible for sweeping prior to the morning observations of 7/18/22, and the DM reported that Cook # 1 had been present on the evening shift with one other dietary aide on 7/17/22. It should have been swept before they went home on 7/17/22. Cook # 1 was present and was called over by the DM on 7/18/22 at 5:40 PM to be interviewed about sweeping. Cook # 1 reported there had only been him and one other Dietary Aide on the evening of 7/17/22 and they did not have time to sweep and therefore they had not done so.</p> <p>The Director of Nursing was interviewed on 7/18/22 at 3:45 PM revealing the following. The Administrator was currently away but the DON had access to the pests control records and knew there was a pest control contract. The company routinely serviced the facility and was available anytime they called. The DON was not aware of any pest control issues on the residential halls.</p> <p>Review of facility records revealed the facility did have a contract with a pest control company and they had last serviced the facility on 7/11/22. Review of the service record revealed the kitchen area had been treated for German roaches on 7/11/22.</p> <p>The pest control company's branch manager was interviewed on 7/18/22 at 4:25 PM by phone. The branch manager reported the following. Their records showed that the facility was last treated on 7/11/22 and the facility was on a semimonthly routine schedule. The facility could also call them</p>	F 925	<p>weekly x 4 weeks, then monthly x 3 months to ensure the kitchen is clean per cleaning schedule/checklist and free pests and rodents. These audits will be reviewed weekly at clinical stand up by the Administrator/designee. The facility Administrator/designee will perform routine kitchen sanitation audits 3 x per week for 4 weeks, 1x per week for 4 weeks, and 1x per month thereafter. These audits will be reviewed weekly at clinical stand up by the Administrator/designee. Audit results to be reported to monthly QAPI committee meeting until a pattern of compliance is established.</p> <p>5. Compliance date: 07/26/2022</p>		

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

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F 925	<p>Continued From page 13</p> <p>as needed. They had treated the roaches. Part of the treatment included using bait. They told customers it was important to clean up the dead roaches because live roaches would sometimes eat the dead roaches before they would eat the bait. Therefore, it helped with pest control measures to get rid of the dead ones. The branch manager also reported that cleanliness was another important factor in controlling them.</p> <p>The pest control company technician, who routinely serviced the facility, was interviewed via phone on 7/19/22 at 11:00 AM and reported the following. His company had started servicing the facility the previous year and at that time they "flushed out the roaches" which took care of 80 to 85% of the problem and things had improved but things were still not 100 % clear. In order to treat the roaches, there was also a sanitation component to controlling them. He had not seen any live roaches on his last visit but with each visit he pointed out to them that they needed to mop and sweep in all the corners. He had observed that this had been a problem. The technician also stated that roaches are attracted to the moisture and food around the dishwasher.</p>	F 925			