

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

PRINTED: 09/01/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2023
NAME OF PROVIDER OR SUPPLIER OAK FOREST HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5680 WINDY HILL DRIVE WINSTON SALEM, NC 27105		
(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 from 7/5/2023 through 7/7/2023. Event ID#2QLL11. The following intakes were investigated NC00200924, NC00201624, NC00201684, NC0020970, NC00202401, NC00202750, NC00204057, NC00203837, NC00203932, NC00204248, NC00204300, and NC00204447. 4 of the 30 complaint allegations resulted in deficiency.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		7/27/23	

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

TITLE

(X6) DATE

Electronically Signed

07/27/2023

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 584	<p>Continued From page 1 in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to maintain a clean-living environment for 1 of 3 rooms (room 305) reviewed for environment.</p> <p>The findings included:</p> <p>An observation was conducted on 7/5/2023 at 2:08 p.m. of room 305. A dried dark yellow/brown substance was observed on the left side of the A bed, 10 inches in diameter, that extended under the head of the bed. On the wall there were 7 streaks of a dried yellow/brown substance. The lines were 8 inches long.</p> <p>An observation was conducted on 7/6/2023 at 11:38 a.m. of room 305. The dried yellow/brown substance remained on the left side of the bed and on the wall.</p> <p>An interview was conducted with the Housekeeping Supervisor on 7/6/2023 at 1:30</p>	F 584	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F584</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice: On 07/07/23, room C305 was cleaned by the housekeeping staff to include sweeping and mopping of floor, cleaning the tube feeding off the walls, and</p>		

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F 584	<p>Continued From page 2</p> <p>p.m. and he revealed he had responded to a need in room 305 on 6/18/2023 as the weekend manager on duty. He added while he was in the room, a family member had expressed concerns with the condition of the floors in room 305.</p> <p>An observation was conducted on 7/6/2023 at 3:50 p.m., with the Director of Nursing (DON), of the floors in room 305. The dried yellow substance remained on the floor and the wall.</p> <p>An interview was conducted with the DON on 7/6/2023 at 3:50 p.m. and she stated the dried yellow/brown substance on the floor and the wall appeared to be spilled, dried, tube feeding and should not have been left on the floor or wall. She stated the Nursing staff should have cleaned the tube feeding when it was discovered it had leaked or spilled.</p>	F 584	<p>stripping and waxing the floor.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice: 100% audit of all residents with tube feeding in the facility was completed by the Housekeeping supervisor on 7/25/23 to ensure that all tube feedings on walls, floors, or any surface was clean. Any rooms not cleaned properly were reported to Environmental Director and cleaned per policy.</p> <p>3. Measures/Systemic changes to prevent reoccurrence of alleged deficient practice: Education: All housekeepers were re-educated by the Environmental Director by 7/25/23 on cleaning rooms <input type="checkbox"/> cleaning walls and floors of tube feed.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Administrator or designee will monitor compliance utilizing the F584 Quality Assurance Tool weekly x 4 weeks then monthly x 3 months. The tool will monitor reports of housekeeping issues. Reports will be presented to the weekly Quality Assurance committee by the Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality</p>		

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F 584	Continued From page 3	F 584	Assurance Meeting, indefinitely or until no longer deemed necessary for compliance with the missing laundry process. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Health Information Manager, and the Dietary Manager. Date of Compliance: 7/27/23		
F 812 SS=F	<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 observations and dietary staff interviews, the facility failed to maintain sanitary conditions in the kitchen by not ensuring the kitchen remained clean and free from the debris of peeling wall plaster and broken tile; by not</p>	F 812	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.	7/27/23	

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F 812	<p>Continued From page 4</p> <p>properly storing brooms and mops after use; and by not ensuring cases of food items were not used to keep the door of the storage room open. Also, the refrigeration unit in 1 of 2 nourishment rooms (C-unit) was contained sticky residue and food items that were not purchased by the facility were not labeled with a resident's name, room number or dated.</p> <p>The findings included:</p> <p>1a. During two observations of the kitchen on 7/6/23 at 8:45 a.m. and 7/7/23 at 12:45 p.m. at the entrance of the walk-in cooler, there were peeling wall plaster with holes and broken tile to the lower wall and baseboard. This resulted in small dust particles of plaster and tiles collecting on the kitchen floor.</p> <p>An interview with the Dietary Manager on 7/6/23 at 8:55 a.m. revealed a dietary work order request (which included the damaged wall) was given to the Maintenance Director two months prior to this observation.</p> <p>During an interview on 7/7/23 at 1:55 p.m. the Maintenance Assistant revealed the Maintenance Director was on vacation and did not inform him of any request or work order plan for the damaged wall in the kitchen.</p> <p>1b. On 7/6/23 at 8:47 a.m. during the tour of the kitchen, 2-brooms, 2-mops and 2-dustpans were observed leaning upright against a wall in the kitchen's preparation area. The heads of the brooms and the mops were on the floor.</p> <p>On 7/7/23 at 1:00 p.m. during a second</p>	F 812	<p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F812</p> <p>1. For dietary services, a corrective action was obtained on 7/6/2023 and 7/7/2023.</p> <p>During walk through of the kitchen on 7/6/2023 and 7/7/2023, it was noted dietary services had failed to maintain sanitary conditions; observation of debris from peeling wall plaster and broken tile, improperly stored cleaning products, and improperly stored food item on the floor in dry storage. The Dietary Service Director discarded the nutrition supplement drinks on the dry storage floor, relocated the 2 brooms, 2 mops, and 2 dustpans to the chemical room, and contacted the maintenance team for repairs. The maintenance director fixed the door handle to dry storage 7/18/2023. Quotes obtained 7/13/2023 to address wall repairs; contractor began work on 7/31/2023</p> <p>Per observation of the C-unit Hall nourishment room on 7/6/2023 the fridge was noted to have multiple areas of brown and sticky residue on the interior. It was also noted that staff failed to properly</p>		

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F 812	<p>Continued From page 5</p> <p>observation of the kitchen, 2-brooms, 2-mops and 2-dustpans remained leaning upright against a wall in the kitchen's preparation area. The heads of the brooms and the mops were on the floor.</p> <p>On 7/7/23 at 1:40 p.m., Dietary Cook #1 stated the brooms, mops and dustpans should have been stored in the chemical room, not in the kitchen.</p> <p>1c. During an observation of the dry storage room on 7/7/23 at 1:15 p.m., 1-case of nutrition supplement drinks was on the floor against the opened door of the dry storage room.</p> <p>During an interview on 7/7/23 at 1:25 p.m., Dietary Staff #1 revealed he placed the case of supplement drinks on the floor against the door to keep the door open because the door handle broke and he would have been unable to exit the room. He stated that this occurred during the meal service tray line service.</p> <p>On 7/7/23 at 1:28 p.m., Dietary Cook #2 stated that cases of food items were never to be placed on the floor, for any reason.</p> <p>2. On 7/6/23 at 2:15 p.m., an observation of the residents' nourishment room on the C-Unit of the facility was conducted. There were sticky, brown substances in 2 of the 2 crispers in the refrigerator and a pink, sticky substance spread throughout the bottom inside the refrigerator. Also, there was 1-large plastic bag of assorted food items stored in the refrigerator and 1-opened package of breakfast wraps stored in the freezer section of the refrigeration unit. Both items were not labeled with a resident's name, room number,</p>	F 812	<p>store and label multiple items: 1 plastic bag of assorted food items and 1 opened package of breakfast wraps. The Dietary Service Director discarded all noted items and Environmental Services cleaned the fridge.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>All residents have the potential to be affected by the alleged deficient practice. On 7/8/2023, the Dietary Service Director completed a kitchen walk through to ensure all sanitary conditions met. On 7/8/2023 the Dietary Service Director visited all nourishment rooms to ensure all items in nourishment fridge and surrounding areas were labeled, dated, and stored properly. On 7/8/2023 environmental services staff cleaned all nourishment fridges. Maintenance completed walk through of kitchen with dietary manager and administrator on 7/19/2023 to review and address any further maintenance needs.</p> <p>3. Systemic changes</p> <p>In-service education was provided to all full time, part time, and as needed dietary, environmental, and nursing staff on 7/20/2023 by Dietary Service Director. Topics included:</p> <ul style="list-style-type: none"> " Sanitation regulations of food storage. " Storage and dating policies and regulations. 		

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F 812	Continued From page 6 or date stored.	F 812	<p>" Shift inspections to observe all food are within their dates and tossed if out of date.</p> <p>" Shift inspections to observe nourishment room items are with their dates and/or stored properly.</p> <p>" Policies and practices for nourishment room scheduled cleaning.</p> <p>" Procedures for contacting and requesting maintenance work orders.</p> <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained.</p> <p>Dietary staff will monitor proper food storage in the nourishment room while restocking nourishment rooms on AM and PM shifts.</p> <p>Environmental staff will monitor nourishment room cleanliness by cleaning per daily checklist.</p> <p>Maintenance will maintain and address work orders per TELS system.</p> <p>4. Quality Assurance monitoring procedure.</p> <p>The Dietary Service Director or assignee will monitor procedures for proper sanitation weekly x 4 weeks then monthly x 3 months using the Dietary QA Audit which will include inspections on both AM and PM shifts to observe that sanitary</p>		

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F 812	Continued From page 7	F 812	conditions are maintained in the kitchen and in the nourishment rooms. The maintenance director or assignee will monitor maintenance needs in the kitchen weekly x 4 weeks then monthly x 3 months use TELS. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Manager		