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

PRINTED: 09/10/2012 FORM APPROVED OMB NO. 0938-0391

F 371  483.35(j) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must- (1) Procure food from sources approved or considered salisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to date a container of primento cheese that was opened and available for use.  The findings are:  During a tour of the kitchen on 08/27/12 at 9:15 AM an opened container of primento cheese was observed in a reach in cooler available for resident use. The primento cheese was observed in a reach in cooler available for resident use. The primento cheese container was approximately one-third full and had no date to indicate when the container was first opened.  An interview was conducted with the Dietary Manager (DM) on 08/27/12 at 9:20 AM. She stated the primento cheese was good for seven days after opening but was unable to say when the container of primento cheese immediately.  On 08/30/12 at 9:00 AM a sign was observed on the door of the dining room which listed food  ABORATORY OPECTORS OR PROVIDER/BURPLER REPRESENTATIVES SIGNATURE  This written allegation of consultatives my written allegation of compliance for the deficiencies cited. Movever, submission of the plan of correction is not an admission that a deficiency exist or that one was cited correctly. This plan of correction is not an admission that a deficiency exist or that one was cited orecrebly. This plan of correction is not an admission that a deficiency exist or that one existed correctly. This plan of correction is constituted. When the correctly, This plan of correction is constituted to meets requirements established by State and Park and Staff Interview the facility falled to date a container of pimento cheese was discarded terediately on \$/27/12 a.11  Litems in refrigeration storage units were checked that all Litems were labeled with date opened as well as manufactures beat func	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
AUTUMN CARE OF DREXEL    XO OALLAND AVENUE   DREXEL, NC 28819   INCOMPLETED   INCOMPLETED STRUCK   PREVIOUR STATE AND FORMATION   PRETIX   IRACID CONTENTIAL ACTION SHOULD BE (EACH CONTENTIAL ACTION SHOULD BE CONTENTIAL ACTION SHOULD BE CONTENTIAL ACTION SHOULD BE CONTENTIAL ACTION SHOULD BE CONTENTIAL ACTION SH		345222		B. WIN	B. WING			08/30/2012	
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 371  F						307 OAKLAND AVENUE			
F 371 483.35() FOOD PROCURE, SSEE TORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered salisfactory by Federal, State or local authorities, and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to date a container of pimento cheese that was opened and available for use.  The findings are:  During a tour of the kitchen on 08/27/12 at 9:15 AM an opened container of pimento cheese was observed in a reach in cooler available for resident use. The pimento cheese container was approximately one-third full and had no date to indicate when the container was first opened.  An interview was conducted with the Dietary Manager (DM) on 08/27/12 at 9:20 AM. She stated the pimento cheese was good for seven days after opening but was unable to say when the container had been opened. The DM discarded the container of pimento cheese immediately.  On 08/30/12 at 9:00 AM a sign was observed on the door of the dining room which listed food  ABORATORY DIRECTORS OR PROWPERSELEPPLER REPRESENTATIVE'S SIGNATURE  The facility must - (1) Procure food from sources approved or considered salisfactory by Federal, State or local authorities, and a deficiency exist or that one was cited correctly. This plan of correction is substituted to ment a deficiency exist or that one was cited correctly. This plan of correction is substituted to ment a deficiency exist or that one was cited correctly. This plan of correction is substitued to ment a deficiency exist or that one was cited correctly. This plan of correction is substituted to ment a deficiency exist or that one was cited correctly. This plan of correction is substituted to ment a deficiency exist or that one was cited correctly. This plan of correction is substituted to ment a deficiency. No residents are traditional additional tradition and the correction is substituted to ment a deficiency. No resident exertain	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREF	PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AF		ULD BE	COMPLETION	
by: Based on observation and staff interview the facility failed to date a container of pimento cheese that was opened and available for use.  The findings are:  During a tour of the kitchen on 08/27/12 at 9:15 AM an opened container of pimento cheese was observed in a reach in cooler available for resident use. The pimento cheese container was approximately one-third full and had no date to indicate when the container was first opened.  An interview was conducted with the Dietary Manager (DM) on 08/27/12 at 9:20 AM. She stated the pimento cheese was good for seven days after opening but was unable to say when the container had been opened. The DM discarded the container of pimento cheese immediately.  On 08/30/12 at 9:00 AM a sign was observed on the door of the dining room which listed food  Dietary staff were in-serviced by Food Service Director 8/27-8/30/12 on storage/ serving food under sanitary conditions.  At tracking tool was developed to monitor for poen items and labeling of items. Audits are conducted by Food Service Director/Designee twice daily for four weeks then random as needed. Results of the audits are reviewed quarterly to the Quality Assurance Committee.  ABORATORY PRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Director/Designee twice dilt pro four weeks then responsible for monitoring compliance.  ABORATORY PRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  No resident was named in this deficiency. No residents experienced negative outcomes.  Balance discarded immediately on 8/27/12. Al1 items in refrigeration storage units were checked that all items were labeled with date opened as well as manufactures best if used by date checked. All items were in compliance.  8/27/12  The open container of pimento cheese was discarded immediately on 8/27/12. Al1 items in refrigeration storage units were checked that all items were labeled with date opened as well as manufactures best if used by date checked. All items were in compliance.  8/27/12  A tracking tool under sanitary cond		The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food		F	371	constitutes my written allegatio compliance for the deficiencies However, submission of the plan o correction is not an admission ta deficiency exists or that one cited correctly. This plan of correction is submitted to meet requirements established by Stat	cited. f hat was		
the door of the dining room which listed food  Food Service Director/Assistant are responsible for monitoring compliance.  ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  (X6) DATE		by: Based on observation facility failed to date at cheese that was open. The findings are:  During a tour of the k AM an opened contate observed in a reach it resident use. The pin approximately one-the indicate when the contained and the pimento of days after opening by the container had been discarded the container immediately.	n and staff interview the a container of pimento ned and available for use.  itchen on 08/27/12 at 9:15 inter of pimento cheese was n cooler available for nento cheese container was ird full and had no date to ntainer was first opened.  ducted with the Dietary /27/12 at 9:20 AM. She neese was good for seven ut was unable to say when en opened. The DM ner of pimento cheese			The open container of pimento che discarded immediately on 8/27/12 items in refrigeration storage unchecked that all items were labered date opened as well as manufacturif used by date checked. All it in compliance.  Dietary staff were in-serviced by Service Director 8/27-8/30/12 on serving food under sanitary conducted by Food Service Director Bilberted by Food Service Director Bilberted by Food Service Director/Designee twice daily for weeks, then daily for four weeks random as needed. Results of the quarterly to the Quarterly to the Quarterly to the Quarterly interesting the service of the service of the quarterly to the Quarterly to the Quarterly to the Quarterly service of the service of the service of the quarterly to the	eese was . All nits were led with res best ems were  y Food storage/ itions.  monitor tems. vice r four then e audits	8/27/12 8/30/12 8/30/12	
		the door of the dining room which listed food				and the second s			
	ABORATORY			E		TOHO	al	(X6) DATE	

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.

Continuation Speed Page 1 of 4

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

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CENTERO FOR MEDICARE & MEDICAID CENTICES						OIND IAC	7. 0000-0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345222	B. WIN	.G		08/3	0/2012
NAME OF PR	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN	CARE OF DREXEL			200	307 OAKLAND AVENUE DREXEL, NC 28619		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 371 F 441 SS=D	Continued From page 1 items that were available upon request at any time and included pimento cheese sandwiches.  During an interview on 08/30/12 at 10:27 AM with the DM she stated the pimento cheese should have been dated when opened and discarded after seven days. She further reported the pimento cheese had been used the evening of 08/26/12 for residents requesting pimento cheese sandwiches.  483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS			371			
	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.						

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GENTERO FOR MEDIOARE & MEDICAID GERVICES						OIVID 140. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	14.00.00	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
3452		345222	B. WIN	G		08/30/2012	
NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF DREXEL			•	3	EET ADDRESS, CITY, STATE, ZIP CODE 07 OAKLAND AVENUE REXEL, NC 28619		
(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 441	Continued From page 2  (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.		F	441			
	by: Based on observation medical record review potential contamination intending to return item	ne (1) of one (1) resident			Resident #24 has not experienced any negative outcomes related to potential contamination. No other residents have experienced a negative outcome.  Licensed Nurse #1 was re-educated on proper policy and procedure to prevent potential contamination.	е	8/29/12
	peripheral vascular dicartilage disorder.  A review of Resident a	#24's medical record sults dated 08/27/12. The			All Nursing staff in-serviced on Infection Control policies and procedu to help prevent the development and transmission of disease and infection including standard precautions and transmission based precautions. This in-service includes preventing potenticontamination by direct or indirect transmission.	n s	9/27/12
	Resistant Staphylocod been cultured from an An observation of a dr #24's ankle wound wa 1:49 PM. Upon enteri sign was observed tha	ccus Aureus (MRSA) had			The Assistant Director of Nursing/Infection Control nurse conducts infection control rounds dail one week, three times weekly for one weekly ongoing. Results of the are reviewed quarterly to the Quality Assurance committee to ensure complian Director of Nursing responsible for monitoring compliance.	week, audits	9/17/12

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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CENTERS FOR MEDICARE & MEDICARD SERVICES					OIVID IV	7. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
345222		B. WIN	IG_		08/30/2012		
NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF DREXEL				3	EET ADDRESS, CITY, STATE, ZIP CODE 07 OAKLAND AVENUE DREXEL, NC 28619		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 441	During the dressing of touching a spray container of cotton tip (cotton-tipped woode applicator with her gle applicator to clean the #1 held a bottle of ioo hand and cut a piece pack the wound. LN squeezing medication gauze and applying it same gloved hands, stape from a roll of tap the outside of the dre tape roll was placed vapplicator container. Was completed, LN # gloves and washed he items mentioned on top of the treatment Resident #24's room. surveyor. When quess stated she did not thin to the treatment cart. would cause potentia supplies on the cart.  An interview was con Director of Nursing (APM. The ADON states supplies utilized durin not placed back onto acknowledged this was	d donning gown and gloves. hange, LN #1 was observed ainer of cleaning solution and. She picked up a paper ped applicators a stick) and pulled out an oved hand. She used the expectation is in side of the wound. LN oform gauze in her gloved of gauze which she used to #1 was also observed a from a plastic tube onto to a wound. Using the she tore two (2) pieces of exand placed the tape on sing. The remainder of the with the medication tube and after the dressing change 1 removed her gown and er hands. She picked up and attempted to place them and tattempted to place them and the tocated outside of She was stopped by the tioned at this time, LN #1 and about replacing the items She acknowledged this act a contamination of other ducted with the Assistant and DON) on 08/29/12 at 2:40 and it was her expectation grant approximation of change were	F	441			