

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

PRINTED: 06/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/30/2013
NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1675 JOHN KNOX DRIVE COLFAX, NC 27235		
(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 371	<p>Continued From page 2</p> <p>covering on the cookies, labels or dates. Near the bottom of the "box" there was blue linen shoved to the back of a tray and a personnel radio. An interview with the DM revealed he did not know why these items were in the box. The DM also stated when asked about the cookies being not covered he stated, "There is a door on the container," indicating that it was acceptable to have no coverings on the sheets of cookies. An observation of a container of chocolate curls, opened with no date, 1 large bin of flour, baking flour, pastry flour and rice all with no date. On the counter the following items were found to have no labels/dates and opened:</p> <p>1 Large bag of pecans, 1 bag white chocolate chips, 1 large bag of cinnamon chips, 1 large bag of crushed walnuts, 1 large bag of Oreo cookie crumbs, 1 large bag of shredded coconut, 2 and 1/2 dozen sugar free tart shells, 1 can of pan coating (1/2 full) with no cover and no date. Under a counter was 1 large 1/2 full bucket of apricot glaze dated 1/5/11 with no use by date and no date when opened, and the top of the container had crusted, brown matter on the lid.</p> <p>Observation of the dessert refrigerator revealed the following with no labels/dates and or uncovered: 1 large yellow frosted cake with no covering/date/label, 1 tray of apple fritters, 1 large tray of éclairs, 1 large yellow/white cake, and 1 tray of roasted nut bars.</p> <p>Observation of the shelf above the baking area counter top revealed several bottles of food coloring, opened with a sticky substance covering the bottle with no dates, bottles of flavoring</p>	F 371			

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F 371	<p>Continued From page 3</p> <p>opened and no date 1 container of brown sugar and butter. with no date/label.</p> <p>Observation of a walk-in refrigerator revealed a cart with a large tray of uncooked biscuits, uncovered with no date, 1 container of butter and uncooked eggs, 1 pan of sausage links and pureed sausage, 4 trays of diced potatoes, and 2 containers of baked sliced apples, all with no dates.</p> <p>Observation of a walk in freezer contained a cart with 12 large trays of frozen breads, uncovered, no label and no dates.</p> <p>Observation of the " prep cooler" revealed 1 4-5 pound bag of brioche with no label and no date, and 1 large bag of broken hamburger buns with no label and no date.</p> <p>An interview with the Executive Chef on 5/28/13 at 1:15 pm revealed his expectation was that all opened food needed to be covered and have a label and date. He further stated that the cooks in the kitchen were responsible for the labeling and dating. On 5/28/13 at 12:30 pm an interview with the cooks # 1 and #2, stated their responsibility was to ensure labeling and dating the food in the kitchen including spices and other condiments, and bottles. An interview with the DM on 5/28/13 at 1:30 pm stated it was his expectation that products/food in the kitchen need to be dated and labeled. When the DM was asked about referring to the SOM (State Operating Manual) he was unaware of what the SOM was and stated he goes by " FDA recommendations ". On 5/29/13 at 10:30 am an interview with the Administrator indicated it was</p>	F 371			

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F 371	<p>Continued From page 4</p> <p>her expectation that all food/bottles/containers in the Main Kitchen were to be labeled and dated.</p> <p>On 5/29/13 at 10:45am through 11:30 am temperatures of food in the Main Kitchen that was to be served for lunch revealed the following: (all temperatures taken were measured in degrees farenheit:</p> <p>Fish - 166 degrees farenheit, spring rolls - 169, Beans - 161, Fried Rice 151, cooked cabbage 158, chicken gravy 163, mashed potatoes 168, baked chicken 130, and beef stir fry 130, Prince Edward medley (vegetables) 158. The beef stir-fry and baked chicken had to be reheated to the appropriate temperature.</p> <p>A second observation was completed in the main kitchen on 5/29/13 at 10:45 am revealed the following:</p> <p>Walk in Freezer contained 12 trays of breads on a cart revealed they were still unwrapped, with no label and date, 1 Large Bin of flour, pastry flour, sugar and rice was still not dated. The DM stated that " he had not gotten to that yet " .</p> <p>Temperatures taken at 4:30 PM for the dinner service revealed:</p> <p>asparagus soup 194 degrees Farenheit stuffed peppers 154 degrees Farenheit macaroni and cheese- 158 degrees Farenheit Steamed asparagus 160 degrees Farenheit Mashed potatoes 150 degrees Farenheit baked fish 147 degrees Farenheit Barbecue chicken thighs 155 degrees Farenheit Baked sweet potato pureed- 163 sweet pot.- 168 degrees Farenheit</p>	F 371			

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NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235
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F 371	<p>Continued From page 5</p> <p>salted brussel sprouts with garlic 158 degrees Fahrenheit</p> <p>pureed asparagus - 152 degrees Fahrenheit</p> <p>ground chicken- 153 degrees Fahrenheit</p> <p>pureed chicken- 154 degrees Fahrenheit</p> <p>brown gravy 157 degrees Fahrenheit</p> <p>cream of asparagus soup 161 degrees Fahrenheit</p> <p>On 5/29/13 at 5:45 pm observation of Wing Foot temperatures revealed degrees Fahrenheit temperatures were as follows:</p> <p>Tilapia 180.3</p> <p>Baked Sweet Potatoes 180.4</p> <p>Asparagus soup 125* second try after iced thermometer 170.6</p> <p>Brussel sprouts 184.4</p> <p>Baked chicken 169.5</p> <p>Baked Macaroni 192.8</p> <p>Asparagus 200.8</p> <p>Gravy 180.4</p> <p>Mashed Potatoes 156.5</p> <p>Stuffed Peppers 166.9</p> <p>Observation of a resident 's dinner tray temperature, who complained the food was cold, was taken and the temperature was not acceptable to the resident. The food was reheated in the microwave and the temperature was rechecked. The resident was satisfied.</p> <p>Observation of Wing Foot Kitchen on 5/29/13 at 6:30 pm revealed:</p> <p>1 jar of mustard use by date, 12/29/12</p> <p>1 circle of Mexican chocolate drink wafer, 3.15 oz. no date</p>	F 371		

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F 371	<p>Continued From page 6</p> <p>2 1/4 filled ketchup containers with no dates, 1, 4 quart sugar container, no label/ date, 3 opened containers of decorating sauce on the shelf, room temperature, had an expiration date of 2012, with no label/date and all required refrigeration, 3 loaves of bread on the counter top were opened with no label/date.</p> <p>Observation in the refrigerator on Wing Foot contained the following containers with no label/date:</p> <ul style="list-style-type: none"> 1 pan of egg salad 1 pan of tuna fish salad 1 pan of shredded carrots 1 pan of chicken salad 1 pan of sliced pickles 1 package of yellow sliced cheese 1 package of sliced turkey (turkey was falling out of the wrapping) 1 package of sliced ham <p>On 5/29/13 at 6:00 pm an interview with the nurse mentor #1 of Wing Foot indicated he would be discarding the above items and his expectation was that all opened food must be labeled and dated. The Administrator was present at the time and agreed with the Nurse Mentor #1.</p> <p>An interview on 5/29/13 at 6:30 pm with Home Maker #3 stated the decorating sauces were sugar free and each item contained according to the label contained 20 grams, 18grams and/ or 17grams.of sugar. He stated he was told when he first started at the facility that the toppings were sugar free and he puts the sauce on ice cream which he served to the residents. An</p>	F 371		

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F 371	<p>Continued From page 7</p> <p>Interview with Executive Chef on 5/29/13 at 6:45 pm revealed he would be discarding all of the above and stated the toppings should have been refrigerated as well. He further stated that all of the above needed to be labeled correctly as well. One 3 quart container of dry pancake mix dated " use by 5/29/13 " was also discarded by the Executive Chef.</p> <p>An observation of 3 loaves of bread on the counter was opened with no label/date.</p> <p>Observation of the Pebble Beach 1 and 2 kitchens on 5/29/13 at 6:48 PM revealed the ice cream freezer contained crystallization of ice cream resembling freezer burn. Ice cream flavors included strawberry, butter pecan, chocolate, and french vanilla in 3 gal containers. The freezer had a buildup of frost 1/4 inch thick with icecicles on the top inside door. Observation of the reach in refrigerator had a package of mushy, black strawberries, a mushy cucumber, container of unlabeled coleslaw, speared pickles, carrots, cucumbers, tomatoes, blue cheese dressing, sweet pickles slices, dill pickle slices, and shredded cheese. A-1 sauce date of 2/01, cinnamon 3 oz. unlabeled and no date, Mexican spice no date, and 1 piece of tomatoe wrapped with no label/date was discarded, An interview with the nutrition mentor stated it was her expectation that all foods are labeled and dated and food on the shelves should be labeled and dated if opened. She continued that the Home maker in charge #4, was the person in charge of this area and he was not in the facility at the time of the investigation. Attempts to contact the Home Maker #4 in charge were unsuccessful. An Interview with the Executive Chef revealed it</p>	F 371			

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NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1576 JOHN KNOX DRIVE COLFAX, NC 27235		
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F 371	Continued From page 8 was his expectation that all foods be labeled and dated and expired food be discarded.	F 371			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	RECEIVED JUL 16 2013 DATE SURVEY COMPLETED 6/27/2013
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NAME OF PROVIDER OR SUPPLIER RIVER LANDING AT SANDY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1575 JOHN KNOX DRIVE COLFAX, NC 27235	CONSTRUCTION SECTION
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K 000	INITIAL COMMENTS	K 000	K025	Completion Date	
	<p>This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type II (222) protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system.</p> <p>CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/27/2013 the following Life Safety item was observed as noncompliant, specific findings include: There were unsealed penetrations in the smoke barrier above the cross corridor doors near room 125.</p>		<p>Corrective action has been accomplished for those residents found to have been affected by the deficient practices by the following:</p> <p>The attached picture shows the penetration has been fire stopped.</p> <p>Corrective action will be accomplished for those residents having the potential to be affected by the deficient practice by the following:</p>	6/28/13	
			K 025 SS=D	<p>The Director of Maintenance has reviewed all walls and ceilings to make sure all penetrations are fire stopped.</p> <p>Measures will be put into place to prevent the deficient practice by the following:</p>	7/5/13
			K 052	<p>The Maintenance Department and Vendors will be educated on fire stopping.</p> <p>Facility will monitor performance by the following:</p> <p>The Director of Maintenance will conduct quarterly inspections to make sure all penetrations are fire stopped. He will submit results to the River Landing Quality Assurance Committee for review and consideration.</p>	7/5/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tiffany Kebern TITLE: Administrator (X6) DATE: 7/12/13

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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K 052 SS=E	Continued From page 1 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/27/2013 the following Life Safety item was observed as noncompliant, specific findings include: The Fire Alarm Control Panel (FACP) which consist of several components, the loss of normal power component was tested and the back up batteries failed to supply power to the FACP. CFR#: 42 CFR 483.70 (a)	K 052	K052	Completion Date
			<p>Corrective action has been accomplished for those residents found to have been affected by the deficient practices by the following:</p> <p>The batteries that failed have been replaced.</p> <p>Corrective action will be accomplished for those residents having the potential to be affected by the deficient practice by the following:</p> <p>The system was retested after batteries were replaced and during testing backup power was supplied as appropriate.</p> <p>Measures will be put into place to prevent the deficient practice by the following:</p> <p>The Maintenance Department and Vendors who service the FACP will be educated on the necessity battery backup power and the importance of regular testing to verify system works appropriately.</p> <p>Facility will monitor performance by the following:</p> <p>The Director of Maintenance will conduct quarterly inspections to make sure the FACP backup power supply is functioning. He will submit results to the River Landing Quality Assurance Committee for review and consideration.</p>	6/27/13
				6/28/13
				7/5/13
				7/5/13