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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345063	B. WING _			11/	07/2013
NAME OF PROVIDER OR SUPPLIER				ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	0772010
AVANTE AT WILSON				18	804 FOREST HILLS RD		
AVANTE	WIEGON			W	/ILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371 SS=E	considered satisfacto authorities; and	ERVE - SANITARY sources approved or ry by Federal, State or local stribute and serve food	F3	371			11/12/13
	by: Based on observatio facility failed to mainta solution in the three-o 150 - 200 parts per m cold salads made with degrees Fahrenheit d trayline, and failed to plastic soup/cereal bo	is not met as evidenced n and staff interview the ain the quaternary sanitizing compartment sink system at aillion (PPM), failed to keep h protein at or below 41 during the operation of the keep the active supply of owls free of dried food hs. Findings included:			This Plan of Correction (POC) constitution my written allegation of compliance for deficiencies cited. However, submission of this POC is not an admission that a deficiency exists or that one was cited correctly. This POC is submitted to me requirements established by Federal ar State Law as the facility s creditable allegation of compliance.	the on eet	
	baking pans, one pito spoodles were drainir three-compartment si submerged in the san a pan under the sink s from the sanitizing sin At 9:26 AM on 11/06/ strength of the quater	06/13 five tray pans, three her, tongs, spoons, and ng on the sideboard of the nk. Other kitchenware was nitizing solution. There was system catching leakage nk. 13 a strip used to check the mary sanitizing solution only PM. At this time the cook			F-371 (483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY DEFICIENCY CORRECTED. A. Corrective action taken for the affected resident. 1. Sanitary solution: 3 compartment simmediately taken out of service and emptied. Sanitized with beach. EcoLa automated dispensing unit and solution	sink b	
ADODATOS	stated she last made the three-compartment that morning. She re	up new sanitizing solution in nt sink at 8:30 AM earlier ported she utilized the			vendor immediately contacted. Vendor rep. presented within 1 hour and adjust equipment to assure for solution	ed	(X6) DATE

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

11/15/2013

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.

Electronically Signed

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		345063	B. WING _		_	11/07/2013	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STA	ATE, ZIP CODE		
				1804 FOREST HILLS RD			
AVANTE A	AT WILSON			WILSON, NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	Continued From pag	ge 1	F3	371			
F 3/1	automatic dispensin sink, and thought a the sink was filled. representative told the quaternary sanit 200 PPM. According representative was week and a half ago three-compartment. The sanitizing sink is system was drained from 9:30 AM until 9 to refill the sanitizing of the proper streng quaternary solution when the auto-dispensing three-compartment auto-dispensing three-compartment reported the sanitizing solution when checked with the sanitizing solution in the sanitizing solution in the past montrepresentative was solution was solution when checked with the sanitizing solution in the past montrepresentative was solution was solution was solution to the sanitizing solution was solution the past montrepresentative was solution was solution was solution to the sanitizing solution was solution to the sanitizing solution was so	g system to fill the sanitizing strip registered 200 PPM after She commented the service the dietary staff that strips in sizing solution should register in the facility a week to a servicing the sink dispensing system. In the three-compartment sink is at 9:29 AM on 11/06/13, and 0:43 AM attempts were made in the graph sink with sanitizing solution in the Astrip held under just the itself registered 200 PPM, but ensing system was activated, ution with water, the strength inly registered 50 - 100 PPM. 3/13 the dietary manager (DM) representative had adjusted if the sanitizing solution when system at the sink was activated. She spensing system was now in which registered 200 PPM a strip. 3/7/13 the DM stated strips in used to check the strength ution in the three compartment solution was prepared. She ing sink was leaking on and the service just in a week ago to adjust term so that the quaternary		dispensing process PPM sanitizing solu standard. Sink filler which met standard 150 and 200 PPM. re-in-services by ve Food Service Mana dispensing equipme protocol and proced sanitation strip testi acceptable range. notified at 4:08 P.M 2. Food Temperat Compliance: Cold food items exc Fahrenheit ceiling ir Following completic staff members imme the Dietary Food Se on proper protocols cold and hot cold fo storage and serving maintenance. 3. Dried food part kitchenware identific immediately discard kitchenware was ga assure that complia was achieved. Diet Manager (FSM) on	ation requirement range d and strip tested d with reading between Dietary staff endor rep. and Dietary ager (FSM) on use of ent, strip testing dure/process if ing outside of Reviewing Surveyor I. on 11/6/13 of above. ture Range ceeding 41 degree mmediately discarded. On of tray line, dietary ediately in-serviced by ervice Manager (FSM) is and processes for odd preparation, in gline temperature dietes on bowels: All red by the surveyor was ded. All remaining athered and checked to ance with standards tary Food Service 11/7/2013 in-serviced e moment instructional protocols on and and sanitation, and discarding the immediate		

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AVANTE AT WILSON			WILSON, NC 27893		
PREFIX (EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 371 Continued From p	age 2	F 3	71		
At 10:34 AM on 1 dietary departmer responsible for min the three-comp reported she mad auto-dispensing signade up fresh sa after breakfast, ar was supposed to solution immediat strips. 2. At 12:12 PM of observed preparing retrieving ham sat pans stored in the At 12:14 PM on 1 registered, after at 46.6 degrees Fahrwas checked and the potato salad vector cook stated she in from ingredients were recorded for did not write the to make sure hot Fahrenheit and codegrees when she 11:15 AM. She co	al/07/13 a cook/aide in the at stated the cook was aking up the sanitizing solution artment sink system. She is up the solution using the system. She commented she intizing solution at 5:30 AM, and after lunch. She stated she check the strength of the ely after making it up using in 11/05/13 dietary staff was an alternate cold plate, and and potato salad from tray areach-in refrigerator. 1/05/13 a thermometer djustment following calibration, renheit when the ham salad registered 48.7 degrees when was checked. At this time the hade both salads that morning which were all chilled. She is had been in the reach-in bout an hour and a half. 1/05/13 review of the trayline evealed no food temperatures 11/05/13. The cook stated she emperatures down, but checked foods were above 135 degrees and foods were at or below 40 extarted the lunch trayline about or or started the ham and potato grees Fahrenheit when the	F 3	B. Corrective action taken for residents having the potential affected by the deficient prastice and the potential to be affected by the potential to be affected. Same corrective action documented in previous iter A. 1, 2, and 3 were implemented potentially affected residents same day as identified. C. Measures Implemented Systemic Changes made to deficient practices will not resident practices will not resident practices will not resident practices and retrained, where the potential processes that kitchenware sanitation is compliance and monitoring understood and could be despected. b) Proper protocols and processes that kitchenware sanitation is compliance and monitoring understood and could be despected. c) Proper protocols and processes that could food preparation temperature control standard maintenance/monitoring required and practiced and could food preparation temperature control standard maintenance/monitoring required and practiced and could practiced and could practiced and could practiced and protocols regarding the immonitoring removal from use of all unsakitchenware.	al to be ctice. ned that all d by mouth cted. s as n responses ented for all s; each on d and/or ensure that eoccur. rs were ith Food Service cted es for assuring standards are clearly emonstrated rocesses for on/storage, ds and juirements are all times. and sanitation, carding lediate	

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NAME OF PROVIDER OR SUPPLIER AVANTE AT WILSON SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG F 371 Continued From page 3 (DM) stated the cook followed her direction in the preparation of the ham and potato salads. She STREET ADDRESS, CITY, STATE, ZIP CODE 1804 FOREST HILLS RD WILSON, NC 27893 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DATE DEFICIENCY) F 371 F 371 STREET ADDRESS, CITY, STATE, ZIP CODE 1804 FOREST HILLS RD WILSON, NC 27893 F 374 F 375 F 376 F 377 F 377 F 377 F 377 F 377	STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED	
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WILSON, NC 27893 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 371 Continued From page 3 (DM) stated the cook followed her direction in the preparation of the ham and potato salads. She					1804 FOREST HILLS RD		
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(DM) stated the cook followed her direction in the preparation of the ham and potato salads. She	PREFIX (EACH	FICIENCY MUST BE PRECEDED BY FULL	PREFIX (EAC	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
reported she did not want them made the day before because they would be watery, and the quality would suffer. She commented if chilled items were an alternate on the menu then the staff retrieved the product directly from the reach-in refrigerator. At 10:34 AM on 11/07/13 a cook/aide stated cold salads were supposed to be prepared by the night shift cook and stored overnight in the reach-in cooler. She explained the next morning, the day of serving, the morning cook was supposed to dish up the salads in individual containers. According to the cook, these individual containers of salad were to be immediately placed back in the cooler and left there until right before the trayline started up. 3. During inspection of kitchenware, beginning at 10:05 AM on 11/06/13, 3 of 32 plastic soup/cereal bowls had dried food particles inside of them and 8 of 32 were abraded inside (34% were compromised). At this time the dietary manager (DM) stated she had some new bowls on order. She explained she thought the abraded interiors were caused by staff heating soup in these bowls using the microwave. At 10:23 AM on 11/07/13 the DM stated the dietary staff was supposed to throw away kitchenware which was chipped, cracked, or abraded. She reported she thought the staff had not done so because as of yet there were no replacements. The DM explained she had some new soup/cereal bowls on order. She commented all kitchenware in storage was to be clean and dyv. 12. A OAPI Validation Checklist (monitoring cod determine if the employee was, in accordance with standards, protocols and procesuse in determine if the employee was, in accordance with standards, protocols and procedures, complying with: 23. Protocols and processes for assuring that kitchenware sanitation standards compliance and monitoring are met and maintained going forward. 25. A CAPI Validation Checklist (monitoring to determine if the employee was, in accordance with standards, protocols and processes for assuring that kitchenware sanitation standards compliance and m	(DM) stated preparation reported sh before becarduality wou items were staff retrieve reach-in reformation and the salads were night shift or reach-in continuous the day of supposed to containers. Individual commediately there until roles and salads were containers. Individual commediately there until roles and salads were containers. Individual commediately there until roles and salads were containers. Individual commediately there until roles and salads were containers. Individual comments and salads and salads and salads and salads and salads and salads and salads. Salads and salads a	e cook followed her direction in the the ham and potato salads. She id not want them made the day e they would be watery, and the suffer. She commented if chilled alternate on the menu then the the product directly from the erator. In 11/07/13 a cook/aide stated cold apposed to be prepared by the cand stored overnight in individual coording to the cook, these ainers of salad were to be acced back in the cooler and left to before the trayline started up. Bection of kitchenware, beginning at 1/06/13, 3 of 32 plastic soup/cereal dood particles inside of them and braded inside (34% were. At this time the dietary manager he had some new bowls on order. She thought the abraded interiors by staff heating soup in these bowls onwave. In 11/07/13 the DM stated the as supposed to throw away which was chipped, cracked, or reported she thought the staff had because as of yet there were no the DM explained she had some all bowls on order. She kitchenware in storage was to be	(DM) stated preparation reported shapefore becaused quality would items were staff retrieved reach-in results all additional shapefore becaused the day of supposed the containers. Individual containers individual containers individual containers individual containers individual containers individual containers individual containers. Individual containers individual containers individual containers individual containers. Individual containers individual containers individual containers individual containers individual containers individual containers individual containers. Individual containers individual	F3	 A QAPI Validation Check (monitoring tool) was develop completed for each dietary elegatermine if the employee was accordance with standards, purcedures, complying with: Protocols and processes that kitchenware sanitation stompliance and monitoring a maintained going forward. Proper protocols and prohot and cold food preparation temperature control standard maintenance/monitoring required and maintained going for c). Kitchenware cleaning an inspection, storage and discaprotocols regarding the immeremoval from use of all unsafikitchenware are met and main going forward. Results of findings from the retool is reviewed both with each individually and the dietary tewhole, for the purpose of main necessary adjustments in proeducational training needs to sustained standards compliant. D. How the facility plans to performance to assure ongoi compliance is sustained. The Dietary Food Service. 	bed and mployee to as, in protocols and se for assuring tandards are met and processes for historage, is and airements are rward. In addition, arding ediate fe intained seview if this chemployee eam as a king any process and assure for assure for ance. monitor its ang	

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F 371	stated the plastic bow and soups. She repo became scratched ins be thrown away. The or scratched surfaces gave bacteria a place stated the staff was no	/13 a cook/dietary aide Is were used for hot cereals rted when these bowls side they were supposed to cook commented abraded posed a risk because they to gather and grow. She of supposed to put any rige unless it was clean.	F 37	and then randomly for at least 3X/weel personally complete random QAPI Validation Checklist follow-up audits (utilizing tool listed in C-2 above) on a) compliance with kitchenware sanitation protocols and standards (personal observations of staff and striptest log monitoring). b) compliance with hot and cold food preparation processes, temperature control compliance standards, maintenance/monitoring of temperature logs and re-validation surveys of documented temperatures, c) compliance, with kitchenware clean and sanitation, inspection, storage and discarding protocols regarding the immediate removal from use of all unsakitchenware. 2. For the next three month period, the results of the QAPI Validation Checklis Audits will be presented at the monthly Quality Assurance Performance Improvement Committee meeting for compliance monitoring and any audit modification directives. E. Date Corrective Action Completed Corrective action was achieved on 11/12/2013.	ing afe nan