

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

PRINTED: 09/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2015
NAME OF PROVIDER OR SUPPLIER DURHAM NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 411 S LASALLE STREET DURHAM, NC 27705		
(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 No deficiencies were cited as a result of the complaint investigation survey of 7/9/15. Event ID# ZIO511. 8/31/15 IDR panel deleted F 241	F 000			
F 159 SS=B	483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section. The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund. The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.	F 159		8/1/15	

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

TITLE

(X6) DATE

Electronically Signed

07/30/2015

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 159	<p>Continued From page 1</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, record review and staff interview, the facility failed to notify 10 of 72 sampled residents (Resident #19, #15, #8, #42, #93 #40, #22, #35, #72 and #45) and/or the representative of resident funds exceeding the supplemental security income (SSI) resource limit.</p> <p>The findings included:</p> <p>Review of the Quarterly Accounting of Resident Funds dated December 2008; read in part: under #3 statements of residents who are eligible for SSI (supplemental security income) or medical assistance will also reflect the difference between the ending balance and the applicable eligibility level.</p> <p>1. Resident #19 was admitted to the facility on 8/25/11. Review of the trust fund account was conducted on 7/25/15 at 1:47 PM. The trust</p>	F 159	<p>"This Plan of Corrections is prepared and submitted as required by law. By submitting this Plan of Correction, Durham Nursing and Rehabilitation Center does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, finding, facts, or conclusions that form the basis for alleged deficiency."</p> <p>F159</p> <p>1. Corrective actions for those found to be affected. On 7/13/15 the Business Office Manager notified the residents and/or representative of the following numbered residents (19, 15, 8, 42, 93, 40, 22, 35, 72, and 45) by written documentation of the trust balance which would exceed the SSI resource limit.</p> <p>2. Corrective actions for those having potential to be affected. On 7/13/15, the Business Office Manager and</p>		

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F 159	<p>Continued From page 2</p> <p>account revealed a balance of \$3213.63. There was no documentation presented to indicate that Resident #19 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn ' t involved with the management of resident funds.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.</p> <p>2. Resident #5 was admitted to the facility on 9-28-11 and readmitted on 5-7-15. Review of the trust fund account was conducted on 7-9-15 at 1:47 PM. The trust account revealed a balance of \$2149.45. There was no documentation presented to indicate that Resident #5 and/or the representative had been notified the account balance had exceeded the Medicaid resource</p>	F 159	<p>Administrator reviewed all accounts and any resident with a balance of \$1600.00 or greater, the resident and/or representative was notified with written documentation. The Business Office Manager mailed a letter certified to the representative. If the representative party/resident does not respond to the certified letter by 7/31/15, the staff at the Center will purchase items that benefit the resident and keep receipts in the business office file.</p> <p>3. Measures/Systemic changes to ensure deficient practice will not occur. The Business Office Manager will review all accounts every month during month end close process. Written notification to any resident/representative via Certified Mail and with their monthly Trust statement advising them of balance reaching SSI threshold limit to contact the business office. To assure a check and balance, the Business Office Manager will review this process monthly for 4 months and quarterly thereafter and report findings to Administrator.</p> <p>4. To monitor performance and efficacy, the monthly results will be reported during the Quality Assurance meeting for 4 months and then as needed if identified as recurrent issue.</p>		

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F 159	<p>Continued From page 3 limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn ' t involved with the management of resident funds.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.</p> <p>3. Resident #8 was admitted to the facility on facility on 4-1-14 and readmitted on 6-15-15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM The trust account revealed a balance of \$3685.47 .There was no documentation presented to indicate that Resident#8 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the</p>	F 159			

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F 159	<p>Continued From page 4</p> <p>receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn't involved with the management of resident funds.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.</p> <p>4. Resident #42 was admitted to the facility on 9/11/07 and readmitted on 7/5/12. Review of the trust fund account was conducted on 9/25/14 at 9:44 AM. The trust account revealed a balance of \$2830.08. There was no documentation presented to indicate that Resident#42 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the</p>	F 159			

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F 159	<p>Continued From page 5</p> <p>money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn't involved with the management of resident funds.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.</p> <p>5. Resident #93 was admitted to the facility on facility on 7/25/13. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of \$3974.28. There was no documentation presented to indicate that Resident #93 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents.</p>	F 159			

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F 159	<p>Continued From page 6</p> <p>She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn ' t involved with the management of resident funds.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.</p> <p>6. Resident #40 was admitted to the facility on 11/6/07 and readmitted on 6/16/15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of \$2001.00. There was no documentation presented to indicate that Resident #93 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office</p>	F 159			

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F 159	<p>Continued From page 7</p> <p>manager (BOM) handled the accounts. The BOM was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn ' t involved with the management of resident funds.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.</p> <p>7. Resident #22 was admitted to the facility on 10/14/08 and readmitted on 4/17/15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of 2656.42 . There was no documentation presented to indicate that Resident#22 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount</p>	F 159			

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F 159	<p>Continued From page 8</p> <p>allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn ' t involved with the management of resident funds.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.</p> <p>8. Resident #35 was admitted to the facility on 3/12/07 and readmitted on 4/7/15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of \$9829.02. There was no documentation presented to indicate that Resident#35 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM</p>	F 159			

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F 159	<p>Continued From page 9 was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated that she did not have direct contact with the notification process of informing the resident and/or representative of the residents account balances approaching or exceeding the resource limits. She assisted residents and purchased items they requested and returned with the receipt.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.</p> <p>9. Resident #72 was admitted to the facility on facility on 8/24/11 and readmitted on 11/14/11. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of \$3508.24. There was no documentation presented to indicate that Resident #72 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which</p>	F 159			

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F 159	<p>Continued From page 10</p> <p>residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.</p> <p>During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn ' t involved with the management of resident funds.</p> <p>During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance</p> <p>10. Resident #45 was admitted to the facility on 4/30/09 and readmitted on 5/11/15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of \$2158.37. There was no documentation presented to indicate that Resident#40 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</p> <p>During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM</p>	F 159			

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F 159	Continued From page 11 was not available for interview. During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn ' t involved with the management of resident funds. During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the of the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.	F 159			
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review, the facility failed to maintain sanitary conditions in the kitchen by 1) ensuring that 1 of 1 walk in refrigerator was clean 2)	F 371	F371 1. No resident named in this citation. 2. Corrective action for those affected. Any resident may be affected therefore;	7/24/15	

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F 371	<p>Continued From page 12</p> <p>remove the scoop, dried foods and liquids from the dry storage containers 3) clean the dried food debris from 6 clear preparation containers, 4) remove the grease and food from 12 serving table lids 5) separate dented cans from ready to use food items 5) failed to air dry 2 wet serving pans in 1 of 1 dry storage areas and 7) Clean and remove the food debris and grease from hot plate cart.</p> <p>The findings included:</p> <p>1. During an observation on 7/6/5 at 10:100AM, the walk in refrigerator had a large volume of dried foods and liquids splattered throughout the refrigerator.</p> <p>During an interview on 7/6/15 at 10:00AM, the dietary manager (DM) confirmed the large volume of spillage in the refrigerator and indicated the refrigerator should have been clean after each shift and weekly.</p> <p>2. During an observation on 7/5/15 at 10:00AM, a scoop was found inside the dry storage container of thicken liquid. In addition, the dry storage containers that held the flour, sugar and onions had large volumes of dried foods and liquids on the inside and outside.</p> <p>During an interview on 7/6/15 at 10:00AM, the DM indicated that the scoop should not have been left in the container of thicken liquids and the dry storage containers should be cleaned after each shift and deep cleaned weekly.</p> <p>3. During an observation on 7/6/15 at 10:00AM, there was 6 clear containers that was stored with large volumes of dried foods and liquids on the</p>	F 371	<p>on 7/24/15 the Dietary Manager cleaned and sanitized the refrigerator. The scoop was removed and remainder of thickener was discarded. The storage containers were emptied and cleaned. The clear storage bins were cleaned/sanitized and removed due to non-use. The serving lids were cleaned/sanitized and removed if not in use. The dented cans were placed in dented can section. The silver pans were removed and clean/sanitized. The plate warmer was disassembled and deep cleaned.</p> <p>3. Measures and systemic changes to ensure compliant practice. On 7/9/15 the Dietary Manager in-serviced all dietary staff on proper sanitation regarding all equipment, refrigerators, proper food storage, cleaning schedules, dented cans, sanitizing and proper drying methods and overall compliance with sanitation in dietary. On 7/24/15 the Dietary Manager implemented weekly/daily cleaning schedules with monitoring tools.</p> <p>4. Monitoring for performance and efficacy. The Dietary Management team will utilize daily/monthly cleaning schedules with monitoring tools. The Dietary Manager will oversee the tools and address daily as well as the District Manager will review weekly for 8 weeks. The outcomes of the monitoring tools will be reviewed at Quality Assurance for 3 months to assure compliance. In addition the Regional Manager will continue with monthly QA visits and tours.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2015
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F 371	<p>Continued From page 13</p> <p>inside and outside on a dry storage cart.</p> <p>During an interview on 7/6/15, the DM confirmed the dried food on the inside and outside of the containers and indicated that the containers should have been thoroughly checked before they were placed on the dry storage cart.</p> <p>4. During an observation on 7/6/15 at 10:00AM, there was 12 serving table lids stored on the dry storage rack that had large volumes of grease and food build up on the lid surfaces and edges.</p> <p>During an interview on 7/6/15 at 10:00AM, the DM confirmed the grease and food build up on the lids. He indicated that the lids should be cleaned and thoroughly checked before they were placed on the dry storage rack.</p> <p>5. During an observation on 7/6/15 at 10:00AM, there was 6 dented cans stored in the dry storage room. The cans included (2) stewed tomatoes, (2) green beans and (2) peaches.</p> <p>During an interview on 7/6/15 at 10:00AM, the DM indicated that he was responsible for checking for dented cans prior to storage. He added the cans should be returned to vendor when found dented.</p> <p>6. During an observation on 7/6/15 at 10:00AM, there was 2 silver pans that were stacked wet on the dry storage rack.</p> <p>During an interview on 7/6/15 at 10:00AM, the DM indicated that all kitchen equipment should not be stacked on top another and should air dry.</p> <p>7. During a follow-up kitchen observation on</p>	F 371			

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

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F 371	Continued From page 14 8/8/15 at 11:30AM, the plate warmer had dry liquids inside the warmer. During an interview on 8/8/15 at 11:30AM, the DM indicated the plate warmer should be cleaned daily prior to usage of every meal. The warmer should be deep cleaned weekly.	F 371		