

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2015
NAME OF PROVIDER OR SUPPLIER ST JOSEPH OF THE PINES HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 103 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	
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F 325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to follow doctor ' s order for the supplement to prevent further weight loss for 1 (Resident #255) of 3 sampled residents reviewed for nutrition. Findings included: Resident #255 was admitted to the facility on 11/26/14 with multiple diagnoses including dementia and major depressive disorder. The quarterly Minimum Data Set (MDS) assessment dated 6/3/15 indicated that Resident #255 had a severe cognitive impairment and was dependent on the staff for eating. The assessment also indicated that Resident #255 had a weight loss and his weight was 168 pounds (lbs.).</p> <p>The care plan dated 6/4/15 was reviewed. One of the problems was " I am at risk for weight loss related to inadequate intake, inability to chew and swallow due to diagnosis of dysphagia and confusion. " The goal was " I will consume 75% or more of meals daily or maintain/show improvement with weight over the next 90 days</p>	F 325	<p>1. The order for the Med Pass shake has been changed to four ounces four times per day with supplemental health shake at lunch. Both day nurse and night nurse have received corrective action as of 08/29/15.</p> <p>2. All med pass orders reviewed by dietician on 8/29/15; all were correct in medical records.</p> <p>3. 24 hr chart check will include day shift nurses doing a chart check on all orders written on their shift: they will initial the carbon copy. Night nurses will review all orders written on their shift using same process as day shift, they will also review all day shift orders to ensure all orders have been processed into the electronic record correctly and initial the carbon copies. Night supervisor will audit all carbon copies. Inservices done to educate all nurses</p>	9/3/15

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

TITLE

(X6) DATE

Electronically Signed

08/31/2015

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 325	<p>Continued From page 1</p> <p>and I will have a slow increase in my weight of 1-2 lbs. a month times 90 days." The approaches included " provide me with pureed diet as ordered by the doctor, give me nectar thick liquids, please assist/feed me for meals, allow me to eat at my own pace, encourage me to eat 100% of all my meals and please give me med pass (supplement) 3 times a day (increased on 5/26/15). "</p> <p>The weights for Resident #255 were reviewed. His admission weight (11/26/14) was 191 lbs.; 182 lbs. on 2/5/15; 171 lbs. on 5/5/15 and 155 lbs. on 8/3/15.</p> <p>The doctor ' s orders were reviewed. On 1/27/15, Resident #255 was started on med pass (supplement) 4 ounces (oz.) 2 times a days due to weight loss. On 4/20/15, the diet was changed to pureed diet and the med pass was increased to 4 oz. 3 times a day due to poor meal intake and continued weight loss. On 5/26/15, the med pass was increases to 6 oz. 3 times a day due to continued weight loss. On 7/27/15, Remeron (appetite stimulant) 7.5 milligrams (mgs) by mouth at bedtime was ordered due to poor meal intake.</p> <p>The dietary notes were reviewed. The notes dated 5/26/15 indicated that Resident #255 " has had additional weight loss with current weight declining. Will increase med pass to 6 oz. 3 times a day and continue to monitor the weights. "</p> <p>The Medication Administration Records (MARs) from May through August, 2015 were reviewed. The records indicated that med pass 4 oz. was administered 3 times a day instead of 6 oz. as ordered.</p>	F 325	<p>on proper procedures 8/24-30/15.</p> <p>4. Dietician will review administration record for all med pass orders each month. Supervisor will review med pass orders as written. Results will be reported by dietician or designee, weekly at QAPI meeting and at quarterly QA meeting for six months. QAPI created 8/31/15.</p>		

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F 325	Continued From page 2 On 8/19/15 at 9:00 AM, Resident #255 was observed during breakfast. His tray contained pureed diet and nectar thick liquids. He was in the dining room and a staff member was feeding him. He ate almost 75% of the meals. On 8/19/15 at 9:02 AM, NA (nurse aide) #1 was interviewed. NA #1 stated that Resident #255 's appetite varies, at times he has good appetite and at times he would not eat at all. NA #2 added that yesterday (8/18/15) he did not eat at all. On 8/19/15 at 10:20 AM, administrative staff #1 was interviewed. She reviewed the electronic MARs and acknowledged that the order to increase the med pass to 6 oz. on 5/26/15 was not transcribed to the MARs. On 8/19/15 at 10:45 AM, Nurse #1 was interviewed. Nurse #1 was the one who signed off the order to increase the med pass to 6 oz. on 5/26/15. Nurse #1 stated that she might have missed to change the order on the MAR. On 8/19/15 at 11:30 AM, administrative staff #2 was interviewed. She indicated that she was aware that Resident #255 was still losing weight but she was not aware that the resident was not receiving the med pass 6 oz. as ordered.	F 325			
F 371 SS=E	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	F 371		9/3/15	

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F 371	<p>Continued From page 3</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to monitor the freezer and refrigerator temperatures in the household kitchens on 4 of 6 halls (households) and failed to discard mighty shakes by their use by date and to date 1 mighty shake when thawed and failed. The findings included:</p> <p>1. On 8/19/15 at 3:55 PM the 200 hall household kitchen refrigerator was observed with Administrative Staff #4. Review of the temperature logs for the refrigerator and freezer revealed the freezer and refrigerator temperatures were not recorded daily.</p> <p>On 8/19/15 at 4:05 PM the 100 hall household refrigerator was observed with Administrative Staff #3. Review of the temperature logs for the refrigerator and freezer revealed the freezer and refrigerator temperatures were not recorded daily.</p> <p>On 8/19/15 at 4:15 PM the 400 hall household refrigerator was observed with Administrative Staff #3. Review of the temperature logs for the refrigerator and freezer revealed the freezer and refrigerator temperatures were not recorded daily.</p> <p>On 8/19/15 at 4:20 PM the 600 hall household refrigerator was observed with the Administrative Staff #3. Review of the temperature logs for the</p>	F 371	<p>1. On 8/19/15 all refrigerators checked by staff for proper temperatures and outdated food and shakes. No more outdated shakes were found.</p> <p>2. All refrigerators checked by Administrator for outdated food and shakes on 8/20/15. None was found at that time.</p> <p>3. Logs for Refrigerator and Freezer logs were revised to make them easier for staff to use. Also, new thermometers were purchased with larger numbers to make them easier for staff to read. They were received 8/31/15. Administrator will check fridge and freezer temps and their logs once a week. Dietary Manager and supervisors will review the logs daily to ensure temps have been recorded. Once a week the Dietary Manager and supervisors will review the logs for accuracy and completeness.</p> <p>All dietary staff have been in-serviced and re-educated on 9/2 & 9/3. These in-services were conducted by the Dietary Manager and the Quality Assurance/Staff Development nurse. Details of the in-services included the following; review of appropriate temperatures in refrigerators and freezers every day to ensure appropriate temperatures are</p>		

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F 371	<p>Continued From page 4</p> <p>refrigerator and freezer revealed the freezer and refrigerator temperatures were not recorded daily.</p> <p>On 8/19/15 at 5:15 PM copies of the temperature logs for 7/1/15 through 7/31/15 were requested for 100, 200, 400 and 600 halls. Review of the provided logs revealed the hall numbers were not on the logs and some of the requested logs/dates were not present. Logs were available for 3 of these 4 halls for 7/6/15 through 7/12/15.</p> <p>Refrigerator Log (will be known as Log A - hall unknown) had no freezer or temperature recordings for 3 of 7 days during this period. In addition on 4 of 4 days where there was a temperature recording the refrigerator temperature was recorded as below freezing (below 32 degrees Fahrenheit [F]). The log indicated the acceptable temperature for the refrigerator was between 34 and 46 degrees F. Refrigerator Log (will be known as Log B - hall unknown) had no freezer or refrigerator recordings on 1 of 7 days. In addition, on 6 of 6 days where refrigerator temperatures were recorded there was at least one documented temperature of below 32 degrees F. Refrigerator Log (will be known as Log C - hall unknown) had refrigerator and freezer temperatures recorded on 7 of 7 days, however on 4 of 7 days the temperature was recorded as 32 degrees F or less.</p> <p>For the period 7/27/15 through 8/2/15 there were 4 of 4 temperature logs available for review. The hall numbers were not recorded on the logs. Refrigerator and freezer temperatures were not recorded on 2 of 7, 3 of 7, 5 of 7 and 3 of 7 days on these respective log forms. In addition, temperatures of less than 34 degrees were recorded on 2 of 5, 4 of 4, 2 of 2 and 1 of 4 days</p>	F 371	<p>displayed and record results on new logs. Report to dietary supervisor if temperatures for refrigerators or freezer are out of appropriate ranges. The supervisor will then notify maintenance to assess. Check the refrigerators and freezers for any outdated food or shakes. Shakes are to be dated when thawed. A review of food items with the "use by dates" was completed by Dietary Manager. Food-borne illness's were discussed and reviewed by the Quality Assurance nurse with all dietary staff. Prior to any shakes being distributed out of the main kitchen, the stock person will audit all Mighty Shakes to ensure dates are present when thawed.</p> <p>4. Results of the temperature audits and logs, food and Mighty Shake audits will be reported by dietary manager or designee, weekly at QAPI meeting and at quarterly QA meeting for six months. QAPI created 8/31/15</p>		

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F 371	<p>Continued From page 5</p> <p>that did have recorded temperatures on these respective log forms.</p> <p>Interview with Administrative Staff #3 on 8/19/15 at 4:20 PM revealed that she did not think there was a problem with the actual temperature of the refrigerators because they were checked by Management weekly and an issue with improper temperatures for refrigerator food storage had not been observed. She stated that she thought staff were having problems accurately reading the refrigerator temperatures.</p> <p>Interview with Administrative Staff #4 on 8/19/15 at 5:15 PM revealed that she checked the refrigerators weekly but did not review the temperature logs. She acknowledged that out of range temperatures should be reported for follow-up.</p> <p>During interview with Dietary Aide #1 on 8/19/15 at 5:30 PM he stated that he usually record refrigerator and freezer temperatures when he worked in the evenings but that he did not always work on the same hall, or every evening, so inconsistencies could be due to other staff not recording temperatures.</p> <p>2. Review of the product information for Mighty Shakes (nutritional supplement) their shelf life after thawing is 14 days at 34 - 40 degrees Fahrenheit (F).</p> <p>On 8/19/15 at 4:15 PM the household kitchen refrigerator on 400 hall was observed with the Administrator. There were two thawed Mighty Shakes with a use by date of 7/27/15 in the refrigerator at this time that were then discarded</p>	F 371			

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

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F 371	<p>Continued From page 6 by nursing staff.</p> <p>On 8/19/15 at 4:33 PM the nourishment refrigerator on 850 hall was observed. Inside the refrigerator there was one thawed Mighty Shake dated with a use by date of 8/5/15. Nurse #2 acknowledged the Mighty Shake had passed its use by date but said she didn ' t know why the Mighty Shake was still in the refrigerator singe the dietary staff were responsible for maintaining it.</p> <p>On 8/19/15 at 4:29 PM the nourishment refrigerator on 800 hall was observed. Inside there refrigerator there was one thawed Mighty Shake. The Mighty Shake was not dated to show on what date it was thawed and was not dated to indicate what date it needed to be used by. In addition, there were two thawed Mighty Shakes in this refrigerator that had passed their use by date of 8/17/15. Nurse #3 was interviewed at this time and stated she did not know why these items were in the refrigerator.</p> <p>Interview with Administrative Staff #4 on 8/19/15 at 5:15 PM revealed that thawed Mighty Shakes were to be dated with their use by date when thawed and discarded when the use by date was reached. She stated that she checked the refrigerators weekly and had not noted a concern with thawed Mighty Shakes not being dated or being kept beyond their use by date.</p>	F 371			