

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2016
NAME OF PROVIDER OR SUPPLIER GREENHAVEN HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 GREENHAVEN DRIVE GREENSBORO, NC 27406	
(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 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to maintain housekeeping and maintenance services to provide clean walls in resident ' s rooms and clean toilets in resident ' s bathrooms on three of three halls (Hall 100, Hall 200 and Hall 400). Findings Included: 1. Room 106 was observed on 3/9/16 at 9:10 AM. The wall beside the bathroom door had black horizontal streaks across the lower part of it. Room 106 was observed on 3/10/16 at 7:59 AM. The wall beside the bathroom door still had black horizontal streaks across the lower part of it.</p> <p>Room 112 was observed on 3/9/16 at 9:06 AM. The wall beside the bathroom door had black horizontal streaks across the lower part of it. Room 112 was observed on 3/10/16 at 8:01 AM. The wall beside the bathroom door had black horizontal streaks across the lower part of it.</p> <p>Room 114 was observed on 03/08/2016 at 9:23 AM. The bathroom floor had some stained floor tiles. The adaptive seat on the commode was heavily stained with a brown colored substance. Room 114 was observed on 3/9/16 at 9:03 AM. There was a brown substance around the toilet ' s edge. The adaptive toilet seat was stained with a brown substance on it. The floor tiles were stained yellow around toilet. The wall beside the</p>	F 253	<p>POC F253 Quality of Life <input type="checkbox"/></p> <p>1. Room 106 black streaks on bathroom wall were removed and black streaks on wall beside bathroom were removed on 3/11/16 by Housekeeper. Room 112 black streaks on bathroom wall and wall beside bathroom were removed on 3/11/16 by Housekeeper. Room 114 Adaptive toilet seat was removed by Housekeeping supervisor on 3-31-2016. The stains around the toilet in room 114 were cleaned on 3/11/16 by the housekeeper. Room 115 black substance around toilet edge was removed on 3/11/16 by Housekeeping on Room 118 the gray stain substance around toilet and floor tiles were removed on 3/11/16 by the housekeeper. In Room 207, the 3 holes in bathroom door were repaired on 3/3/2016 by Housekeeping supervisor. Black streaks and stains around toilet were removed in room 118 on 3/25/16 by Housekeeping. Room 212, the gray floor mat was replaced on 3-25-2016 by the Housekeeping Supervisor. Room 215 hole in bathroom door was repaired by Housekeeping Supervisor on 3/31/16. Black streaks on bathroom door and black streak on wall beside bathroom was</p>	4/7/16

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

TITLE

(X6) DATE

Electronically Signed

04/11/2016

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 253	<p>Continued From page 1</p> <p>bathroom door had black horizontal streaks across the lower part of it.</p> <p>Room 115 was observed on 3/9/16 at 9:01 AM. There was a ring of a black substance around toilet edge.</p> <p>Room 115 was observed on 3/10/16 at 8:07 AM. There was still a black substance around toilet edge.</p> <p>Room 118 was observed on 03/08/2016 at 8:40 AM. The perimeter of the toilet in the bathroom floor tiles were stained.</p> <p>Room 118 was observed on 03/09/16 at 8:45 AM. There was a stain of a gray substance around the toilet and the floor tiles around the bathroom were stained.</p> <p>The housekeeper for 100 hall was interviewed on 3/10/16 at 8:07 AM. She stated one room was deep cleaned every day except for on Fridays. The Housekeeper said the ring around the toilet was sprayed with Biox then a rag was used to clean. Some of the floor tiles in the bathroom were yellow and the stains would not come up. The wheelchairs would scratch the paint off of the wall but every day the black steaks were cleaned with Biox. Sometimes the black streaks would come off and sometimes they would not. She stated she checked each room three to four times to make sure the rooms were not dirty on her hall.</p> <p>The temporary housekeeping supervisor was interviewed on 3/10/16 at 9:25 AM. She stated she had been the temporary supervisor for 2 weeks. Housekeeping was supposed to enter the resident ' s room two to three times a day and more if needed to check the cleanliness of the rooms. She stated that one or two rooms were deep cleaned a day. There was a written check list on what to clean but she usually told them</p>	F 253	<p>cleaned on 3/25/16 by housekeeping. The peeling paint was repaired by housekeeping supervisor in room 403 on 3/31/16.</p> <p>2. 100% audit of all occupied resident bathroom doors for holes was completed, identified, and repaired on 3/10/16 by the Maintenance Director. All areas were repaired by maintenance director or housekeeping supervisor. All occupied resident rooms and bathrooms on 100, 200, and 400 hall were audited by administrator for cleanliness regarding black streaks, stains on floors, stains on perimeter of toilet, and stains on fall mats on 3-11-2016 and 3-25-2016.</p> <p>3. In-serviced of all housekeeping staff was completed 3/31/16 on by the Administrator that all occupied resident rooms must be checked and cleaned daily for black streaks on walls, stains on floor and around toilets, and holes in bathroom doors. Administrator started in servicing all staff on 3/25/16 for completion of work orders to include but not limited to peeling paint, stains on floor, or holes in bathroom doors. All staff will be retrained by completion of the first shift on how to complete work orders. All newly hired staff will be in-serviced by the Staff Development Coordinator and/or the Housekeeping Supervisor during orientation on checking and cleaning daily for black streaks on walls, stains on floor and around toilets, and holes in bathroom doors and completion of work orders.</p> <p>4. An audit will be completed by the housekeeping supervisor and/or maintenance director of 25% of occupied</p>		

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F 253	<p>Continued From page 2</p> <p>where to start in the room and what to clean. She stated that Biox was used on the black streaks on the walls. The Housekeeping supervisor was shown the black horizontal streaks on the walls in room 215. She stated that the black substance on the wall in the rooms would come off and that she was going to clean it. The yellow stained tiles around the toilet was a stain and they tried their best to get it up. She was shown room 405 and verified that the floor appeared to be peeling up and it had been taped.</p> <p>The Maintenance Director was interviewed on 3/10/16 at 9:31 AM. He stated that he was filling in for the maintenance director who had been out sick for two weeks. He stated there were maintenance request that residents or staff could fill out. He also did a walk through once a month in the rooms.</p> <p>The Administrator was interviewed on 3/10/16 at 9:52 AM. She stated they had planned on starting to paint the rooms but the paint froze during the storm a few weeks ago. They had been working on hall 400 with speckling the holes and getting ready to paint. However, the maintenance man had been out and there had been some other delays as well.</p> <p>The temporary housekeeping supervisor was interviewed on 3/10/16 at 10:03 AM. She stated there was a rounding sheet check list but she did not have copies of any that have actually been completed by staff.</p> <p>The Administrator was interviewed on 3/10/16 at 11:06 AM. She stated her expectation was for resident rooms to be cleaned two to three times a day and the rooms were to be thoroughly cleaned. The floors should be buffered and maintenance of the room should be monitored to see if the rooms need any maintenance.</p>	F 253	<p>rooms weekly for 4 weeks, 10% of occupied rooms weekly for 4 weeks, and 5% of occupied rooms for weekly for one month utilizing the cleaning and maintenance of occupied resident room audit tool. The results of the completed audit tool will be reviewed weekly by the Administrator and/or Director of Nursing. The QI Committee will review the audits monthly for 3 months to determine the continued need for and frequency of monitoring. Any recommended changes will be discussed and carried out as agreed upon at that time.</p>		

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F 253	<p>Continued From page 3</p> <p>2.) Room 207 was observed on 3/9/16 at 9:25 AM. The wall beside the bathroom door had horizontal streaks of a black substance and paint that had come off. There were three holes in the bathroom door. The bathroom floor had yellow stained tiles around the perimeter of the toilet. Room 207 was observed on 3/10/16 at 8:30 AM. The room remained unchanged from 3/9/16 at 9:25 AM.</p> <p>Room 212 was observed on 3/9/16 at 9:24 AM. The fall mat beside B bed had multiple gray stains/spills on it.</p> <p>Room 212 was observed on 3/9/16 at 8:27 AM. The fall mat remained unchanged from 3/9/16 at 9:24 AM.</p> <p>Room 215 was observed on 3/9/16 at 9:18 AM. Part of the paint was peeling off on the wall beside the bathroom. There were multiple black horizontal streaks across the bathroom door and wall beside the bathroom. There was one hole in the bathroom door. The resident 's bedside table for " A " bed wood surfacing was peeling off.</p> <p>Room 215 was observed on 3/10/16 at 8:22 AM. A 4 inch by 3 inch area of paint was missing from the wall that was beside the bathroom. There was one hole in the bathroom door, which measured 1 inch by ½ inch. There were multiple black horizontal streaks across the bathroom door and the wall beside the bathroom. A 5 inch area of wood surfacing was peeling off the bedside table for bed A.</p> <p>218 Room was observed on 3/9/16 at 9:17 AM. There were brown stained tiles around the toilet in the bathroom.</p> <p>Room 218 was observed on 3/10/16 at 8:28 AM. There were brown stained tiles around the toilet in</p>	F 253			

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F 253	Continued From page 4 the bathroom. The housekeeper for 200 hall was interviewed on 3/10/16 at 8:53 AM. She stated that she rounded at least three times in a shift. She checked the floors, bathrooms, tissues and paper towels. The floors were mopped every day including the bathrooms. The Housekeeper went on to say there was no cleaning check list for the rooms because so many housekeeping supervisors had come and gone. Biox and a rag were used to clean the black stripes off of the walls. They used Biox on the yellow tile stains in the rooms too. The Housekeeper added, the yellow stains would not come up. They used to use urineoff to remove the stains but they had not had any in a while. She thought it was because of budgets cuts. Around the toilet ' s edge, Biox and a putty knife were used to clean. The temporary housekeeping supervisor was interviewed on 3/10/16 at 9:25 AM. She stated she had been the temporary supervisor for 2 weeks. Housekeeping was supposed to enter the resident ' s room two to three times a day and more if needed to check the cleanliness of the rooms. She stated that one or two rooms were deep cleaned a day. There was a written check list on what to clean but she usually told them where to start in the room and what to clean. She stated that Biox was used on the black streaks on the walls. The Housekeeping supervisor was shown the black horizontal streaks on the walls in room 215. She stated that the black substance on the wall in the rooms would come off and that she was going to clean it. The yellow stained tiles around the toilet was a stain and they tried their best to get it up. She was shown room 405 and verified that the floor appeared to be peeling up and it had been taped. The Maintenance Director was interviewed on	F 253			

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F 253	<p>Continued From page 5</p> <p>3/10/16 at 9:31 AM. He stated that he was filling in for the maintenance director who had been out sick for two weeks. He stated there were maintenance request that residents or staff could fill out. He also did a walk through once a month in the rooms.</p> <p>The Administrator was interviewed on 3/10/16 at 9:52 AM. She stated they had planned on starting to paint the rooms but the paint froze during the storm a few weeks ago. They had been working on hall 400 with speckling the holes and getting ready to paint. However, the maintenance man had been out and there had been some other delays as well.</p> <p>The temporary housekeeping supervisor was interviewed on 3/10/16 at 10:03 AM. She stated there was a rounding sheet check list but she did not have copies of any that have actually been completed by staff.</p> <p>The Administrator was interviewed on 3/10/16 at 11:06 AM. She stated her expectation was for resident rooms to be cleaned two to three times a day and the rooms were to be thoroughly cleaned. The floors should be buffered and maintenance of the room should be monitored to see if the rooms need any maintenance.</p> <p>3.) Room 403 was observed on 3/9/16 at 9:12 AM. There were three holes in the lower part of the wall that were patched with white putty but were not painted over to match the color of the wall.</p> <p>Room 403 was observed on 3/10/16 at 8:38 AM. The room was unchanged from observation on 3/9/16 at 9:12 AM.</p> <p>Room 405 was observed on 3/9/16 at 9:13 AM. There was vinyl tape in place holding down the flooring between the bathroom and the bedroom.</p>	F 253			

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F 253	<p>Continued From page 6</p> <p>The edges of that area of flooring was peeling up. Room 405 was observed on 3/10/16 at 8:38 AM. There were still 23 inches of vinyl tape holding down the floor from the bathroom and the bedroom. The edges of that area of flooring was peeling up.</p> <p>The temporary housekeeping supervisor was interviewed on 3/10/16 at 9:25 AM. She stated she had been the temporary supervisor for 2 weeks. Housekeeping was supposed to enter the resident 's room two to three times a day and more if needed to check the cleanliness of the rooms. She stated that one or two rooms were deep cleaned a day. There was a written check list on what to clean but she usually told them where to start in the room and what to clean. She stated that Biox was used on the black streaks on the walls. The Housekeeping supervisor was shown the black horizontal streaks on the walls in room 215. She stated that the black substance on the wall in the rooms would come off and that she was going to clean it. The yellow stained tiles around the toilet was a stain and they tried their best to get it up. She was shown room 405 and verified that the floor appeared to be peeling up and it had been taped.</p> <p>The Maintenance Director was interviewed on 3/10/16 at 9:31 AM. He stated that he was filling in for the maintenance director who had been out sick for two weeks. He stated there were maintenance request that residents or staff could fill out. He also did a walk through once a month in the rooms.</p> <p>The Administrator was interviewed on 3/10/16 at 9:52 AM. She stated they had planned on starting to paint the rooms but the paint froze during the storm a few weeks ago. They had been working on hall 400 with speckling the holes and getting</p>	F 253			

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F 253	Continued From page 7 ready to paint. However, the maintenance man had been out and there had been some other delays as well. The temporary housekeeping supervisor was interviewed on 3/10/16 at 10:03 AM. She stated there was a rounding sheet check list but she did not have copies of any that have actually been completed by staff. The Administrator was interviewed on 3/10/16 at 11:06 AM. She stated her expectation was for resident rooms to be cleaned two to three times a day and the rooms were to be thoroughly cleaned. The floors should be buffered and maintenance of the room should be monitored to see if the rooms need any maintenance.	F 253			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual	F 278		4/7/16	

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F 278	<p>Continued From page 8</p> <p>to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment to reflect the level of activities of daily living (ADL) required from staff for 1 of 2 residents (Resident #22) reviewed for ADL accuracy of the MDS. Findings included:</p> <p>Resident #22 was admitted to the facility on 8/03/2006 with diagnoses that included cumulative diagnoses which included paraplegia.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 10/16/2015 revealed Resident #22 was coded as extensive assistance required from staff for toilet use, dressing and personal hygiene. Review of the most recent quarterly MDS dated 1/8/16 revealed Resident #22 was coded as total dependence on staff required for toilet use, dressing and personal hygiene.</p> <p>Observation on 3/8/16 at 9:05 AM revealed the resident was totally dependent on staff for ADL.</p> <p>Interview on 03/09/2016 at 2:47PM with Nursing Assistant #2 (NA who worked at the facility for eight years) revealed Resident #22 had always required total assistance from staff for</p>	F 278	<p>F278 Assessment Accuracy</p> <ol style="list-style-type: none"> Starting 3/31/16 <input type="checkbox"/> 4/6/16 resident # 22 will be observed by DON and MDS nurse to assess for assistance level for toilet use, dressing and personal hygiene to ensure accurate coding of MDS. MDS will be modified based on conclusion of information obtained during the assessment window. On 3/31/16 an audit was completed by the MDS Nurse/DON/ QI/ first and shift floor nurses reviewing the last MDS assessment of each resident's accuracy of ADL coding. Assessments will modified as necessary by the MDS nurse. On 3/24/16 the MDS consultant in serviced the DON on coding accuracy for ADLs for each resident MDS assessment. The DON in serviced the MDS on 3/31/16 on coding accuracy for ADLs for each resident MDS assessment. On 3/31/16, the DON began in-servicing 100% of CNAs related to correctly documenting the ADL assistance provided to each resident and the importance of documenting each shift. The in-service will be completed by 4/6/16. On 3/31/16, 		

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F 278	Continued From page 9 ADLS except for eating which required set-up or sometimes cueing to eat. Interview on 03/09/2016 at 2:51PM with NA #3 revealed Resident #22 had always required total assistance from staff for ADLS except for feeding. Interview on 03/09/2016 at 2:56 PM with Nurse #4 indicated the coding on the MDS was incorrect because Resident #22 had always been total care from the staff for ADLS performance except for eating. Interview on 03/10/2016 at 9:07AM with the Quality Improvement Nurse indicated the previous MDS coordinator conducted the 10/16/2015 quarterly MDS and was no longer employed at the facility as of 10/21/15. An attempt to interview the previous MDS coordinator was unsuccessful. Interview on 03/10/2016 at 12:04 PM with the Administrator, Regional Manager and Director of Nurses (DON) was held. The DON indicated her expectations were that the MDS assessments be coded correctly.	F 278	the DON trained all first and second shift licensed nurses regarding section G chapter 3 ADL coding, with demonstration. All nurses and CNAs will not be allowed to complete their shift until trained in ADL coding by the DON/QI and MDS nurse. All newly hired Nurses and CNAs will be trained by the staff facilitator during orientation regarding ADL coding. 4. On 4/1/16 the DON/QI nurse began auditing MDS assessments for ADL coding accuracy using the ADL Accuracy Audit Tool. 25% of completed assessments will be audited weekly x 4 weeks, then 10% of completed assessment weekly x 4 weeks, then 5% of completed assessments weekly x 1 month. The monthly QI committee will review the results of the ADL Accuracy Audit Tool monthly for 3 months for identification of trends, actions taken, and to determine the need for and/or frequency of continued monitoring, and make recommendations for monitoring for continued compliance. The administrator and/or DON will present the findings and recommendations of the monthly QI committee to the quarterly executive QA committee for further recommendations and oversight.		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.	F 312		4/7/16	

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F 312	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and resident and staff interviews, the facility failed to clean and trim fingernails as needed and clean between toes when providing a bed bath for 1 of 3 dependent residents reviewed for activities of daily living (ADL) (Resident #22).</p> <p>Findings included:</p> <p>Resident #22 was admitted to the facility 8/3/2006 and had cumulative diagnoses which included paraplegia and muscle weakness.</p> <p>Review of the quarterly Minimum Data Seta (MDS) dated 1/8/2016 revealed Resident #22 was alert and oriented and totally dependent on staff for personal hygiene and bathing.</p> <p>Review of the care plan revised target date 1/19/16 in part revealed interventions to provide total care from staff for personal hygiene and bathing.</p> <p>Observation on 3/8/16 at 9:05 AM revealed a brownish black colored substance under Resident #22 ' s fingernails of both hands. The nails on the right hand extended 1/4 inches above the fingertips. Interview with Resident #22 during this observation revealed he did not want his nails long.</p> <p>Observation on 03/09/2016 at 10:50 AM revealed the condition of the fingernails remained unchanged.</p>	F 312	<p>F 312 ADL Care Provided for Dependent Residents</p> <p>1) On 3-8-2016, resident #22 was provided fingernail nail care including trimming and cleaning by assigned CNA. On 3-8-2016 resident #22 was provided foot care including cleaning between toes by assigned CNA. After care DON completed body audit on 3/8/16 to ensure cleanliness.</p> <p>2) On 3-10-2016 the licensed nurses, QI nurse and/or DON started a 100% audit of all residents <input type="checkbox"/> nails and feet including resident #22. Audit completed 3/11/16. All residents needing care were completed by assigned staff on that date.</p> <p>3) On 3/11/16 the QI nurse began in servicing all nursing staff on nail care. In-service included but limited to fingernail trimming and cleaning and foot nail cleaning. No staff shall complete a work shift without completing the Nail Care in-service by QI nurse. All newly hired nursing staff will be trained on nail care service included but limited to fingernail trimming and cleaning and foot nail cleaning by the QI nurse.</p> <p>4) On 3/30/16, the DON/QI/Staff Facilitator started the Fingernail/Foot Care Audit tool. The Fingernail/Foot Audit tool will be completed on 25% of residents weekly x 4 weeks, then 10% residents weekly x 4 weeks, then 5% residents weekly x 1 month. The Administrator will</p>		

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F 312	Continued From page 11 Observation on 03/09/2016 at 1:45 PM continued to reveal Resident #22 ' s fingernails of both hands remained with a brownish black colored substance under the nails. Interview on 03/09/2016 at 1:56 PM with Nurse Aide (NA) #1 (assigned to Resident #22 on 3/8/16 and 3/9/16) revealed Resident #22 required total assistance from staff for all ADLs except eating. NA #1 indicated she provided a total bed bath today (referring to 3/9/16) which included care to fingernails and feet. Observation on 03/09/2016 2:18 PM with Nurse #3 revealed the resident ' s finger nails continued to be long with an accumulation of a brownish black colored substance under the fingernails. Between each toe on both feet an accumulation of an off white colored substance was observed. The resident ' s legs were noted to be dry and flaky. Interview on 03/09/2016 at 2:21 PM with Nurse #3 and further interview with NA #1 was held. NA #1 stated she did not bathe Resident #22 ' s hands, feet or nails when the bed bath was given. Nurse #3 indicated residents should receive nail care and foot care on shower/bath days or whenever needed. Interview on 03/10/2016 at 12:04 PM with the Administrator, Regional Manager and Director of Nursing (DON) was held. The DON indicated her expectation was staff to provide care as needed.	F 312	review audits weekly for completion and to ensure fingernail and foot care is being provided. Results of the audits will be reviewed at the monthly QI meeting to identify trends and continued need for monitoring.		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		4/7/16	

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F 371	<p>Continued From page 12</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility: A. Failed to maintain the 3 compartment sink in working order and measure the concentration of sanitizer correctly. B. Failed to maintain the outside dry storage area clean and stored items off of the floor. C. 23 of 23 white colored plates were stacked wet. 10 of 23 food trays were stacked wet. D. Failed to maintain kitchen floors that were free of build-up in the corners and baseboards.</p> <p>Findings included:</p> <p>A. Observation and interview on 3/7/16 at 11:30 AM of the 3 component sink with Cook #1 revealed the first (1st) compartment was filled with a cleansing agent. The second (2nd) compartment was filled with a sanitizer instead of using as a rinse compartment. The third (3rd) compartment section was not used. An inquiry was made about the concentration of sanitizer used. Cook #1 placed a testing strip used if chlorine was the sanitizer and she responded that the test strip did not change colors. Continued interview with Cook #1 revealed she did not know which type of sanitizer (chlorine, iodine or quaternary solution) the facility used in the 3rd</p>	F 371	<p>F 371</p> <p>1) On 3/7/16, the 3 compartment sink was filled and set up properly regarding correct concentration of sanitizer by the dietary staff. On 3/10/16, all items stored on the ground in the outside dry storage area were picked up and stored properly and the storage area was swept and all trash was removed by dietary staff. On 3/8/16, all kitchen floors and baseboards were swept, scrubbed and mopped by dietary staff. On 3/10/16, all wet trays and plates were removed and properly sanitized. On 3/31/16, a work order was completed to repair the 3 compartment sink.</p> <p>2) On 3/7/16, the 3 compartment sink was filled and set up properly regarding correct concentration of sanitizer by the dietary staff. On 3/10/16, all items stored on the ground in the outside dry storage area were picked up and stored properly and the storage area was swept and all trash was removed by dietary staff. On 3/8/16, all kitchen floors and baseboards were swept, scrubbed and mopped by</p>		

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F 371	<p>Continued From page 13</p> <p>compartment sink. Further inquiry was made with Cook #1 regarding the use of 2 compartments instead of 3. Cook #1 indicated the 3 compartment used for sanitizing was broken (thought the stopper did not function properly) for at least one week (no specific day noted). Review of the sanitizing solution dispensed from the wall in the kitchen indicated a quaternary solution was used in the facility. The test strip required for testing the concentration of the quaternary solution observed in the kitchen. Interview on 3 /8/16 at 3:45 pm with the Food Service Manager (FSM) stated he was unable to find evidence that the repair to the compartment sink had been reported. The FSM further revealed he expected his staff know the sanitizer used and the correct test strip to be used when testing the sanitizer concentration.</p> <p>B. Observations on 3/7/2016 at 11:23 AM of the outside dietary dry storage area revealed the following items were stored directly on the floor where trash and leaves were noted:</p> <ul style="list-style-type: none"> · Three (3) 1 gallon grille cleaner. · 1 case of 8 ounce size drinking cups. · 2 cases cleaning chemicals · 3 cases of steel holders to store chemicals. · 1 case degreaser · 1 case of rolled paper towels · Tea urn · ½ case degreaser <p>C. Observation on 3/8/16 at 11:45 am with Dietary Aide #1 (DA) revealed DA #1 counted 23 of 23 off white colored plate stacked wet. 7 of the plates were heavily stained. DA#1 then counted 23 food trays stacked together. 10 of the 23 food trays were wet and on the tray line ready to be used for lunch. Interview with DA #1 during these observations revealed the food trays were not wet</p>	F 371	<p>dietary staff. On 3/10/16, all wet trays and plates were removed and properly sanitized. On 3/31/16, a work order was completed to repair the 3 compartment sink.</p> <p>3) All dietary staff were trained by the Dietary Manager and corporate staff regarding: a) properly utilizing the 3 compartment sink; b) proper storage of items in the outside storage area and proper maintaining of the outside storage area; c) proper way to clean the floors and baseboards; d) properly air drying and storing small wares, dishes and trays. All training was completed by 3/10/16. The administrator in serviced the Dietary Manager on 4/1/16 on the proper way to complete a work order. All newly hired staff will be trained by the dietary manager on : a) properly utilizing the 3 compartment sink; b) proper storage of items in the outside storage area and proper maintaining of the outside storage area; c) proper way to clean the floors and baseboards; d) properly air drying and storing small wares, dishes and trays during orientation.</p> <p>4) The dietary manager will ensure: a) assure staff are using the sink properly weekly x 12 weeks utilizing the 3 compartment sink monitoring tool. b) items not in use will be removed from outside storage area and disposed of and floors weekly for 12 weeks utilizing the floor monitoring tool; c) floors are mopped and swept daily and scrubbed weekly and will be utilized x 3 months utilizing then floor monitoring tool; d) ensure after each meal to ensure all plates, trays and dishes</p>		

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F 371	Continued From page 14 because he " wiped them down " with a cloth. Further inquiry was made to DA #1 about the protocol for drying trays and plates. DA #1 had no response and walked away. Interview on 03/10/2016 11:08 AM with the District Manager, FSM and Regional Dietitian was held. The FSM stated his expectation was dishes and food trays be placed on a rack to air-dry. D. Observation on 3/7/16 at 10:55 AM during the initial tour of the kitchen with the FSM revealed the corners of the floor tiles had a build-up of a dark brown colored substance. Continued observations on 3/8/16 at 3:45 pm with the FSM revealed the buildup and an accumulation of a dark brown colored substance remained. The wall next to the side of the tilt skillet and the side of the ice machine near the wall had an accumulation of dust along with the floor edges with an accumulation of a dark brown colored substance. The FSM indicated that he and his staff just thoroughly clean the floors in dietary last Friday (referring to 3/4/16) but must have missed these areas. Interview on 03/10/2016 11:08 AM with the District Manager, FSM and Regional Dietitian was held. The FSM stated his expectation was for the kitchen to be clean.	F 371	are properly air dried before they are stacked and stored daily x 3 months. The Administrator will review audits weekly for completion and to ensure all areas of concern are addressed. Results of the audits will be reviewed at the monthly QI meeting to identify trends and continued need for monitoring.		
F 372 SS=E	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain the dumpster area free	F 372	F372	4/7/16	

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F 372	Continued From page 15 of furniture, debris, and containers filled with discarded grease and cooking oil to prevent the harboring of pests. Findings included: Observation on 3/7/2016 at 11:15 AM of the dumpster area with the Food Service Manager (FSM) revealed a beige colored folding table overturned near the dumpster area with brown liquid pooling inside the grooves. Plastic gloves, trash, and a piece of wood that measured approximately 8 feet by 4 feet was noted at the dumpsters. Continued observations revealed three (3) 5 gallon containers of discarded grease and cooking oil. Interview on 3/10/2016 at 11:08 AM with the FSM, District Manager and District Registered Dietitian was held. The FSM indicated his expectation was to have no trash near the dumpster area. Interview on 3/10/2016 at 11:45 AM with the administrator revealed the expectation was to have the area around the dumpster clean.	F 372	1) On 3/8/16, the trash area was cleaned by the administrator, housekeeping supervisor and the RVP. The administrator walked the trash area daily for the remainder of the survey. 2) On 3/8/16, the trash area was cleaned by the administrator, housekeeping supervisor and the RVP. The administrator walked the trash area daily for the remainder of the survey. 3) On 3/25/16 the Administrator trained the dietary manager, housekeeping managers, and managers-on-duty regarding inspecting the area around the dumpster to ensure that area is clean and free of trash and that items need to be discarded. Any newly hired managers will be trained by the Administrator regarding inspecting the area around the dumpster to ensure that area is clean and free of trash and that items need to be discarded. 4) The Housekeeping Supervisor/Maintenance Director/Dietary manager/manager on duty, will inspect trash area daily x 4 weeks, 3x weekly x 4 weeks, and 1 x weekly x 4 weeks to ensure area is clean and clutter free utilizing the dumpster area monitor tool. The Administrator will review audits weekly for completion and to ensure area is clean and clutter free. Results of the audits will be reviewed at the monthly QI meeting to identify trends and continued need for monitoring.		
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	F 520		4/7/16	

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F 520	<p>Continued From page 16</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility ' s Quality Assessment and Assurance Committee failed to maintain procedures and monitor the interventions that the committee put into place on June, 2015. This was for two recited deficiency, which was originally cited in June, 2015 on a recertification survey and on the current recertification survey. The deficiency was in the area of MDS accuracy and garbage disposal. The continued failure of the facility during two surveys showed a pattern of the facility ' s inability to sustain an effective Quality</p>	F 520	<p>F520 QAA Committee</p> <p>1) On 3/15/16 the facility Executive QI Committee held a meeting. The Medical Director, Administrator, DON, QI nurse, MDS nurse, treatment nurse, staff facilitator, maintenance director, and housekeeping supervisor will attend QI Committee Meetings on an ongoing basis and will assign additional team members as appropriate. All survey issues were reviewed on 3/15/16 during QI meeting to</p>		

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F 520	<p>Continued From page 17</p> <p>Assurance (QA) Program.</p> <p>Finding Included:</p> <p>This tag is cross referenced to</p> <p>F278: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment to reflect the level of activities of daily living (ADL) required from staff for 1 of 2 residents (Resident #22) reviewed for ADL accuracy of the MDS.</p> <p>F372: Based on observations and staff interviews the facility failed to maintain the dumpster area free of debris and furniture to prevent the harboring of pests.</p> <p>This was originally cited in June, 2015 during the recertification survey when the facility failed to dispose of garbage and refused in a manner which contained and/or sealed garbage. The facility also failed to code the Minimum Data Set for active diagnosis for one of six residents reviewed for unnecessary medications.</p> <p>The Quality Assurance (QA) nurse was interviewed on 3/10/16 at 10:56 AM. She stated the goal of QA was to identify any issues that were a problem and put a system in place to correct the problem. QA allowed problems to be reevaluated and readdressed if needed. Once a problem was identified, the person directed to address the problem should be given an opportunity to fix the problem and investigate the cause in order to correct the problem. She stated the managers on duty documented in a book that the dumpster was clean, items were picked up and the dumpster was closed. Both managers that were responsible for this were not here anymore. The current manager also had a log book for this and would give a report at the QA meetings.</p> <p>The Administrator was interviewed on 3/10/16 at 10:59 AM. She stated that her Expectation for QA</p>	F 520	<p>include repeat issues for continued compliance.</p> <p>2) As of 3/26/15, after the facility consultant in-service, the facility QI Committee will begin identifying other areas of quality concern through the QI review process, for example: review rounds tools, review of work orders, review of Point Click Care (Electronic Medical Record), resident council minutes, resident concern logs, pharmacy reports, and regional facility consultant recommendations.</p> <p>3) On 3/25/16 the facility consultant in-serviced the facility administrator, director of nursing, MDS nurse, treatment nurse, maintenance director, dietary manager, social worker, activities director, QI nurse, rehab director, accounts payable, admissions coordinator, and housekeeping supervisor related to the appropriate functioning of the QI Committee and the purpose of the committee to include identify issues related to quality assessment and assurance activities as needed and developing and implementing appropriate plans of action for identified facility concerns, to include F 278 Assessment Accuracy/Coordination/Certified and F 372 Dispose Garbage & Refuse Properly.</p> <p>4) The Facility QI Committee will meet at a minimum of Quarterly to identify issues related to quality assessment and assurance activities as needed and will develop and implementing appropriate</p>		

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

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F 520	Continued From page 18 was to bring concerns to the committee ' s attention, identify problems and how the problems were going to be fixed and monitored.	F 520	plans of action for identified facility concerns. Corrective action has been taken for the identified concerns related to F 278 Assessment Accuracy/Coordination/Certified and F 372 Dispose Garbage & Refuse Properly as reflected in the plan of correction. The Committee will continue to meet at a minimum of monthly. The Executive QI Committee, including the Medical Director, will review monthly compiled QI report information, review trends, and review corrective actions taken and the dates of completion. The Executive QI Committee will validate the facility's progress in correction of deficient practices or identify concerns. The Administrator will be responsible for ensuring Committee concerns are addressed through further training or other interventions. The Administrator will report back to the Executive QI Committee at the next scheduled meeting.		