

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/16/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 MEDICAL PARK DRIVE HICKORY, NC 28602</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</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 observation and staff interview the facility failed to air dry kitchenware before stacking it in storage and using it to serve resident beverages, failed to dispose of kitchenware with abraded serving surfaces, failed to de-stain discolored kitchenware, and failed to monitor dish machine gauges which were not registering the manufacturer's minimally acceptable temperatures. Findings included:</p> <p>1. During initial tour of the main kitchen on 06/13/16, beginning at 9:38 AM, 1 of 8 tray pans stacked on top of one another on a storage rack had moisture trapped inside it. At this time a dietary employee reported the tray pans had to have been stacked on the rack the night before because no tray pans had been washed from the current day's breakfast meal yet.</p> <p>During a follow-up main kitchen tour on 06/15/16, beginning at 8:47 AM, 1 of 8 tray pans stacked on top of one another on a storage rack had moisture trapped inside it. At this time the assistant dietary manager (ADM) reported the</p>	F 371	<p>A. For residents found to be affected, the following actions were taken:</p> <p>1. Gwendolyn Larry, Dietary Manager (DM) and Angel Bell, Assistant Dietary Manager (ADM) immediately pulled the moist pans that were found on 6/13/16 and 6/15/16.</p> <p>2. Angel Bell, ADM, removed abraded mugs and bowls fro neighborhood kitchens on 6/15/16.</p> <p>3. Angel Bell, ADM, pulled discolored plates and mugs from kitchens on 6/15/16.</p> <p>4. Gwendolyn Larry, DM, took the dish machine in auxiliary pantry #2 out of service on 6/15/16.</p> <p>B. To address the potential for residents to be affected, the following actions have been taken:</p> <p>1. Angel Bell, ADM, inspected all pans and cups in each kitchen to ensure there was no moisture build up and that these items were not stacked in the</p>	7/1/16

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

TITLE

(X6) DATE

Electronically Signed

07/01/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/16/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 MEDICAL PARK DRIVE HICKORY, NC 28602</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	<p>Continued From page 1</p> <p>tray pans had to have been stacked on the rack the night before because no tray pans had been washed from the current day's breakfast meal yet.</p> <p>At 10:15 AM on 06/15/16 twelve cups with moisture trapped inside were stacked on top of one another in auxiliary pantry #3 (long term care back). At this time the dietary manager (DM) reported these cups were stacked last night because the dietary employee had not yet begun to wash the current day's breakfast dishes.</p> <p>At 10:20 AM on 06/15/16 two cups with moisture trapped inside were stacked on top of one another in auxiliary pantry #1 (rehab). Again, the DM reported these cups were washed and stacked the night before.</p> <p>At 10:53 AM on 06/15/16 3 of 6 tray pans, brought from the auxiliary pantries and placed in storage in the main kitchen, were stacked wet.</p> <p>At 12:30 PM on 06/15/16 24 of 24 cups used to serve beverages to residents in auxiliary kitchen #1 (rehab) were stacked wet.</p> <p>At 3:45 PM on 06/15/16 4 of 10 tray pans, brought from the auxiliary pantries and placed in storage in the main kitchen, were stacked wet.</p> <p>At 2:32 PM on 06/16/16 the DM stated all dietary staff were previously in-serviced to completely air dry kitchenware before stacking it in storage or using it for serving food and beverage. She reported when kitchenware sat for long periods of time with moisture trapped inside harmful bacteria could develop which could make residents sick.</p>	F 371	<p>neighborhood pantries on 6/15/16.</p> <p>2. All facility dishware was inspected and any abraded bowls and mugs removed on July 1, 2016.</p> <p>3. Angel Bell, ADM, inspected all kitchen areas to ensure there were no discolored kitchen wares on 6/16/16.</p> <p>4. All dishwashing machines were inspected by Gwendolyn Larry, DM, and Nathan Gilbert, Maintenance Director, to ensure that the gauges were reading accurately.</p> <p>C. The following systemic changes have been made to ensure deficient practices do not occur:</p> <p>1. Gwendolyn Larry, DM and Angel Bell, ADM, completed an in-service for all dietary staff on the proper drying procedures for pans and cups on 6/20/16. A new 4-shelving drying rack was purchased for the main kitchen dish machine area to increase the drying space for adequate air drying procedures. Areas have been designated in each neighborhood pantry for air drying, and added additional racks for each neighborhood have been purchased.</p> <p>2. Angel Bell, ADM, has educated all dietary staff on the proper care of Dinex service ware, including instructions to remove kitchenware when it becomes abraded by July 1, 2016.</p> <p>3. Angel Bell, ADM, educated all dietary aides on the proper procedure for de-staining kitchenware on 6/28/16. Dietary aides in each neighborhood have been assigned to de-stain kitchenware on a designated day each week.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/16/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 MEDICAL PARK DRIVE HICKORY, NC 28602</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	Continued From page 2  At 2:49 PM on 06/16/16 a dietary employee stated if kitchenware remained wet for long periods of time bacteria might grow on it which could make residents sick. He reported all dietary staff were previously in-serviced about the need to air dry kitchenware before stacking it in storage or using it to serve food and beverage.  2. At 3:50 PM on 06/15/16 the interior surfaces of 12 of 12 plastic soup/cereal bowls were abraded and 2 of 8 plastic coffee mugs were abraded inside. This kitchenware was found in auxiliary pantry and kitchen #4 (memory care).  At 3:55 PM on 06/15/16 the interior surfaces of 6 of 7 plastic coffee mugs and 9 of 12 plastic soup/cereal bowls were abraded. This kitchenware was found in auxiliary pantry and kitchen #3 (long term back).  At 4:02 PM on 06/15/16 the interior surfaces of 6 of 14 plastic coffee mugs and 6 of 6 plastic soup/cereal bowls were abraded. This kitchenware was found in auxiliary pantry and kitchen #1 (rehab).  At 4:09 PM on 06/15/16 the interior surfaces of 5 of 13 plastic coffee mugs and 5 of 9 plastic soup/cereal bowls were abraded. This kitchenware was found in auxiliary pantry and kitchen #2 (long term front).  At 2:32 PM on 06/16/16 the dietary manager (DM) stated compromised kitchenware that was chipped, cracked, and abraded was supposed to be returned to the main kitchen where it could be counted and replaced. She reported it was a risk to use kitchenware with abraded serving surfaces	F 371	4. Angel Bell, ADM, educated all dietary staff on the proper dish machine procedures and correct temperatures for sanitization. Dietary staff were also instructed to notify Angel Bell, Assistant Dietary Manager, immediately if improper temps are noted.  D. The facility will monitor to ensure that solutions are maintained as follows: 1. Angel Bell, ADM, or designated dietary supervisor will inspect drying racks daily and complete an audit of the findings x 4 weeks, then 1 time per month for 3 months to ensure compliance. 2. Angel Bell, ADM, or designated dietary supervisor will complete a weekly audit of dishware for 4 weeks and then monthly for 3 months to ensure compliance. 3. Angel Bell, ADM will audit kitchenware for stains weekly for 4 weeks, then monthly for 3 months to ensure compliance. 4. Angel Bell, ADM, will audit temperature logs for dish machines weekly for 90 days to ensure compliance and will verify temperatures of dish machines with weekly visual checks. Results from all audits will be reported to the QAPI committee with additional follow-up as indicated.  Corrective actions completed July 1, 2016.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/16/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 MEDICAL PARK DRIVE HICKORY, NC 28602</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	<p>Continued From page 3</p> <p>because the abraded particles could slough off and be ingested by residents.</p> <p>At 2:49 PM on 06/16/16 a dietary employee stated employees in the auxiliary kitchens/pantries were supposed to bring damaged kitchenware back to the main kitchen to be reviewed by the DM who usually disposed of compromised items and made sure they were replaced or re-ordered.</p> <p>3. At 3:50 PM on 06/15/16 7 of 7 sectional plates were discolored (dark brown), and 3 of 8 plastic coffee mugs were discolored (tan to dark brown) inside. This kitchenware was found in auxiliary pantry and kitchen #4 (memory care).</p> <p>At 3:55 PM on 06/15/16 4 of 8 sectional plates were discolored (dark brown), and 4 of 7 plastic coffee mugs were discolored (tan to dark brown) inside. This kitchenware was found in auxiliary pantry and kitchen #3 (long term back).</p> <p>At 4:02 PM on 06/15/16 2 of 3 sectional plates were discolored (dark brown), and 8 of 14 plastic coffee mugs were discolored (tan to dark brown) inside. This kitchenware was found in auxiliary pantry and kitchen #1 (rehab).</p> <p>At 4:09 PM on 06/15/16 5 of 7 sectional plates were discolored (dark brown), and 7 of 13 plastic coffee mugs were discolored (tan to dark brown) inside. This kitchenware was found in auxiliary pantry and kitchen #2 (long term front).</p> <p>At 2:32 PM on 06/16/16 the dietary manager (DM) stated dietary employees should be de-staining discolored kitchenware in bleach water as they found it. She reported it had been</p>	F 371			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/16/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 MEDICAL PARK DRIVE</b> <b>HICKORY, NC 28602</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	<p>Continued From page 4</p> <p>at least over a week since kitchenware was last de-stained.</p> <p>At 2:49 PM on 06/16/16 a dietary employee stated he was not sure if a frequency had been set for the practice of de-staining discolored kitchenware, but he reported when unsightly brown stains were found, it was time to soak kitchenware in a solution of bleach and water.</p> <p>4. Between 10:28 AM and 10:35 AM on 06/15/16 four racks of kitchenware were run through the dish machine in auxiliary pantry #2 (long term front). The employee operating the dish machine was not watching the temperature gauges, and the final rinse temperature ranged between 144 and 148 degrees Fahrenheit as these racks were run through. After surveyor intervention, the employee and the dietary manager (DM) stated the manufacturer recommended the final rinse temperature register at least 180 degrees Fahrenheit in order for kitchenware to be properly sanitized.</p> <p>At 2:32 PM on 06/16/16 the DM stated a repairman who examined the dish machine in auxiliary pantry #2 (long term front) found the final rinse temperatures to range between 180 and 185 degrees Fahrenheit when he ran kitchenware through. However, she reported the repairman found a problem with the digital display in the dish machine gauge system. According to the DM, all dietary employees were previously in-serviced about the need to watch the dish machine gauges continuously and about what the effective wash and final rinse temperatures should be.</p> <p>At 2:49 PM on 06/16/16 a dietary employee stated staff were supposed to watch the dish</p>	F 371			

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

PRINTED: 07/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINITY RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 MEDICAL PARK DRIVE</b> <b>HICKORY, NC 28602</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371	Continued From page 5 machine gauges the whole time kitchenware was being run through. He reported it was important that the final rinse temperature reach 180 degrees Fahrenheit or the kitchenware would not get sanitized since no sanitizing solution fed into the dish machine. He explained when the final rinse temperature did not reach 180 degrees Fahrenheit the racks of kitchenware were to be rerun, and if temperature parameters were still not met, the kitchenware was to be taken to another auxiliary kitchen or the main kitchen where the dish machines were functioning properly. He also commented at this point the DM and maintenance manager should be notified, and it was possible the service technician might need to assess the problem.	F 371			