

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345366</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREENDALE FOREST NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1304 SE SECOND STREET SNOW HILL, NC 28580</b>
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(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
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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 maintain a sanitizing solution at the strength required by the facility for adequate sanitization and failed to discard 14 of 20 plastic soup/cereal bowls which were abraded inside.</p> <p>Findings included:</p> <p>1. At 9:58 AM on 09/22/16 the cook was rolling raw chicken in batter/coating on the food preparation counter.</p> <p>At 10:19 AM on 09/22/16 the cook wiped down the food preparation counter using a cloth from the red bucket at the cook's station.</p> <p>At 10:28 AM on 09/22/16 a strip used to measure the strength of the bleach-based sanitizing solution in the cook's red bucket registered 0 - 25 parts per million (PPM) hypochlorite. The cook stated there was bleach in the water of the red bucket, the bleach-based sanitizing solution had been made up less than an hour ago, and at that time the strip used to check the strength of the solution registered 50 PPM hypochlorite. The</p>	F 371	<p>Greendale Forest Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that this summary of finding is factually correct and in order to maintain compliance with applicable rules and provision of quality of care for the residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Greendale Forest Nursing and Rehabilitation Center's response to the Statement of Deficiencies and the Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greendale Forest Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the stated deficiencies on the Statement of Deficiencies through informal Dispute</p>	10/3/16
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>09/29/2016</b>
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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 371	<p>Continued From page 1</p> <p>cook reported the facility required bleach-based sanitizing solutions to register at least 50 PPM hypochlorite when checked with test strips. The water in the red bucket was dirty and murky.</p> <p>At 2:40 PM on 09/22/16 the dietary manager (DM) stated he conducted in-servicing with the dietary staff when issues arose and quarterly. He reported the dietary staff had been in-serviced about sanitizing solutions within the last year. He commented staff were educated to make up new sanitizing buckets around 5:00 AM, 6:30 AM, 11:30 AM, 2:00 PM, 5:00 PM. He explained the staff were told to check the strength of the bleach-based sanitizing solutions each time they made up fresh batches, and the strips should read at least 50 PPM hypochlorite. According to the DM, the cook cleaned a lot of kitchen surfaces after the solution in her red bucket was made up which probably significantly weakened it. The DM also commented he was concerned about the solution in the bucket being dirty and murky and the number of rags that were in the bucket.</p> <p>At 2:52 PM on 09/22/16 a dietary employee stated she usually made up fresh sanitizing solution for her red buckets when she came in at 11:30 AM and then again about two hours later. She reported she always checked the strength of the sanitizing solutions after making them up, and the strips used to check the strength needed to register at least 50 PPM hypochlorite. She also commented she made up new solution anytime the water in the red buckets became dirty or murky. According to the employee, the danger of wiping down kitchen surfaces with solutions that measured below 50 PPM hypochlorite was that the surfaces would not be sanitized and germs</p>	F 371	<p>Resolution, formal appeal procedure, and/or other administrative or legal proceedings.</p> <p>371</p> <p>All plastic bowls that were found to have abraded areas (raised and rough to the hand) were discarded on 9/22/2016, by the dietary manager.</p> <p>On 9/22/2016 the sanitizing solution registered 0-25 PPM in the red sanitizing bucket. The red sanitizing bucket solution was changed immediately and the solution measured 50PPM.</p> <p>100% audit of all plates and bowls was conducted by the dietary manager on 9/22/2016 to ensure no abraded areas were identified. All plates and bowls that were identified with abraded areas were immediately discarded.</p> <p>100% in-service of all dietary staff was initiated by the Dietary Manager on 9/22/2016 regarding bowls and plates with abraded areas. Staff are to monitor bowls/plates for abraded areas/damage, before use and bring them to the dietary manager's attention and discard immediately. In-service will be completed by 9/30/2016. All new dietary staff will be in-serviced by the dietary manager during orientation regarding the need to monitor bowls/ plates for abraded areas/damage, before use and bring them to dietary manager's attention and discard immediately.</p>		

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F 371	<p>Continued From page 2 and bacteria might not be killed.</p> <p>2. At 10:05 AM on 09/22/16 14 of 20 plastic soup/cereal bowls on a storage shelf were abraded inside. The abraded areas were raised and rough to the hand. The bottom of these bowls stated they were not microwave safe.</p> <p>At 11:55 AM on 09/22/16 a dietary employee stated soups placed in the plastic soup bowls were microwaved a lot, but no one realized these bowls were not microwave safe.</p> <p>At 2:40 PM on 09/22/16 the dietary manager (DM) stated his staff was in-serviced that compromised kitchenware was to brought to him to be counted and discarded. He reported dietary and direct care staff had been microwaving foods in these bowls, and did not realize the bowls were not microwave safe. He commented he thought the dietary staff did not realize that abraded interiors constituted compromised kitchenware. According to the DM, his expectation was that kitchenware be examined weekly with compromised kitchenware, including kitchenware that was chipped and cracked and abraded, to be disposed of and new kitchenware to be reordered to replace it.</p> <p>At 2:52 PM on 09/22/16 a dietary employee stated any kitchenware that was chipped, cracked, or broken, and silverware that was bent was to be shown to the DM who discarded it and reordered more. She reported kitchenware with abraded interior surfaces posed a problem because plastic particles could get in resident food, possibly cut the mouths of residents, or get caught in their throats.</p>	F 371	<p>100% in-service of all dietary staff was initiated by the Dietary Manager on 9/22/2016 regarding cleaning solution. Staff trained on how to use test strips properly, that the cleaning solution in the red bucket should measure 50 PPM, that the cleaning solution in the red bucket should be changed at 5am, 630am, 1130am, 200pm, 500pm and/or anytime water becomes cloudy or murky, and only one cleaning cloth should be in the red bucket at a time. In-service will be completed by 9/30/2016. All new dietary staff will be in serviced by the dietary manager during orientation regarding cleaning solution. Staff will be trained on how to use test strips properly, that the cleaning solution in the red bucket should measure 50 PPM, that the cleaning solution in the red bucket should be changed at 5am, 630am, 1130am, 200pm, 500pm and/or anytime water becomes cloudy or murky, and that only one cleaning cloth should be in the red bucket at a time.</p> <p>The Dietary Manager and/or Assistant Dietary Manager will check all bowls and plates for abraded areas using a QI tool for abraded plates/bowels, 5 x week x 4 weeks; 3 x week x 4 weeks; 1 x week x 4 weeks; then monthly x 1 months. Any bowls and plates identified with abraded areas will be discarded immediately. The Administrator will review the QI tool for abraded plates/bowels weekly x 12 weeks, then monthly x 1 months to ensure compliance.</p>		

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

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F 371	Continued From page 3	F 371	<p>The Dietary Manager and/or Assistant Dietary Manager will check sanitizing solution in red bucket using a QI tool for sanitizing solution in red bucket, 5 x week x 4 weeks; 3 x week x 4 weeks; 1 x week x 4 weeks; then monthly x 1 months. Any solution tested to be less than 50 PPM will be discarded immediately and new solution will be mixed to test at 50 PPM. The Administrator will review the QI tool for sanitizing solution in red bucket x 12 weeks, then monthly x 1 months to ensure compliance.</p> <p>The Results of the QI tool for plastic plates/bowls will be compiled by the Administration and taken to the QI Executive Committee monthly x 4 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring.</p> <p>The Results of the QI tool for sanitizing solution in red bucket will be compiled by the Administration and taken to the QI Executive Committee monthly x 4 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring.</p>		