					FO	RM APPROVED
		MEDICAID SERVICES				<u>NO. 0938-0391</u>
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		TE SURVEY MPLETED
		345401	B. WING		1	C 2/15/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
	ENIOR VILLAGE			204 OLD BRICKYARD ROAD		
WILKES S	SENIOR VILLAGE			NORTH WILKESBORO, NC 28659		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	5	F 00	o		
	complaint investigation	e cited as a result of the on Event ID #1ENG11.				
F 253 SS=E			F 25	3		1/12/17
		ide housekeeping and s necessary to maintain a comfortable interior.				
	This REQUIREMENT	is not met as evidenced				
	facility failed to repair	ns and staff interviews the 7 resident room doors with		F83.15 The facility corrected the def		
	lower edges of the do	d laminate and wood on the pors (Room #201, #202, 811 and #315) on 2 of 5		by repairing the identified do 201,202,302,304,307,311 & to the bathroom doors in roo	315 in addition	
		ays (200 and 300 halls),		201,209,302 and 314 along		
		room doors with broken and		dayroom door on the 200 ha		
		Rooms #201, #209, #302		Completion date: 12/16/201		
	and #314) on 2 of 5 s	killed resident hallways (200				
	· · ·	iled to repair the day room		In efforts to assure that other		
		with broken and splintered		impacted the Project Manage		
		le and lower edges of the		maintenance department per		
	door) on 1 of 5 skilled	d resident hallways.		inspected all facility doors or identifying ones in need of re		
	The findings included	:		of other identified doors were on 12/23/2016. Staff were re	e completed	
	1. a. Observations of	Room #201 on 12/12/16 at		regards to the facility work of		
		e door of the resident's room		and the expectation of report		
	-	tered laminate on the edges		hazards, including broken ar		
		he door and were rough to		doors, immediately. This re-		
	touch.			was completed on 1/12/2017	· -	
		m #201 on 12/14/16 at 11:53				
		r of the resident's room had		A door monitoring audit tool by a member of the mainten		
	-	d laminate on the edges of door and were rough to		inspect 25% of all doors thro		
		SUPPLIER REPRESENTATIVE'S SIGNATUR		TITLE		(X6) DATE
	cally Signed	CONTRACTOR OF CONTAINED OR OF				01/12/2017
	carry orginou					

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

program participation.

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

## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING С 345401 B. WING 12/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD BRICKYARD ROAD WILKES SENIOR VILLAGE NORTH WILKESBORO, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 253 Continued From page 1 F 253 facility. This audit process will be under touch Observations of Room #201 on 12/15/16 at 9:51 the direction and supervision of the facility AM revealed the door of the resident's room had Project Manager. Any identified damage broken and splintered laminate on the edges of will be immediately scheduled for repair. the bottom half of the door and were rough to This audit tool will be completed monthly touch. for four months. The first review by the QA committee was on 1/11/2017 with no b. Observations of Room #202 on 12/13/16 at current concerns identified. 11:18 AM revealed the door of the resident's room had broken and splintered laminate on the The results of the door audit tool will be edges of the bottom half of the door and had reported monthly to the QA committee through the QAPI process. The QA large splinters on the edges of the hinge side of the door. committee will evaluate the effectiveness Observations of Room #202 on 12/14/16 at 11:55 of the intervention and will recommend AM revealed the door of the resident's room had changes if necessary. The first review by broken and splintered laminate on the edges of the QA committee was on 1/11/2017 with the bottom half of the door and had large splinters no current concerns identified. on the edges of the hinge side of the door. Observations of Room #202 on 12/15/16 at 9:52 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door and had large splinters on the edges of the hinge side of the door c. Observations of Room #302 on 12/12/16 at 3:25 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door with rough edges to the touch. Observations of Room #302 on 12/14/16 at 11:44 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door with rough edges to the touch. Observations of Room #302 on 12/15/16 at 9:59 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door with rough edges to

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 01/13/2017 APPROVED 0: 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		345401	B. WING			( 12/ <sup>-</sup>	) 15/2016
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CIT	Y, STATE, ZIP CODE		
WILKES S	ENIOR VILLAGE			204 OLD BRICKYARD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 253	Continued From page the touch.	2	F 25	53			
	<ul> <li>3:26 PM revealed the had broken and splint side edges of the bott rough edges to the too Observations of Room AM revealed the door broken and splintered edges of the bottom h edges to the touch.</li> <li>Observations of Room AM revealed the door broken and splintered edges of the bottom h edges to the touch.</li> <li>Observations of Room AM revealed the door broken and splintered edges of the bottom h edges to the touch.</li> <li>e. Observations of Room AM revealed the door broken and splintered edges of the bottom h edges to the touch.</li> <li>e. Observations of Room AM revealed the door broken and splintered bottom half of the door touch where laminate Observations of Room AM revealed the door broken and splintered bottom half of the door touch where laminate Observations of Room AM revealed the door broken and splintered bottom half of the door touch where laminate Observations of Room AM revealed the door broken and splintered bottom half of the door touch where laminate</li> <li>f. Observations of Room AM revealed the door broken and splintered bottom half of the door touch where laminate</li> </ul>	n #304 on 12/14/16 at 11:45 of the resident's room had l laminate on the hinge side half of the door with rough n #304 on 12/15/16 at 10:00 of the resident's room had l laminate on the hinge side half of the door with rough oom #307 on 12/12/16 at door of the resident's room tered laminate on the of the or with sharp edges to the and wood were broken out. n #307 on 12/14/16 at 11:46 of the resident's room had l laminate on the of the or with sharp edges to the and wood were broken out. n #307 on 12/15/16 at 10:02 of the resident's room had l laminate on the of the or with sharp edges to the and wood were broken out. n #307 on 12/15/16 at 10:02 of the resident's room had l laminate on the of the or with sharp edges to the and wood were broken out.					
	had broken and splint of the bottom half of th	tered laminate on the edges					

Facility ID: 923562

If continuation sheet Page 3 of 13

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 01/13/2017 MAPPROVED O. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		LE CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		345401	B. WING				C / <b>15/2016</b>
NAME OF P	ROVIDER OR SUPPLIER		<b>I</b>	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
	ENIOR VILLAGE			2	204 OLD BRICKYARD ROAD		
WILKES S	DENIOR VILLAGE			1	NORTH WILKESBORO, NC 28659		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 253	AM revealed the door broken and splintered the bottom half of the Observations of Roor AM revealed the door broken and splintered the bottom half of the g. Observations of Roo 4:15 PM revealed the had broken and splint side of the bottom hal edges to the touch we were broken out. Observations of Roor AM revealed the door broken and splintered of the bottom half of t the touch where lamin out. Observations of Roor AM revealed the door broken and splintered of the bottom half of t the touch where lamin out. 2. a. Observations of 4:12 PM revealed the resident's room had b laminate on the edges door with edges that to laminate on the edges door with edges that to laminate on the edges	r of the resident's room had d laminate on the edges of door. m #311 on 12/15/16 at 10:01 of the resident's room had d laminate on the edges of door. oom #315 on 12/12/16 at e door of the resident's room tered laminate on the hinge lf of the door with sharp here laminate and wood m #315 on 12/14/16 at 11:48 of the resident's room had d laminate on the hinge side he door with sharp edges to hate and wood were broken m #315 on 12/15/16 at 10:05 of the resident's room had d laminate on the hinge side he door with sharp edges to hate and wood were broken m #315 on 12/15/16 at 10:05 of the resident's room had d laminate on the hinge side he door with sharp edges to hate and wood were broken Room #201 on 12/12/16 at e bathroom door inside the broken and splintered s of the bottom half of the were rough to touch. m #201 on 12/14/16 at 11:53 room door inside the broken and splintered s of the bottom half of the were rough to touch. m #201 on 12/15/16 at 9:51	F	253	3		

Facility ID: 923562

If continuation sheet Page 4 of 13

	-	ID HUMAN SERVICES				FORM	: 01/13/2017 APPROVED	
STATEMENT (	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	LETED	
		345401	B. WING		_	( 12/ <sup>,</sup>	) 15/2016	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE			
WILKES S	ENIOR VILLAGE		204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 253	resident's room had b laminate on the edges door with edges that w b. Observations of Roo 4:02 PM revealed the resident's room had b laminate on the edges door with edges that w Observations of Room AM revealed the bath resident's room had b laminate on the edges door with edges that w Observations of Room AM revealed the bath resident's room had b laminate on the edges door with edges that w Observations of Room AM revealed the bath resident's room had b laminate on the edges door with edges that w c. Observations of Roo 3:25 PM revealed the resident's room had b laminate on the edges door with rough edges Observations of Room AM revealed the bath resident's room had b laminate on the edges door with rough edges Observations of Room AM revealed the bath resident's room had b laminate on the edges door with rough edges Observations of Room AM revealed the bath resident's room had b laminate on the edges door with rough edges Observations of Room AM revealed the bath resident's room had b laminate on the edges door with rough edges	aroken and splintered s of the bottom half of the were rough to touch. both #209 on 12/12/16 at b bathroom door inside the proken and splintered s of the bottom half of the were rough to touch. In #209 on 12/14/16 at 11:58 room door inside the proken and splintered s of the bottom half of the were rough to touch. In #209 on 12/15/16 at 9:55 room door inside the proken and splintered s of the bottom half of the were rough to touch. In #209 on 12/12/16 at b bathroom door inside the proken and splintered s of the bottom half of the s to the bottom half of the s to the touch. In #302 on 12/12/16 at 11:44 room door inside the proken and splintered s of the bottom half of the s to the touch. In #302 on 12/15/16 at 9:59 room door inside the proken and splintered s of the bottom half of the s to the touch. In #302 on 12/15/16 at 9:59 room door inside the proken and splintered s of the bottom half of the s to the touch. In #302 on 12/15/16 at 9:59 room door inside the proken and splintered s of the bottom half of the s to the touch. In #302 on 12/15/16 at 9:59 room door inside the proken and splintered s of the bottom half of the s to the touch.	F 25	3				

Facility ID: 923562

If continuation sheet Page 5 of 13

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345401			, <i>i</i>	ING _	E CONSTRUCTION		PRINTED: 01/13/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED C 12/15/2016	
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STA	ATE, ZIP CODE	-	
WILKES S	ENIOR VILLAGE		204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 253	inside of the door with Observations of Room AM revealed the bath resident's room had b laminate on the edges inside of the door with Observations of Room AM revealed the bath resident's room had b laminate on the edges inside of the door with 3. Observations of the hall on 12/13/16 at 10 and splintered laminat the edges of the door Observations of the d hall on 12/14/16 at 11 splintered laminate be edges of the door that Observations of the d hall on 12/15/16 at 10 and splintered laminate edges of the door that Observations of the d hall on 12/15/16 at 10 and splintered laminate edges of the door that During an interview at 12/15/16 at 1:55 PM w who was also in charg Department he confirr work order system for be made. He explain system and the work of available to the public they felt needed to be	s of the bottom half of the n rough edges to the touch. n #314 on 12/14/16 at 11:42 room door inside the roken and splintered s of the bottom half of the n rough edges to the touch. n #314 on 12/15/16 at 10:00 room door inside the roken and splintered s of the bottom half of the n rough edges to the touch. e day room door on the 200 r40 AM revealed broken te below the door handle on that was rough to the touch. ay room door on the 200 r43 AM revealed broken and elow the door handle on the t was rough to the touch. ay room door on the 200 r07 AM revealed broken te below the door handle on the twas rough to the touch. ay room door on the 200 r07 AM revealed broken te below the door handle on t was rough to the touch. ay room door on the 200 r07 AM revealed broken te below the door handle on t was rough to the touch.	F	253				

Facility ID: 923562

If continuation sheet Page 6 of 13

		MEDICAID SERVICES				IO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	· · · ·	E SURVEY
		345401	B. WING		1:	C 2/15/2016
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO		
WILKES S	ENIOR VILLAGE			204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659		
				,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIC DATE
F 253	Continued From page	e 6	F	253		
		lected the work orders off				
		y made rounds throughout				
	the day. He further stated he preferred for staff to					
	document needed repairs on the work orders					
	rather than reporting					
		they would have a record of				
		he went over the process to				
		s during the first day of				
	orientation for new er	nployees and he instructed				
	staff to write down an	ything they saw that they felt				
	needed to be repaired but if it was a safety issue					
	staff were expected to tell their supervisor					
	immediately. He explained there were 3					
		at covered the skilled nursing				
	-	on call 24 hours a day, 7				
	days a week and they					
		any safety issues staff				
		ed there was damage to				
		e had been broken out or				
		environmental tour. He				
		staff did routine staining on				
		maintenance staff assisted.				
		as his expectation for all				
	staff to report damage					
		ough the work order system.				
		t received any work orders				
	related to damage of	doors.				
	During an interview o	n 12/15/16 at 2:08 PM with				
		Officer (CEO) who had also				
		the environmental tour she				
		staff were responsible for				
		s. She explained they had a				
		I went from room to room to				
		as needed. She stated it was				
		busekeeping staff to report				
		Department if they saw				
		d laminate or wood on doors				

Facility ID: 923562

If continuation sheet Page 7 of 13

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 01/13/2017 MAPPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345401	B. WING				C 15/2016
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WILKES S	ENIOR VILLAGE				04 OLD BRICKYARD ROAD IORTH WILKESBORO, NC 28659		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 253	Continued From page	27	F	253			
F 371 SS=F	the Administrator he s aware of the damager environmental tour by Manager who was in department. He state staff to report any dar to a resident to the ma immediately. He furth expectation for the ma damage to doors. 483.35(i) FOOD PRO STORE/PREPARE/SI The facility must - (1) Procure food from considered satisfactor authorities; and	d doors observed during the the CEO and Project charge of the maintenance d it was his expectation for nage that could cause injury aintenance staff her stated it was his aintenance staff to repair the CURE, ERVE - SANITARY sources approved or ry by Federal, State or local stribute and serve food	F	371			1/11/17
	by: Based on observation record review the faci internal temperature of served at a safe temp Fahrenheit, ensure ex for use in 1 of 3 nouris	erature in 1 of 3 nourishment ystem for monitoring ements within the			F483.35 1. (a). The facility corrected the impact the deficient practice on 12/14/2016 by completing the following actions. The cantaloupe was pulled from the service line at a temp of 41°. The pureed fruit cocktail presented with a temp of 66.7° and was immediately pulled from delive and removed from the service area. Completion date 12/14/2016	2	

Event ID: 1ENG11

Facility ID: 923562

If continuation sheet Page 8 of 13

	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIP	E CONSTRUCTIO	N	OMB NO. 0	RVEY
IND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLET	IED
		345401	B. WING			C 12/15/	/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRES	SS, CITY, STATE, ZIP CODE	1 12/10/	2010
	ENIOR VILLAGE			204 OLD BRICK	YARD ROAD		
WILKES S	SENIOR VILLAGE				ESBORO, NC 28659		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD E SS-REFERENCED TO THE APPROPRI DEFICIENCY)	-	(X5) COMPLETIO DATE
F 371	Continued From page	e 8	F 37	1			
	The findings included	l:		not labele	nakes found partially thawed d with thaw or expiration date arded immediately. Complet	es	
	1 a. On 12/14/16 at <sup>2</sup>	11:30 AM observations were		date 12/12			
		eal service. The Food			eezer temperature in the		
	Service Director was	present for the nch menu included cut			all nourishment room or was identified as having no		
		rt and pureed fruit cocktail		-	corded temps and no		
	for dessert.	· · · · · · · · · · · · · · · · · · ·		thermome	eter was in place on 12/12/20		
	0 40/44/40 -+ 44-40				in the freezer was discarded,		
		AM the cook used a digital AM the internal temperature of			eter was placed, and a correc g log indicating separate free		
		ch meal. The cook did not			erator temps was put in place		
	-	e of the cut cantaloupe or			ely. On revisit the freezer ter	np	
	the pureed fruit cockt	all.			d within acceptable range. on date 12/12/2016		
	On 12/14/16 at 12:06	PM the cook began serving			2/12/2016 the expired soymill	k 🛛	
		ureed fruit cocktail for			he nourishment room		
		ut cantaloupe and pureed ted, placed on food carts			or was removed and discarde ely. Completion date 12/12/2		
	and sent to the halls f	-		Innicolate		.010	
					ring the survey process, fruit		
		PM when prompted the			at temps outside of acceptab		
	-	of the cantaloupe was al thermometer by the		-	re removed from service for a No resident received or	all	
		The temperature of the			d fruit above acceptable rang	e.	
	-	egrees Fahrenheit. The			resent on 12/14/2016 were		
		of the pureed fruit cocktail ted to be 66.7 degrees			ely educated regarding e temperature levels during f	food	
		lity's Registered Dietitian			nd all kitchen staff received th		
		loupe and pureed fruit			rior to 12/16/2016.		
	cocktail from the tray	line.			g the survey process, all milkshakes found thawed w	ith	
	On 12/14/16 at 12:25	PM the cook was			able thaw or expiration dates		
	interviewed and report	rted he did not check the		were remo	oved, preventing them from		
		antaloupe because the			/ being served to all residents	s.	
	cantaloupe was being temperature of food it	g cut when he was taking tems_The RD was			resent on 12/12/2016 were ely educated on proper thawi	na	
	-	me time and stated the usual			ng protocols for shakes, and		

Facility ID: 923562

If continuation sheet Page 9 of 13

		MEDICAID SERVICES			CONSTRUCTION		<u>D. 0938-03</u> E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,			· /	PLETED
							С
		345401	B. WING			12	/15/2016
NAME OF PI	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	ENIOR VILLAGE			2	04 OLD BRICKYARD ROAD		
WILKES S	ENIOR VIELAGE			N	NORTH WILKESBORO, NC 28659		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETIC DATE
F 371	Continued From page	e 9	F 3	871			
	protocol was for the c	cook's assistant to check the tems before tray line meal		,,,,	kitchen staff received this training prior 12/16/2016.	<sup>-</sup> to	
ser in p		o explanation for the change stated the temperature of the			(c). Ice cream and other items found ir the untempt 400/500 hall nourishment		
		ve been checked prior to			room had the potential to affect all		
	meal service.				residents. Upon discovery on 12/12/20	016	
					all items in the affected freezer were		
	On 12/15/16 at 1:41	PM the Food Service			discarded immediately. No resident consumed these products. Freezer		
	dessert was prepared	-			temperatures recorded upon placemer	nt of	
		he cantaloupe and pureed			thermometer were within acceptable		
	fruit cocktail. He add	ed his expectation was that			range. All staff present on 12/14/2016		
		ere to be served below 41			were immediately educated regarding		
	degrees Fahrenheit.				acceptable freezer temperatures and	A 11	
					continuous monitoring for compliance. kitchen staff received training prior to	All	
	b On 12/12/16 at 9.5	4 AM observations were			12/16/2016.		
		kitchen with the Food			(d). The presence of the expired soym	ilk	
		D). During the observations			had the potential to affect residents. If		
	4 boxes of thawed nu	utritional shakes were stored			was discarded on 12/12/2016 before		
		The nutritional shakes were			being served to any resident. All staff		
		cturer's recommendations			present on 12/12/2016 were immediate	ely	
		y good for consumption 14 The FSD was interviewed			educated regarding the correct procedures for checking each		
		awed nutritional shakes and			nourishment room at least daily for out	of	
		cartons should be dated to			date or expiring products and discardir		
	monitor nutritional sh	akes for 14 days. The FSD			any found immediately. All kitchen stat		
		n why 4 boxes of thawed			received training prior to 12/16/2016.		
		bred ready for use were not			3(a). The Food Service Director on		
		thaw date and/or use by not aware of when the			12/14/2016 reviewed systemic proceed which could impact staff's ability to ass		
		or when they should be			prepared food temperatures are received		
	discarded.	s. montany should be			and recorded accurately. New prep/pt		
					guidelines were implemented and		
		AM 8 cartons of thawed			discussed with kitchen staff on		
		re stored for use in the			12/16/2016. A new Manager's Daily		
	-	en refrigerator. The cartons			Check List was implemented on	_	
		/or dated with a use by date.			12/14/2016 to include a daily manger's		
	The FSD was presen	t for the observations and			check of recorded tray line temperatur	es.	

Facility ID: 923562

If continuation sheet Page 10 of 13

## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED A. BUILDING С 345401 B. WING 12/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 204 OLD BRICKYARD ROAD WILKES SENIOR VILLAGE NORTH WILKESBORO, NC 28659 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 371 Continued From page 10 F 371 removed the cartons. The FSD stated a cook's This will be reviewed and signed by the assistant was responsible for daily checks to FSD at a minimum of 3 times weekly for 6 remove any items not labeled and/or dated. weeks to assure compliance. Managers have been instructed to remove any food c. On 12/12/16 at 10:18 AM observations were product not presenting at correct made of the facility's nourishment rooms. The temperature from the trav area 400/500 hall nourishment pantry's freezer was immediately and discard. On 1/11/2017 observed and noted to have ice cream stored for check lists reviewed by the Administrator resident use. Items stored in the freezer for found 100% compliance. resident use included an ice cream sandwich and (b). The Food Service Director developed 3 cartons of ice cream: the items were noted to and educated staff on a thaw procedure be soft to touch. Additional observations of the system for milkshakes on 12/14/2016. freezer revealed there was no thermometer to Labels for all mighty shakes placed in the monitor the unit's internal temperature. The FSD refrigerator were printed. Labels consist reported the temperature was monitored daily by of thaw date and use by date. Managers nutrition services' staff. Review of the monthly are checking milkshake labels daily on temperature log for the refrigerator/freezer unit Manager's daily check list. These will be revealed the temperature of the freezer had not reviewed by the FSD a minimum of 3 been monitored for the month of December. The times weekly for 6 weeks to assure FSD stated he was unaware the temperature was compliance. On 1/11/2017, check lists not being monitored for the freezer and stated it reviewed by the Administrator found 100% was an oversight. compliance. (c). A new freezer temp log was placed d. On 12/12/16 at 10:20 AM additional on all freezers/refrigerators on observations of the 400/500 hall nourishment 12/14/2016. Temp log review has been pantry's refrigerator were made that revealed a 1/2 added to the daily managers check list. gallon of soymilk stamped with an expiration date These will be reviewed by the FSD a of 11/18/16 was stored for use. The FSD was minimum of 3 times weekly for 6 weeks to present for the observation, removed the item assure compliance. On 1/11/2017, check and stated the expired 1/2 gallon of soymilk should lists reviewed by the Administrator found have been removed. The FSD explained a staff 100% compliance. member was expected to check all food stored in (d). All freezers/refrigerators on 12/14/2016 were inspected for outdated refrigerators daily to remove expired items. food items. No other instances were identified. Inspection of refrigerator/freezers for out of date items was added to the manager's daily checklist. These will be reviewed by the FSD a minimum of 3 times weekly for 6

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: 1ENG11

Facility ID: 923562

If continuation sheet Page 11 of 13

Image: Instruction of DEPIDERADIES         (xt) REQUIRERANCE         (xt) REQUIR			ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 01/13/2017 M APPROVED O. 0938-0391
34561         B. WIND         12/15/2018           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, DITY, STATE, ZIP DODE           WILKES SENIOR VILLAGE         28 AD B RICK YARD ROAD NORTH WILKESBORD, NC 2886           PREPX TAG         SUMMANY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         D.         PREPX PREPX         D.         COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         D.         PREPX PREPX         PREPX PREPX         D.         PREPX PREPX         CONTINUERS FLAN OF CORRECTION (EACH CORRECTIVE ATON INFORMATION)         COMPLETION (EACH CORRECTIVE ATON INFORMATION)         D.         PREPX PREPX         PREPX PREPX         PREPX PREPX         PREPX PREPX         D.         PREPX PREPX         PREPX PREPX         D.         PREPX PREPX         PREPX PREPX         PREPX         D.         D. <thd.< th=""> <thd.< th="">         D.         D.<th>STATEMENT (</th><th>OF DEFICIENCIES</th><th>(X1) PROVIDER/SUPPLIER/CLIA</th><th>, ,</th><th></th><th></th><th>СОМ</th><th>PLETED</th></thd.<></thd.<>	STATEMENT (	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	, ,			СОМ	PLETED
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY STREE, 2P CODE         204 OLD BRICKYARD ROAD       204 OLD BRICKYARD ROAD         MULEES SENIOR VILLAGE       IN DEPARTMENT OF DEPICIENCIES         PREF/R       IEACH EPERCENCY MUST EE HERCEDED BY FULL RECOLLATORY OR USC IDENTIFYING INFORMATION)       ID PREF/R         F 371       Continued From page 11       IP         F 371       Continued From page 11       F 371         weeks to assure compliance. On 11/11/2017, check lists reviewed by the Administrator found 100% compliance. 4(a), The facility plans to continue to monitor the food temperatures via the QAPI process. The Food Service Director wereky for 6 weeks. In addition, he will perform andom audits 2 times per week for 4 weeks and 4 times monthly for 3 months following the minital 4-week period. He will report discrepancies, if identified, to the QA committee will review monthly findings evaluating the effectiveness of this monitoring process and will recommend and implement changes if deemed necessary. The first review by the QA committee was on 1/11/2017 with no current concerns identified.         (b). The facility plans to continue to monthy for 3 block labeling protocol through the QAP process. In addition to a checklist review. Whe Food Service Director will perform random audits 1 times per week for 4 weeks and 2 times monthly for 3 months following the initial 4-week period. The FSD will perform take monthis finding monthly to Fa Houle was on 1/11/2017 with no current concerns identified.			345401	B. WING				-
WILKES SENIOR VILLAGE         NORTH WILKESBORO, NC 28659           (M) ID PREER TAG         ISJUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC DEATTPYING INFORMATION)         D PREER PRECE TAG         IPROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY WILT BE REFORMATION)         D PRET TAG         IPROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY WILT BE REFORMATION)         D PRET TAG         IPROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY)         COMPLETION (EACH DEFICIENCY)           F 371         Continued From page 11         F 371         weeks to assure compliance. On 11/11/2017, check lists reviewed by the Administrator found 100% compliance. 4(a). The facility plans to continue to monitor the food temperatures via the QAPI process. The Food Service Director will review daily manager checklist 3 times weekly for 6 weeks. In addition, he will perform random audits 2 times per week for 4 weeks and 4 times monthly for 3 months following the wonthly for 1 monitor the food temperatures of this monitoring process and will recommend and implement changes if deemed necessary. The first review by the QA committee will review by the QA committee was on 1/11/2017 with no current concerns identified.           (b). The facility plans to continue to monitor intrutional stake labeling protocol through the CAP process. The Food Service Director will perform random audits 1 times per week for 4 weeks and 2 times monthy for 3 months flowing the initial 4 week period. The FSD will perform random audits 1 times per week for 4 weeks and 2 times monthy for 3 months of the QA committee who will evaluate the effectivenenes of this inte	NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	14	13/2010
Image: Provide structure in the intervence of the intervence					204	OLD BRICKYARD ROAD		
PREFIX TAG         CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTRYING INFORMATION)         PREFX TAG         CLEAN COMPLETERMENT FOR MULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)         CONFLICTION DATE           F 371         Continued From page 11         F 371	WILKES S	ENIOR VILLAGE			NO	ORTH WILKESBORO, NC 28659		
<ul> <li>weeks to assure compliance. On 1/1/12017, check lists reviewed by the Administrator found 100% compliance. 4(a). The facility plans to continue to monitor the food temperatures via the QAPI process. The Food Service Director will review daily manager otheokilst 3 times weekly for 6 weeks. In addition, he will perform random audits 2 times per week for 4 weeks and 4 times monthly for 3 months following the initial 4-week period. He will report discrepancies, if identified, to the CA committee monthly. The QA committee was of this monitoring process and will recommend and implement changes if deemed necessary. The first review by the CA committee was on 1/11/2017 with no current concerns identified.</li> <li>(b). The facility plans to continue to monitor nutritional shake labeling protocol through the QAPI process. In addition to a checklist review, the Food Service Director will perform random audits 1 times per week for 4 weeks and 2 times monthly for 3 months following the initial 4-week period.</li> </ul>	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
monitor the refrigerator/freezer temperature monitoring process through	F 371	Continued From page	e 11	F		<ul> <li>1/11/2017, check lists reviewed by the Administrator found 100% compliance 4(a). The facility plans to continue to monitor the food temperatures via the QAPI process. The Food Service Dir will review daily manger checklist 3 times weekly for 6 weeks. In addition, he will perform random audits 2 times per way for 4 weeks and 4 times monthly for 3 months following the initial 4-week perfew will review monthly. The Q committee will review monthly finding evaluating the effectiveness of this monitoring process and will recomme and implement changes if deemed necessary. The first review by the Q committee was on 1/11/2017 with no current concerns identified.</li> <li>(b). The facility plans to continue to monitor nutritional shake labeling prothrough the QAPI process. In addition checklist review, the Food Service Director will perform random audits 1 times per week for 4 weeks and 2 tim monthly for 3 months following the init 4-week period. The FSD will report hough the effectiveness of this intervention and recommend changes necessary. The first review by the Q committee was on 1/11/2017 with no current concerns identified.</li> <li>(C). The facility plans to continue to monitor the refrigerator/freezer</li> </ul>	e. ector mes II eek striod. ed, A s nd A tocol n to a es tial is who s if A	

Event ID: 1ENG11

Facility ID: 923562

If continuation sheet Page 12 of 13

		ND HUMAN SERVICES MEDICAID SERVICES			FC	TED: 01/13/2017 DRM APPROVED NO. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	TIPLE CONSTRUCTION	(X3) D.	ATE SURVEY DMPLETED
		345401	B. WING _			C 12/15/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2		12/10/2010
				204 OLD BRICKYARD ROAD		
WILKESS	SENIOR VILLAGE			NORTH WILKESBORO, NC	28659	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE RENCY)	(X5) COMPLETION DATE
F 371	Continued From page			<ul> <li>371</li> <li>QAPI. In addition to maimplemented daily man the Food Service Direct inspections of each nour efrigerator/freezer 1 tim weeks and 2 times more following the initial 4-ware required thermometers temperatures are within and accurate up to date and maintained. The FS finding monthly to the G will evaluate the effective intervention and recommend recessary. The first recommittee was on 1/11 current concerns identified.</li> <li>(d). The facility plans to monitor its intervention items through its QAPI addition to monitoring the checklist, the Food Serr conduct inspections of the refrigerators 1 time week and 2 times monthly for following the initial 4-ware FSD will report his finding QA committee who will effectiveness of this intervention items through its quare for a commend changes if first review by the QA committee.</li> </ul>	ager's checklist, tor will conduct urishment room mes weekly for 4 thtly for 3 months eek period ensuring are in place, n acceptable range e logs are in place SD will report his QA committee who veness of this mend changes if view by the QA /2017 with no fied. 0 continue to for out of date food process. In he manager's daily vice Director will nourishment room ekly for 4 weeks r three months eek period. The ing monthly to the evaluate the ervention and necessary. The committee was on	

Facility ID: 923562

If continuation sheet Page 13 of 13