

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

PRINTED: 01/17/2017
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345301 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/07/2016 |
| NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - BURLINGTON | | | STREET ADDRESS, CITY, STATE, ZIP CODE 323 BALDWIN ROAD BURLINGTON, NC 27217 | |
| (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=D | <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 observation, staff interview and record review, the facility failed to repair loose toilet seats in 1 out of 28 residents ' rooms. The findings included: On 12/4/16 at 2:00 PM, during an observation on the 300 hall, a loose toilet seat was observed in the bathroom of room #321. When pressure was applied to the toilet seat, it shifted 10-15 inches. On 12/4/16 at 2:10 PM, during an interview, Resident #32 from room #321 indicated that she used the toilet daily and reported the broken toilet seat to the nurse few weeks ago. On 12/4/16 at 2:15 PM, during an interview, Resident #32 ' s family member confirmed he observed and reported the broken toilet seat to the nurse before the Thanksgiving of 2016. On 12/7/16 at 8:35 AM, during an interview, Nurse #1 indicated that on 12/1/16 the toilet seat in Resident 32 ' s bathroom was observed loose on one side. The maintenance staff was verbally notified and the toilet seat repair was conducted within 10-15 minutes. On 12/7/16 at 8:45 AM, during an interview, Housekeeper #1 indicated that before the Thanksgiving of 2016, while cleaning the bathroom in room #321, she found the toilet seat completely off the toilet. The Housekeeper #1 reported it to the nurse on the floor and completed the maintenance/repair request sheet. On 12/7/16 at 9:35 AM, during an interview, the</p> | F 253 | <ol style="list-style-type: none"> 1. Resident #32's toilet seat has been secured in the locked position. 2. A facility-wide audit of all toilets, checking for loose or damaged toilet seats, was completed on 12/7/16. All loose toilet seats were secured in the locked position. 3. All housekeeping staff were in-serviced regarding checking toilet seats daily for loose or damaged toilet seats with immediate notification of the housekeeping director or maintenance staff for repairs. Additionally, all such needed repairs are to be immediately documented on the maintenance repair logs at each nursing station to ensure follow-up and repairs are documented as indicated. The Housekeeping Director will have the housekeeping staff to do daily audits of all of the facility toilet seats for (4) weeks, followed by weekly audits for (4) weeks, and finally, monthly audits for (6) months to ensure all facility toilet seats are in proper working condition. 4. The LNHA and the Maintenance Director will do monthly environmental rounds to ensure compliance with F 253. The results of the toilet seat audits will be discussed in our monthly QAPI meetings. 5. The LNHA will be responsible for | 12/8/16 |

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

TITLE

(X6) DATE

Electronically Signed

12/28/2016

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 | Continued From page 1 Maintenance Technician #1 indicated: a. In November 2016 the housekeeper reported the broken toilet seat in the room #321. He found the toilet seat was unlocked, placed the toilet seat back on the toilet and locked it. b. On 12/1/16 the nursing staff reported the broken toilet seat in the room #321. The Maintenance Technician #1 did not find any problems with the toilet seat and locked it back. On 12/7/16 at 10:40 AM, during an interview, the Maintenance Director indicated that the staff communicated with the maintenance by completing the maintenance/repair request sheets. The maintenance staff checked all the sheets daily. The Maintenance Director could not provide the maintenance/repair request sheet from November 2016, related to the toilet issue in the room #321. On 12/7/16 at 3:45 PM, during an interview, the Administrator indicated that his expectation was the staff to keep all the residents' equipment in good working condition. The facility provided the maintenance communication sheets to request the repair. | F 253 | ensuring ongoing compliance. | | |
| F 371 SS=E | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions | F 371 | | 12/30/16 | |

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| F 371 | <p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to label 13 out of 13 loaves of bread and 1 of 1 package of bulky rolls with a use by date, failed to dispose of 4 out of 24 expired fruit juice snack packs and failed to date and label 4 out of 4 wrapped sandwiches.</p> <p>Findings included:</p> <p>An observation on 12/4/16 at 1:30 pm revealed 13 loaves of unfrozen white bread with a date of 10/18/16 and one package of unfrozen bulky rolls dated 9/24/16 were found in the dry storage area.</p> <p>During an interview with Cook #1 on 12/4/16 at 1:30 pm she acknowledged the bread was dated 10/18/16 and the bulky rolls were dated 9/24/16. She removed them from the dry storage area. Cook #1 stated the bread was delivered to the facility frozen and the dietary staff would remove what they needed from the freezer each day.</p> <p>An observation in the walk in refrigerator on 12/4/16 at 1:40 pm revealed 4 containers of expired fruit juice snack packs 3.5 ounces. Three of them were expired on 9/29/16 and one was expired on 10/14/16.</p> <p>During an interview with Cook #1 on 12/4/16 at 1:40 pm she revealed the fruit juice snack packs should have been discarded from the walk in refrigerator since they were expired.</p> <p>An observation in the walk in refrigerator on 12/4/16 at 1:45 pm revealed 4 sandwiches that were wrapped in plastic wrap had no date or label.</p> | F 371 | <ol style="list-style-type: none"> 1. The (13) loaves of bread and (1) package of bulky rolls observed on 12/4/16 with no discard by date have been discarded, as well as the (4) expired fruit juice snack packs and the (4) undated wrapped sandwiches with no label. 2 All dietary staff will be in-serviced regarding the requirements of 483.35, specifically the storage, preparation, distribution, and serving of food under sanitary conditions to include the following: <ol style="list-style-type: none"> a. Placing discard by dates on frozen bread when removed from freezer b. Checking expiration dates of all food items on a consistent basis to ensure all expired items are discarded timely. c. Ensure all sandwiches are labeled and dated when prepared. 3. The Dietary Manager will conduct audits per the following schedule to ensure the items 2a, 2b, and 2c above are in compliance: <ol style="list-style-type: none"> a. Daily audits for (4) weeks b. Weekly audits for (4) weeks c. Monthly audits for (6) months 4. The results of the audits will be discussed in the facility's monthly QAPI meetings. 5. The LNHA will ensure ongoing compliance. | | |

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| F 371 | Continued From page 3 An interview with Cook#1 on 12/4/16 at 1:45 pm revealed the sandwiches should have been labeled and dated. Cook #1 reported everything that was not used during breakfast or lunch of that day should be wrapped, dated and labeled. An interview with the Dietary Manager (DM) on 12/4/16 at 2:55 pm revealed the date on the bread and the rolls of 9/24/16 and 10/18/16 was the date the bread was made. The DM confirmed the bread and rolls were delivered to the facility frozen with each delivery. The DM reported the procedure for ensuring the bread was not expired was to date and label the loaves of bread that were removed from the freezer with a label indicating to discard after seven days. The DM reported the loaves of bread should have had a label that was placed on each loaf to discard after 12/10/16. The DM reported the staff failed to put the label on the frozen loaves. An interview with the Dietary Aid (DA) who managed the stock and deliveries was conducted on 12/7/16 at 12:50 pm. The DA revealed he was responsible for the deliveries every Wednesday and Friday. He further revealed he was responsible for checking the stock to be sure there was nothing out of date and everything was labeled accurately. The DA reported the bread was delivered frozen and if the kitchen staff needed bread he would bring it to them. The DA reported it was one of his responsibilities to apply a label on the bread to discard after 7 days after it was removed from the freezer. The DA reported he thought he put a label on the loaves of bread. The DA reported he checked the freezer, walk in refrigerator and dry storage area for expired items every Wednesday and Friday, and | F 371 | | | |

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| F 371 | <p>Continued From page 4</p> <p>confirmed he overlooked the expired fruit snack pack items that were in the walk in refrigerator.</p> <p>An interview with Dietary Manager on 12/7/16 at 1:00 pm revealed her expectations were for the dietary staff to make sure expired items were discarded and all the food items were dated and labeled.</p> <p>An interview with the Administrator on 12/7/16 at 4:10 pm revealed his expectations of the dietary staff were to ensure that the stock was being checked and expired items were being removed. Additionally, he expected the dietary staff to date and label the food appropriately.</p> | F 371 | | | |