### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/29/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB	NO. 0938-0391
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		NSTRUCTION		ATE SURVEY DMPLETED
		345245	B. WING_		nagason senamen data milana kahas dalah Milanda dangka dangka dangka dangka dangka dangka dangka dangka dangka		06/22/2017
	ROVIDER OR SUPPLIER			507 FI	ET ADDRESS, CITY, STATE, ZIP CODE REMONT STREET GAW, NC 28425	<del></del>	001 mar m 0 11
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 156 SS=B		(5)(13)(16)-(18) NOTICE OF ERVICES, CHARGES	F	156			
	remains informed of of contacting the phy	st ensure that each resident the name, specialty, and way sician and other primary care sible for his or her care.					
	(1) The resident has his or her rights and	on and Communication. the right to be informed of of all rules and regulations onduct and responsibilities in the facility.	: : : : : : : : : : : : : : : : : : : :	Explored (Market 1 to 10			
	notices orally (meani	as the right to receive ng spoken) and in writing a format and a language he including:					
	The facility must furn	as specified in this section. ish to each resident a written ghts which includes -		:			
		ne manner of protecting or paragraph (f)(10) of this					
	including the right to	he requirements and lishing eligibility for Medicaid, request an assessment of tion 1924(c) of the Social		***************************************			
	email), and telephon State regulatory and resident advocacy g Survey Agency, the State Long-Term Ca	addresses (mailing and e numbers of all pertinent informational agencies, roups such as the State State licensure office, the re Ombudsman program, the cacy agency, adult protective					
LABORATORY	0 A A	AUPRIJERAREPRESENTATIVE'S SIGNATUR	IE		OTITLE V		(X6) DATE

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		TE SURVEY MPLETED
		345245	B. WING	arrest disher an enchant (Marie Carlotte Carlott	0	6/22/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 507 FREMONT STREET BURGAW, NC 28425		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 156	services where state in long-term care faci agency for informatio community and the M and  (D) A statement that complaint with the St concerning any suspifederal nursing facility not limited to resident exploitation, misappring the facility, non-coldirectives requirement information regarding  (ii) Information and control and local advocacy on Ilmited to the Stat Long-Term Care Omli (established under sea Americans Act of 196 U.S.C. 3001 et seq) advocacy system (as as established under Disabilities Assistance 2000 (42 U.S.C. 1500 [§483.10(g)(4)(ii) will November 28, 2017 (iii) Information regare eligibility and coverage eligibility and coverage in the Market in the	law provides for jurisdiction lities, the local contact in about returning to the ledicaid Fraud Control Unit; the resident may file a late Survey Agency lected violation of state or y regulations, including but abuse, neglect, opriation of resident property inpliance with the advance lits and requests for a returning to the community.  In the community of the Community including but the survey Agency, the State outsman program lection 712 of the Older lits, as amended 2016 (42 and the protection and designated by the state, and the Developmental le and Bill of Rights Act of the Community let in l	F1	,		
		on for the Aging and Center (established under )(iii) of the Older Americans	i			

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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:	A. BUILDING	·			COMPLETED
		345245	B. WING		7.77.00.70.00.00.00.00		06/22/2017
	ROVIDER OR SUPPLIER			507 FRE	ADDRESS, CITY, STATE, 7 MONT STREET NW, NC 28425	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORRECTIVE CROSS-REFERENCED	OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE
F 156	November 28, 2017 ( (v) Contact information Control Unit; and [§483.10(g)(4)(v) will November 28, 2017 ( (vi) Information and cogrievances or complate suspected violation of facility regulations, incresident abuse, neglemisappropriation of refacility, non-complian directives requirement information regarding (g)(5) The facility must manner accessible at residents, resident refacility in the services and advocation of the State Long-Terprogram, the protection of the State Long-Terprogram, the protection and the Medicaid Fraction of the Statement that the complaint with the State Concerning any suspinglicity in t	ng Door Program; be implemented beginning Phase 2)]  In for the Medicaid Fraud be implemented beginning Phase 2)]  In for the Medicaid Fraud be implemented beginning Phase 2)]  In for the Medicaid Fraud be implemented beginning Phase 2)]  In for the Medicaid Fraud be implemented beginning Phase 2)]  In for the Medicaid Fraud be implemented beginning Phase 2)]  In formand In the concerning any In factor of the control of the community In the community In the advance In the same and Indian and email of the community In the state licensure office, adult In the state law provides for the care of the community In the care office, adult In the state law provides for the care of the care	F 15	56			
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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345245	B. WING_		06/22/2017
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 507 FREMONT STREET BURGAW, NC 28425	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE COMPLETION
F 156	misappropriation of racility, and non-comdirectives requireme I) and requests for into the community.  (g)(13) The facility mand in a services to the radmission and durin (i) The facility mand services to the radmission and durin (ii) The facility mand in writing in a launderstands of his oregulations governing responsibilities durin (iii) The facility must in the State-developed obligations, if any.	use, neglect, exploitation, esident property in the pliance with the advanced nts (42 CFR part 489 subpart formation regarding returning ust display in the facility and provide to residents and sion, oral and written w to apply for and use aid benefits, and how to revious payments covered by sust provide a notice of rights esident prior to or upon g the resident's stay.  Inform the resident both orally neguage that the resident r her rights and all rules and g resident conduct and g the stay in the facility.  Also provide the resident with notice of Medicaid rights and	F1	DEFICIENCY)	
	writing, at the time of	nust caid-eligible resident, in f admission to the nursing resident becomes eligible for			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		E SURVEY PLETED
		345245	B. WING _		00	5/22/2017
	ROVIDER OR SUPPLIER MEMORIAL HOSP SNI	=		STREET ADDRESS, CITY, STATE, ZIP CO 507 FREMONT STREET BURGAW, NC 28425	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 156	nursing facility senter which the residence of which the residence of the	services that are included in vices under the State plan and ent may not be charged; arms and services that the provided that the provided the resident may be amount of charges for those adicaid-eligible resident when to the items and services that the provided that items and services that the of admission, and the resident's stay, of services any charges for services not dicare/ Medicaid or by the rate.  In coverage are made to items and the facility must provide to the change as soon as is	F1	56		
			1	AR-LAST TO		ţ

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		ATE SURVEY OMPLETED
		345245	B, WING_			06/22/2017
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(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 ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 156	Continued From pag	e 5	f 1	156		1 1 5
	deposit or charges a per diem rate, for the resided or reserved of	tate, as applicable, any ready paid, less the facility's days the resident actually or retained a bed in the any minimum stay or uirements.	!			
	resident representati	refund to the resident or ve any and all refunds due days from the resident's m the facility.		;		t and the same
	behalf of an individual facility must not conf these regulations.	dmission contract by or on all seeking admission to the lict with the requirements of				
	Based on record rev facility failed to provi letters indicating the Medicare coverage	view and staff interview, the de Medicare non-coverage resident was notified prior to ending for 2 of 3 residents notice and beneficiary 1, Resident #6).				
	Findings included:			:		
		admitted on 1/20/17 with ich included diabetes on, and anemia.	i ì			THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRE
	Resident #1's Medic 5/15/17.	are coverage ended on		:		!
	resident did not rece and beneficiary app and beneficiary app	#1's records revealed the live a written liability notice eals letter. The liability notice eals letter informs the liability notice party that Medicare				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION  G		E SURVEY MPLETED
		345245	B. WING		0	6/22/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 507 FREMONT STREET BURGAW, NC 28425	<del></del>	
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F 156	Continued From page		F 1!	FC:		
1 100	-		FI	<b>30</b> ;		
		d explains their right to	1			1
	appeal the discontinu	lation of care.				\$ *
	During on intentions	m 6/22/17 at 0:05 ANA tha				1
		on 6/22/17 at 9:05 AM the	{ }			
		ator stated Resident #1 was licare services on 3/15/17	,			
	-	party was called at least		<b>i</b> :		
		time. She stated she did not	1	( ) ( )		
		she was pulled away and		į.		
	<u>}</u>	but remembered she did				
		Coordinator stated that she		į		į
		she mailed the liability and				
		and could not supply a copy.				İ
		at she was aware that the				
	resident or family ne	eded to be made aware of	1			
	1	care coverage but was not	i			
		iters needed to be provided				,
	1	oility notices and beneficiary				1
	appeals should be ke	ept by the facility.				1
	During an interview of	on 6/22/17 at 10:15 AM the	!			
	Administrator stated	that it was her expectation		•		
	that if liability and be	neficiary appeal rights	1	•		
	notices must be prov	rided in writing and kept on		1		
	file then it would be	done by the Admissions		1		:
	Coordinator.					t
	2. Resident #6 was a	admitted on 4/24/17 with	:			and the same of th
	, -	ich included atrial fibrillation,		·		a.
	hypertension, anemi	a, and spinal stenosis.	1	†		
				I		*
	!	are coverage ended on				
	5/17/17.					
			1			
		#6's records revealed the		1		
		ive a written liability notice	:			ļ
		eals letter. The liability notice		•		ļ
		eals letter informs the		:		1
I	i resident or responsil	hle narty that Medicare	1	i		i

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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 \_ 345245 B. WING 06/22/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **507 FREMONT STREET** PENDER MEMORIAL HOSP SNF BURGAW, NC 28425 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX DATE TAG TAG DEFICIENCY) F 156 Continued From page 7 F 156 coverage will end and explains their right to appeal the discontinuation of care. During an interview on 6/22/17 at 9:05 AM the Admissions Coordinator stated Resident #6's responsible party was called on 5/10/17 and informed of last day of coverage on 5/17/17. She further stated that a liability notice was not mailed to the responsible party or provided when the responsible party visited and subsequently did not have a copy. She further stated that she was aware that the resident or family needed to be made aware of discharge from Medicare coverage but was not aware that written letters needed to be provided and copies of the liability notices and beneficiary appeals should be kept by the facility. During an interview on 6/22/17 at 10:15 AM the Administrator stated that it was her expectation that if liability and beneficiary appeal rights notices must be provided in writing and kept on file then it would be done by the Admissions Coordinator. F 371 483.60(i)(1)-(3) FOOD PROCURE, F 371 SS=E STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility

gardens, subject to compliance with applicable

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		NSTRUCTION	(X3	) DATE SURVEY COMPLETED
		345245	B. WING_				06/22/2017
	ROVIDER OR SUPPLIER			507 F	ET ADDRESS, CITY, STATE, ZIP CODE REMONT STREET GAW, NC 28425		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	( . I	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 371	Continued From page	8	F:	371			
	safe growing and food	d-handling practices.		Mary a seminance of the			!
	, , ,	es not preclude residents s not procured by the facility.	1	MALAMAN, ** Y			:
	• • • •	, distribute and serve food in essional standards for food	Addition from the states				î c
	foods brought to residusitors to ensure safe handling, and consum	egarding use and storage of dents by family and other e and sanitary storage, nption. is not met as evidenced		***************************************			
	Based on observation facility failed to provide eat food and the services aides who touch	ons and staff interviews, the de a barrier between ready to er's bare hands for 2 of 6 whed the resident's food with e assisting the residents with 1, Nurse Aide #2).		THE TOTAL PROPERTY OF			
	Findings included:						
	, Nurse Aide #1 was p	n on 6/20/2017 at 12:11 PM assing the lunch tray to oom. Nurse Aide #1 entered		TO A SERVICE AND THE SERVICE A			
	the room and placed table. Nurse Aide #1 and bedside table as #10's positioning. St	the tray on the bedside adjusted the head of the bed well as adjusted Resident ne was not wearing gloves. ed the bun of the resident's	1	***************************************			
	Nurse Aide #1 stated were clean it was oka resident's food with h	on 6/20/17 at 12:37 PM I that as long as her hands ay for her to handle the her bare hands and she had ds after her meal break, She					

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT. A. BUILDIN	PLE CONSTRUCTION  IG		ATE SURVEY DMPLETED
		345245	B. WING _		4	06/22/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 507 FREMONT STREET BURGAW, NC 28425	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 371	contact with Residen #10's room, who the handle the resident's hands.  During an interview of Director of Nursing sishould not have hands and wich with her back 2. During an observation of 6/20/17 at 12:10 PM chair and placed it not assisting Resident #1 observed to pick up ther bare hands. She down on the plate, or up one half and helps	her hands had only been in the #10 and items in Resident food was for, it was okay to food without washing her in 6/20/17 at 5:16 PM the sated that the Nurse Aide died the resident's barbecue re hands. It is the food without washing her in 6/20/17 at 5:16 PM the sated that the Nurse Aide died the resident's barbecue re hands. It is the food in the dining room on Nurse Aide #2 retrieved a ext to Resident #7. While	FS	371		
	Nurse Aide #2. stated should not touch the bare hands. She stated a potential contamination sandwich for the resulting an interview of Director of Nursing states.	on 6/20/17 at 12:45 PM I she was not aware she barbecue sandwich with her ited she was not aware it was ation risk when she held the dent. on 5/20/17 at 5:16 PM the tated the Nurse Aide should at's barbecue sandwich with				

# Appendix 1-B: Plan of Correction Form

Please con	Plan of Correction  plete <u>all</u> requested information and email	Plan of Correction rmation and email completed Plan	Plan of Correction  Please complete <u>all</u> requested information and email completed Plan of Correction form to:
Provider Contact	Ruth Glaser	Fax:	
Person for follow-up:		Email:	Ħ
Address:	507 E. Fremont St., Burgaw, NC 28425	Provider # 345245	r#3
Finding	Corrective Action Steps	Responsible Party	Party
§483.10(g) Information and Communication.	Work was completed for provision of NOMNC when	Admissions Coordinator /	dinato
(1) The resident has the right to be informed of his or her rights and of all rules and regulations	indicated. The Admissions Coordinator (with back-up by the Manager of Quality & Outcomes) will maintain a log of all	Manager Quality & Outcomes	Ş¢
governing resident conduct and responsibilities	age		
during his or her stay in the facility.	as they occur. The delivery dates of written notices will also be tracked via this method with daily review Monday. Friday		
483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE	except on holidays.		
RIGHTS, RULES, SERVICES, CHARGES (d)(3) The facility must ensure that each	NOMNC will be delivered 2-7 days in advance of the actual coverage changes. Full explanation will be provided regarding		
remains informed of the name, specialty, and	the right to appeal. If a responsible party is not available in person to sign, the discussion will be held over the phone if		
way of contacting the physician and other primary	possible and the form sent via certified mail with a return receipt requested. The Admissions Coordinator will serve as		
professionals responsible for his or her care. §483.10(g) Information and Communication.	S	Manager of Patient Access	nt Acu
his or her rights and of all rules and regulations			
governing resident conduct and responsibilities	explanation and signatures obtained at all indicated times prior to applicable services being delivered. Standard Work has	,	
(g)(4) The resident has the right to receive	been developed and will be utilized by all staff. Expected co-		
notices orally (meaning spoken) and in writing (including Braille) in a format and a language	pays will be discussed prior to admission by the Admissions Coordinator ARNs will be delivered and collected by the		
he	Financial Counselor and or staff of the Patient Access		
or she understands, including: (i) Required notices as specified in this	Department who will serve as the notifier. The notifier will be informed by the Admissions Coordinator of all anticipated		
The facility must furnish to each resident a wriften	changes in coverage and applicable dates so that the notifier may meet with the patient &/or responsible party for ABN		
description of legal rights which includes -	procurement prior to applicable dates.		

description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this

The process for delivery of each NOMNC and ABN will be monitored for 90 days by the Manager of Quality & Outcomes to ensure full compilance.  Manager of Quality & Outcomes to ensure full compilance.  It is the policy of this facility to store, prepare, distribute, and serve food in accordance with professional standards for food service safely. In this case, after the surveyor reported the deficiency, the nurse aides were reminded to use a napkin, utensits, or gloves to provide a barrier between ready-to-eat food and bare hands.  Because all residents are potentially affected by the cited deficiency, on 6/20/2017 and 6/21/17, the director of nursing reviewed food service safely. In 6/20/2017 and 6/21/17, the director of nursing reviewed food service safely standards with all nurse aides. The coordinator observed that all food service was conducted while manitaining professional standards of safety. No other residents were affected.				
The process for delivery or each Numbry and Advisor in Culticomes with the monitored for 90 days by the Manager of Quality & Outcomes of the process for 60 to one of the Manager of Quality & Outcomes of the process o	SECULLI,		Manager of Ouglity &	Implementation Date:
with to ensure full compliance.  If the holice y mass liceare to be supported by the condition of the policy of this facility to store, prepare, distribute, and the policy of this facility to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. In this case, after the surveyor reported the deficiency, the nurse aides were reminded to use a napkin, undersity, or gloves to provide a barrier between ready-to-eat food and bare hands.  Because all residents are potentially affected by the cited deficiency, on 6/20/2017 and 6/21/17, the director of nursing reviewed food service safety standards with all nurse aides. The coordinator observed that all food service was conducted while maintaining professional standards of safety. No other residents were affected.		monitored for 90 days by the Manager of Quality & Outcomes	Outcomes	07/03/17
of Resident #1's records revealed the retid not receive a written liability notice necesive a written liability notice the discontinuation of care.  If did not responsible party that Medicare ge will end and explains their right to the discontinuation of care.  If #8's Medicare coverage ended on #24/17 with diagnoses which included attrial on, at #8's Medicare coverage ended on #4's Medicare coverage ended on #6's records revealed the triding not receive a written liability notice ineficiary appeals letter. The liability of Resident #8's records revealed the triding not receive a written liability notice ineficiary appeals letter. The liability notice ineficiary appeals letter. The liability processor in the policy of this facility to store, prepare, distribute, and service bood in accordance with professional standards for food service safety. In this case, after the surveyor reported the Procure food items obtained with the producers, subject to applicable call aws or regulations.  Because all residents are potentially affected by the cited deficiency, on \$20,202.071 and \$27.117, the director of nursing reviewed food service safely standards with all nurse addes. The contribute of standards with all nurse addes. The contribute service safety. In the case of standards with all nurse addes. The contribute of standards of stafety. No other residents are potentially affected by the cited deficiency on \$2,020.02017 and \$27.117, the director of nursing reviewed food service service was conducted while maintaining professional standards of stafety. No other residents were affected.	<ol> <li>Resident #1 was admitted on 1/20/17 with active diagnoses which included diabetes mellitus, hypertension, and anemia. Resident #1's Medicare coverage ended on 5/15/17.</li> </ol>	to ensure full compliance.		Projected Completion: 10/2/2017
ineficiary appeals letter informs sident or responsible party that Medicare go will end and explains their right to the discontinuation of care.  If any as admitted on 4/24/17 with diagnoses which included atrial ion, arison, anemia, and spinal stenosis. In #8's Medicare coverage ended on 7.0 fescident #6's records revealed the to did not receive a written liability notice meficiary appeals letter informs the responsible party that Medicare go will end and explains their right to the discontinuation of care.  It is the policy of this facility to store, prepare, distribute, and service safety. In this case, after the surveyor reported the Pocure food from sources approved or ered satisfactory by federal, state or and bare hands.  It is the policy of this facility to store, prepare, distribute, and service safety. In this case, after the surveyor reported the Pocure reminded to use a napkin, utensitis, or gloves to provide a barrier between ready-to-eat food and barrier between ready-to-eat food efficiency, the nurse aldes were reminded to use a napkin.  Lead producers, subject to applicable and certifications are potentially affected by the cited deficiency, on 6/20/2017 and 6/21/17, the director of nursing reviewed food service safely. No other residents so provision does not prohibit or prevent some strength control to exercise and under the maintaining professional standards of safety. No other residents were affected.	Review of Resident #1's records revealed the resident did not receive a written liability notice			
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RE/PREPARE/SERVE - SANITARY RE/PREPARE/SERVE - SANITARY - Procure food from sources approved or dered satisfactory by federal, state or and bare hands.  Prities.  In the policy of this case, after, prepare, unarrow, and service safety. In this case, after the surveyor reported the deficiency, the nurse aides were reminded to use a napkin, utensils, or gloves to provide a barrier between ready-to-eat food and bare hands.  Because all residents are potentially affected by the cited deficiency, on 6/20/2017 and 6/21/17, the director of nursing reviewed food service safety standards with all nurse aides. The coordinator observed that all food service was conducted while maintaining professional standards of safety. No other residents were affected.		The state of the s		Implementation Date:
- Procure food from sources approved or dered satisfactory by federal, state or and bare hands.  rities. is may include food items obtained local producers, subject to applicable ocal laws or regulations.  sprovision does not prohibit or prevent ies from using produce grown in facility.	483.60(i)(1)-(3) FOOD PROCURE,	It is the policy of this facility to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. In this case, after the surveyor reported the		Implementation Date: 06/20/2017
orities.  is may include food items obtained by local producers, subject to applicable ocal laws or regulations.  ocal laws or regulations.  is provision does not prohibit or prevent list from using produce grown in facility.	(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local	deficiency, the nurse aides were reminded to use a napkin, utensils, or gloves to provide a barrier between ready-to-eat food and bare hands.		Projected Completion Date: 07/19/2017
to applicable ohibit or prevent	authorities. (i) This may include food items obtained	Because all residents are potentially affected by the cited deficiency on 6/20/2017 and 6/21/17, the director of nursing		
maintaining professional standards of safety. No other ohibit or prevent were affected.	directly from local producers, subject to applicable State	reviewed food service safety standards with all nurse aides. The coordinator observed that all food service was conducted while		
	and local laws or regulations.  (ii) This provision does not prohibit or prevent	ofessional standards of safety. No other		
	facilities from using produce grown in facility facilities from using produce grown in facility	To enhance currently compliant operations and under the		

						dining (Nurse Aide #1 Nurse Aide #2).	their bare hands while assisting the residents	nurse aides who touched the resident's food with	eat food and the server's bare hands for 2 of 6	facility failed to provide a barrier between ready to	Based on observations and staff interviews,	This REQUIREMENT is not met as evidenced	visitors to ensure sare and sanitary storage, handling, and consumption.	foods brought to residents by family and other	service sarety. (i)(3) Have a policy regarding use and storage	food	food in	(i)(2) - Store, prepare, distribute and serve	from consuming foods not procured by the	safe growing and food-handling practices.  (iii) This provision does not preclude residents	
												documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action.	and the findings of the quality-assurance checks will be	or weekly checking residents who require staff assistance with	director of nurses or designated quality-assurance representative will perform the following systematic changes: randomly checking,	implemented under the supervision of the director of nurses to monitor residents who require staff assistance while dining. The	Effective 7/19/17. a quality-assurance program will be	utensils, or gloves.	the importance of hand hygiene as well as providing a barrier between ready-to-eat food and bare hands with the use of napkin,	staff will receive in-service training regarding state and federal requirements for safe food handling. The training will emphasize	direction of the director of nurses, on 7/17/17-7/19/17, all nursing
Projected Completion Date:	Implementation Date:	Projected Completion Date:	Implementation Date:	Projected Completion Date:	Implementation Date:																