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

PRINTED: 10/04/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBED:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
0.45505		B. WING			С		
345565						08/	25/2017
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
TRINITY E	I MS			74	449 FAIR OAKS DRIVE		
IKINIII	LIVIS			С	LEMMONS, NC 27012		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	X	(EACH CORRECTIVE ACTION SHOULD B		COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	DATE
					DEFICIENCY)		
'							
F 000	INITIAL COMMENTS		F	000			
	No deficiencies were	cited as a result of the					
E 074	complaint investigation		_	074			0/00/47
F 371	483.60(i)(1)-(3) FOOI		F:	371			9/22/17
SS=E	STORE/PREPARE/S	ERVE - SANITARY					
		rom sources approved or					
		ry by federal, state or local					
	authorities.						
		ood items obtained directly					
		subject to applicable State					
	and local laws or regu	ulations.					
	1 7 7	es not prohibit or prevent					
	facilities from using produce grown in facility						
	, ,	ompliance with applicable					
	safe growing and foo	d-handling practices.					
	(iii) This provision does not preclude residents from consuming foods not procured by the facility.						
		, distribute and serve food in					
		essional standards for food					
	service safety.						
		egarding use and storage of					
	_	dents by family and other					
		e and sanitary storage,					
	handling, and consun						
		is not met as evidenced					
	by:						
		iew, observation and staff			Although no residents were affected by		
		failed to date opened food			the deficient practice; all residents have	е	
	items (chicken salad,	pimiento cheese, egg			the potential to be affected.		
	salad, pancakes and	waffles), discard expired					
	and rotten food and s	tore food in a sealed			On 08-22-17, the Dietary Manager		
	container in 1 of 1 wa	llk in refrigerator and 1 of 2			discarded the expired chicken salad,		
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(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.

Facility ID: 080753

Electronically Signed

09/07/2017

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

A. BUILDING	С
345565 B. WING 0	08/25/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7449 FAIR OAKS DRIVE	
CLEMMONS, NC 27012	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371 Continued From page 1 nourishment refrigerators observed. The facility also failed to maintain proper dishwasher temperature at manufacturer's recommended level. Findings included: 1. On 8/22/17 at 10.45 AM, initial tour of the kitchen was conducted. The Certified Dietary Manager (CDM) was following during the tour. In the walk in refrigerator the following were observed: a) 1 - 5 pound (lbs.) container of egg salad (store prepared) that was opened and the used by date was 8/19/17. The container did not have an opened date. b) 1 - 5 lbs. containers of chicken salad (store prepared) that was opened with no date of opening. c) 2 - 5 lbs. containers of pimiento cheese (store prepared) that were opened with no date of opening. d) ⅓ full opened box of pork sausage patties that were exposed and undated. On 8/22/17 at 11:00 AM, the CDM was interviewed. He acknowledged that the egg salad was already expired. The CDM also stated that the egg salad, chicken salad and pimiento cheese should have been dated when opened and they were good for 7 days after opening. He also stated that the pork sausage patties should have been sealed and dated when opened and they were good for 7 days after opening. He also stated that the pork sausage patties should have been sealed and dated when opened and they were goad for 7 days after opening. He also stated that the pork sausage patties should have been sealed and dated when opened and they were goad for 7 days after opening. He also stated that the pork sausage patties should have been sealed and dated when opened and they were goad for 7 days after opening. He also stated that the pork sausage patties should have been sealed and dated when opened and they were goad for 8 days after opening. He also stated that the pork sausage patties should have been sealed and dated when opened and they were goad for 8 days after opening. He also stated that the pork sausage patties should have been sealed and dated when opened and they were goad for 7 days after opening. He also stated	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			345565 B. WING			c	
		345565				08/25/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS	S, CITY, STATE, ZIP CODE	1 00:20:20:1	
				7449 FAIR OAKS	DRIVE		
TRINITY E	ELMS			CLEMMONS, NO	C 27012		
(X4) ID SUMMARY STATEMENT OF DEFICIE		STATEMENT OF DEFICIENCIES	ID	PR	ROVIDER'S PLAN OF CORRECTION	(X5)	
PRÉFIX TAG	`	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 371	Continued From pa	F S	371				
	On 8/24/17 at 9:15	AM, the CDM was		Manager ar	nd Assistant Dietary Manag	er	
	interviewed. He sta	ated that the Assistant CDM			7 regarding Food Storage in		
	was responsible for	checking the refrigerators		Refrigerato	ors and Freezers and Dish		
	and freezers for exp	pired and undated food items		Machine Te	emperatures and Monitoring	J.	
	, ,	stated that the Assistant CDM			y Manager and Assistant		
	did not come to work today (8/24/17). He added				nager re-educated all Dieta	ry	
		DM was new and was still in			5-2017 through 9-7-2017		
	learning.				Food Storage in Refrigerato	rs	
	0 0/05/47 1 0 40	AM (I. A			ers and Dish Machine		
	On 8/25/17 at 8:40 AM, the Assistant CDM was				res and Monitoring. This		
	interviewed. She stated she was responsible for				on included the required	tho	
	checking the freezers and refrigerators for				n of temperature ranges for rinse cycles while operating		
	expired and undated food items but at times she had to fill in as dietary aide and was not able to				ne, the requirement to	uic	
	do the checking.	ary ande and was not able to			the temperatures on the		
	do tilo ollooming.				re log, instruction on how to		
	2. On 8/22/17 at 10			agement if temperatures do			
	dishwasher temper			ne requirements, and how			
	revealed wash tem			will occur for the dish mach	ine		
Fahrenheit (F) and final rinse temperature at 80			temperature	es for continued compliance	e.		
	degrees F.				ication also included the ns of food storage with label	ling	
	On 8/22/17 at 10:58	3 AM, another observation of		and dating,	, appropriate storage		
	dishwasher temperature during operation			containers	to be used, not storing or us	sing	
	revealed wash temperature at 120 degrees F and				expiration dates, expectation		
final rinse temperature at		ure at 80 degrees F.			ation to Dietary Manager an	d/or	
					Manager when food is		
		n the dishwasher machine			so timely replacement of		
	"wash 150 degrees and rinse 180 degrees".				n be made, the requirement		
	0= 0/00/47 =+ 44.0/	- ANA the CDM was			eezers and refrigerators thr		
	On 8/22/17 at 11:05 AM, the CDM was			times a week to assure no expired food, fruit/vegetables are fresh, and how			
	interviewed. He was present during the 2 observations of the dishwasher temperatures.				will occur for food storage		
	He stated that he would get the maintenance				compliance.		
		k the dishwasher machine.		Continued	omplianoc.		
		at the dionwacher machine.		The Dietary	y Aide will record temperatu	res	
	On 8/24/17 at 9:05	AM, another observation of			sh and rinse cycle of the disl		
		perature revealed the wash			ree times per day utilizing t		
	temperature at 120 degrees F and the rinse				provement Audit Tool titled		

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STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	LE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED C	
345565			B. WING] (08/25/2017	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD	E		
				7449 FAIR OAKS DRIVE			
TRINITY E	LMS			CLEMMONS, NC 27012			
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PRÉFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETION DATE	
F 371	Continued From pag	e 3	F 37	1			
	temperature at 80 de	grees F.		Monthly Temperatures. The A	Assistant		
		3		Dietary Manager and/or Dieta			
	On 8/24/17 at 9:06 A	M, the CDM stated that the		will review the Monthly Tempe			
	dish machine had be			Quality Improvement Audit To			
	temperature board a	nd the gauge were not		per week for four weeks, then			
	working and they we	re on order.		per week thereafter and ongo	ing to		
	-			assure temperatures are docu			
	Review of the dishwashing temperature log for			within regulatory requirements	s. The		
	August 2017 revealed that the rinse temperature			Administrator will review the N	Monthly		
	was not recorded for August 21, 2017 at lunch			Temperatures Quality Improve	ement Audit		
	and dinner and Augu	st 22, 2017 at breakfast.		Tool one time per week for for			
				then one time monthly ongoin	-		
	On 8/24/17 at 2:30 PM, the CDM was			temperatures are documented			
	interviewed. He stated that he expected the			regulatory requirements as we			
	dietary aides to check and to record the wash and rinse temperatures 3 times a day at breakfast,			Dietary Manager and/or Assis			
				Manager have reviewed work			
	lunch and dinner. He			implemented interventions as	necessary.		
	expected them to rep						
		reach 150 degrees F and		The Assistant Dietary Manage			
	rinse temperature was not at 180 degrees F per the manufacturer's recommendation.			the main kitchen and all Pod r	-		
				and freezers for food expiration			
				labeling and dating stored foo			
	On 8/25/17 at 8:35 A			continued freshness of fruits/\			
	interviewed. He stated that Dietary Aide (DA) #1			three times per week and the			
	was responsible for checking the dishwasher			ongoing utilizing a Quality Imp			
	temperatures every meal. He further stated that			Audit Tool titled Food Storage. The Dietary Manager will review the Food			
	DA #1 did not work last Monday so there were no temperatures recorded.			Storage Quality Improvement			
	lemperatures records	su.		one time weekly for four week			
	On 8/25/17 at 8:45 AM, DA #1 was interviewed.			monthly thereafter and ongoir			
	He stated that he was responsible for checking			food storage meets requirements in this			
	the dishwasher temperatures every day when he			area. The Administrator will review the			
	was working. He stated that he did not work last			Food Storage Quality Improvement Audit			
	_	re no temperatures recorded.		Tool one time per week for for			
				then one time monthly for ong			
				assure food storage is within	-		
	3. On 8/24/17 at 12:0	00 Noon, the nourishment		requirements as well as verify			
		Clemmons Court was		Manager and/or Assistant Ma	-		
	observed and the following items were noted:			reviewed working tool and implemented			

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345565			B. WING				
NAME OF PROVIDER OR SUPPLIER TRINITY ELMS				STREET ADDRESS, CITY, STATE, ZIP CODE 7449 FAIR OAKS DRIVE CLEMMONS, NC 27012			123/2017
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371	in a zip lock bag that b) 10 pieces of that was undated. Interview with the DA 8/24/17 at 12:05 PM pancakes and waffle when stored in the reon that station so should not dated. On 8/24/17 at 12:30 interviewed. He statidietary aides to date	f pancakes observed stored was undated. f waffles inside a plastic bag A #2 was conducted on DA #2 stated that the s should have been dated efrigerator but she didn't work e didn't know why they were	F	371	interventions as necessary. The Executive Quality Improvement Committee members that include the Medical Director, Director of Nursing, Assistant Director of Nursing, Quality Improvement Nurse, Environmental Service Directors, Dietary Director, Sowworker, Life Enrichment Director, CNA Dietary Aide/Cook, Housekeeper, and Administrator will review both Quality Improvement Audit Tools for Monthly Temperatures and Food Storage month for three months, then Quarterly for six months to assure continued monitoring recommend changes as necessary, an assure continued compliance in this are	nly , d	