DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					0. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	(X3) DATE			
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG_		COMF	PLETED
							с
		345561	B. WING			04/	26/2018
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
				4	10 S JUDD PARKWAY SE		
UNIVERSA	AL HEALTH CARE/FUQU	IAY-VARINA		F	FUQUAY VARINA, NC 27526		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	DATE
	1						
F 0.40			_	~ . ~			
F 812		ore/Prepare/Serve-Sanitary	- F 6	812			5/24/18
SS=E	CFR(s): 483.60(i)(1)(2	2)					
	§483.60(i) Food safet	v roquiromonts					
	The facility must -	ly requirements.					
	§483.60(i)(1) - Procur	re food from sources					
		ed satisfactory by federal,					
	state or local authoriti						
	(i) This may include for						
	from local producers,						
	and local laws or regu						
	(ii) This provision doe						
	÷ .	roduce grown in facility					
		ompliance with applicable					
	safe growing and foo						
		es not preclude residents					
	from consuming food	s not procured by the facility.					
	8483 60(i)(2) - Store	prepare, distribute and					
	•	ince with professional					
	standards for food se	•					
		is not met as evidenced					
	by:						
		ns, record review and			This plan of correction constitutes a		
	interviews with family			written allegation of compliance.			
	facility failed to hold for	oods at 135 degrees			Preparation and submission of this plan	n of	
	Fahrenheit or above of	during 2 of 2 observations.			correction does not constitute an		
					admission or agreement by the provide	r of	
		iew on 4/25/18 at 10:55 AM			the truth of the facts or alleged, or the		
	-	lent complained frequently			correctness of the conclusions set forth		
	-	cold and it was especially a			on the statement of deficiencies. The p		
	concern at breakfast.				of correction is prepared and submitted		
	On 1/25/19 at 5:00 D	M Diet Assistant (DA) #1			solely because of the requirement under state and federal law, and to demonstra		
		M Diet Assistant (DA) #1 om the steam table line in			the good faith attempts by the provider		
		te. During an interview at			improve the quality of life of each reside		
		he does not take the food				5.11.	
		er all the foods are plated			Root Cause Analysis		
		he main kitchen obtained			No resident was named in this alleged		
		SUPPLIER REPRESENTATIVE'S SIGNATURI	=		TITLE		(X6) DATE

Electronically Signed

(X6) DATE 05/14/2018

PRINTED: 06/04/2018

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.

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 06/04/2018 MAPPROVED O. 0938-0391
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í	X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		345561	B. WING			04	C //26/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	AL HEALTH CARE/FUQU			4	10 S JUDD PARKWAY SE		
UNIVERSA	AL HEALTH CARE/FUQU	AT-VARINA		F	UQUAY VARINA, NC 27526		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 812	Continued From page	e 1	E 1	812			
	1 0	ore putting the pans of food		012	noncompliance.		
	During the observation 5:00 PM until 5:13 PM and loaded them onto placed the cart into the On 4/25/18 at 5:15 PH food for the resident's and placed the completic tickets, into the service process it was noted dining room to pass the residents. On 4/25/18 at 5:20 PH began passing the play window to the resident room. On 4/25/18 from 5:25 obtained the food terr items which remained the 600 hall kitchenet thermometer, the slice altered turkey registe The egg noodles registed Fahrenheit. The pured degrees Fahrenheit. measured 122 degree	 an of DA #1 on 4/25/18 from A she plated 5 resident trays of the tray delivery cart then the hallway. M DA #1 made plates of a seated in the dining room leted plates, with the tray with the tray with the tray with the tray with the reader of the seated foods to the M Nursing Assistant #1 and foods from the service the seated in the dining F PM until 5:30 PM DA#1 hoperatures of the foods do n the steam table line in the. Using a digital ed turkey and mechanically red 105 degrees Fahrenheit. Stered 100 degrees ed turkey measured 123 The pureed vegetable es Fahrenheit. The mashed 13 degrees Fahrenheit. The 			Root cause analysis conducted by the facility concluded that the alleged noncompliance resulted from, facility failure to implement consistent process ensure food delivered to residents are maintained at appropriate temperatur 135 degree Fahrenheit or above for h food. The root cause analysis also conclud that the lack of knowledge by dietary members on appropriate food temperatures and the necessity of se food on such temperature is also the causative factor for this alleged non-compliance. Other root causes identified by the fac included, lack of an appropriate and consistent processes in place for food delivery to the five kitchenettes prese the facility while ensuring food temperature is maintained. Immediate Action The identified food with temperature below 135 degrees were re-heated by dietary aide before continued platting food on 4/26/2018 during the breakfa meal served in the 2 of 5 kitchenettes Dietary Manager conducted 1 on 1 re-education with Cook #1 and Dietar	ess to e of ot ed staff rving cility d nt in	
	4/25/18 at 5:30 PM s	vith the Dietary Manager on he stated the staff were food temperatures at the			aide #1 on 4/26/2018 on appropriate temperature and emphasized on the procedure for food temperatures to be	food	
	end of the service if the	hey had not obtained them			taken both at the main kitchen and at	the	

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		MEDICAID SERVICES	(X2) MLII T	IPI F	CONSTRUCTION	T T	O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	. ,	A. BUILDING			IPLETED
							С
		345561	B. WING			04	4/26/2018
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
UNIVERSAL HEALTH CARE/FUQUAY-VARINA				4			
UNIVERS	AL HEALTH CARE/FUQU	JAT-VARINA		F	UQUAY VARINA, NC 27526		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETIOI DATE
F 812	Continued From page	e 2	F8	312			
	at the beginning and	the cook was to take the itchen prior to foods being			kitchenettes before platting the food.		
	placed into the transp to the kitchenette.			On 4/26/2018, facility Dietary Manager obtained food temperature before food were platted in the main kitchen and in	I		
	On 4/25/18 at 5:40 P #1 stated today she h temperatures of the fit the foods into the hea because she had bur			of 5 Kitchenettes. Dietary staff was reminded on 4/26/2018 by the Dietary Manager, that temperature logs must b completed at every meal without exception.	be		
	take the temperatures what the proper temp			Identification of Others			
	She was unable to st and said there was a posted on the wall bu she was not sure what	ate the proper temperature temperature cheat sheet it it was no longer there so at the correct temperature			All residents has a potential to be affect by this alleged noncompliance. On 4/26/2018, the facility Executive Director, Registered Dietician, Dietary		
		with Cook #1 and the Dietary			Manager and Regional Clinical Consul met to discuss about other areas that r be affected by this alleged	may	
	recorded temperature	e reviewed. It revealed no es for the lunch meal on			noncompliance. Due to facility layout 3 5 facilities' Kitchenette were identified be affected by this alleged noncomplia	to ince	
	4/25/18 and no recorded temperatures for dinner from 4/23/18 through 4/25/18. On 4/25/18 at 5:55 PM NA #1 stated residents				due to time taken to transport food from one kitchenette to another. 3 of 5 identified kitchenette were closed effect	ctive	
	had complained of co plates of food to the p	bld food but she just took the pantry and warmed the nicrowave located in the			4/26/2018 and resident were served for the other two kitchenettes. This action not affect the location on where reside eat their meals. All six residents' dining area remained operational.	did nt	
	she obtained the tem on the steam table lin thermometer. She ha	d not plated any of the food			Systemic Changes Effective 5/24/2018 the cook on duty o assigned dietary staff will check food temperatures before food is platted in t		
	degrees Fahrenheit.	sured 124 degrees mbled eggs measured 135 The link sausage measured neit. The oatmeal registered			kitchen and before is packed in the warming ovens that transport food to the facility's kitchenettes.	he	

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F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		(X3) DATE SURVEY COMPLETED		
		A. BUILDIN	IG			С
345561		B. WING			04/26/2018	
ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	1/20/2010
			41	10 S JUDD PARKWAY SE		
AL HEALTH CARE/FUQU	JAY-VARINA		FU	UQUAY VARINA, NC 27526		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(BE	(X5) COMPLETIO DATE
Continued From page	23	 	10			
		FØ	12	Effective E/24/2019 Desidents' feed wi	llho	
					in be	
•					re is	
•			-			
•			from the two most commonly used			
transported to the 60			kitchenettes. This is being done to			
served.				expedite the processes for prompt services	vice	
				-		
-				sts		
•				-		
				-		
				4		
	-					
			Effective 5/24/2018 assigned dietary a	ide		
temperature of the eg			platted in both satellite kitchens. This v	vill		
degrees Fahrenheit d			take place for meals that are served from	om		
DA #3 plated foods w			the kitchenette's steam table directly to	C		
				for		
				meal service to resident's rooms.		
				Effective 5/24/2018 all regidents are		
-	-				of	
	-				01	
					ood	
				-		
additional telephone	conversation with the Dietary			Dietary Manager, and/or Executive		
•						
	be returned to the kitchen to					
be reheated.						
0 4/00/40 10.00					се	
	-			- ·	4-	
				appropriate food temperature for food be served on. The emphasis of this	τÖ	
	CORRECTION ROVIDER OR SUPPLIER AL HEALTH CARE/FUQU SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page 150 degrees Fahrent the food temperature originally served in th the pans of food were heated transport cart kitchenette and serve transported to the 60 served. During an interview w AM she stated since the acceptable level s individual plates and the microwave oven the temperatures prior to observed to make a p chopped sausage the microwave for 30 sec temperature of the eg degrees Fahrenheit of DA #3 plated foods w temperatures of the 12 2nd plate of food into DA #2 took the temper eggs registered 165 of oatmeal registered 14 Also, while DA #3 was Dietary Manager who reheating temperature items was 165 degre additional telephone Manager, DA #3 state table line needed to the be reheated. On 4/26/18 at 9:08 A were removed from the	CORRECTION JENTIFICATION NUMBER: 345561 ROVIDER OR SUPPLIER AL HEALTH CARE/FUQUAY-VARINA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 150 degrees Fahrenheit. While DA #2 obtained the food temperatures she stated the foods were originally served in the 700 hall kitchenette then the pans of food were placed back into the heated transport cart, taken to the 400 hall kitchenette and served there before being transported to the 600 hall kitchenette to be served. During an interview with DA #2 on 4/26/18 at 8:50 AM she stated since the temperature was not at the acceptable level she would put the foods on individual plates and warm the plates of food in the microwave oven then recheck the temperatures prior to serving the foods. She was observed to make a plate of eggs, grits and chopped sausage then place the food in the microwave for 30 seconds. She checked the temperatures of the 1st plate. DA #3 placed the 2nd plate of food into the microwave for 1 minute. DA #3 plated foods while DA #2 took the food temperatures of the 1st plate. DA #3 placed the 2nd plate DA #3 was on the telephone with the Data to food into the microwave for 1 minute. DA #2 took the temperature of the 2nd plate. The eggs registered 165 degrees Fahrenheit. Also, while DA #2 checked the temperature of the 2nd plate DA #3 was on the telephone with the Dietary Manager who told DA #3 the proper reheating temperature for the microwaved food items was 165 degrees Fahrenheit. After additional telephone conversation with the Dietary Manager, DA #3 stated the foods from the steam table line needed to be returned to the kitchen to be reheated. On 4/26/18 at 9:08 AM the pans of food items were removed from the steam table, placed into	CORRECTION IDENTIFICATION NUMBER: A. BUILDIN 345561 B. WING COVIDER OR SUPPLIER BELALTH CARE/FUQUAY-VARINA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 F 8 150 degrees Fahrenheit. While DA #2 obtained the food temperatures she stated the foods were originally served in the 700 hall kitchenette then the pans of food were placed back into the heated transport cart, taken to the 400 hall kitchenette and served there before being transported to the 600 hall kitchenette to be served. During an interview with DA #2 on 4/26/18 at 8:50 AM she stated since the temperature was not at the acceptable level she would put the foods on individual plates and warm the plates of food in the microwave oven then recheck the temperatures prior to serving the foods. She was observed to make a plate of eggs, grits and chopped sausage then place the food in the microwave for 30 seconds. She checked the temperature of the eggs which registered 125 degrees Fahrenheit on the digital thermometer. DA#3 plated foods while DA#2 took the food temperatures of the 1st plate. DA#3 placed the 2nd plate of food into the microwave for 1 minute. DA#2 took the temperature of the 2nd plate. The eggs registered 147 degrees Fahrenheit. but the oatmeal registered 147 degrees Fahrenheit. Also, while DA#2 checked the temperature of the 2nd plate DA #3 was on the telephone with the Dietary Manager who told DA #3 the proper reheating temperature for the microwaved food items was 165 degrees Fahrenheit. After additional telephone conversation with the Dietary Manager, DA #3 stated the foods from the steam table line needed to be ret	CORRECTION IDENTIFICATION NUMBER: A. BUILDING_ 345561 B. WING	CORRECTION IDENTIFICATION NUMBER: A BUILDING 345561 B STREET ADDRESS, CITY, STATE, ZIP CODE 410 S JUDD PARKWAYS SE FUCUAY VARINA STREET ADDRESS, CITY, STATE, ZIP CODE 100 MILLIONG 410 S JUDD PARKWAYS SE FUCUAY VARINA, NC 27526 SUMMARY STATEMENT OF DEFICIENCIES (EXCH OPECINENT WILLE PRECEDED BY PULL REGULATORY OR LSC. DENTIFYING INFORMATION) PRETEX RECENT CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRING LECT CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRING DEFICIENCY) Continued From page 3 F 812 Effective 5/24/2018 Residents' food wit planted in the main kitchen and two kitchenettes to ensure food there or for kitchenettes and wills erve all mean individual plates and warm the plate before being transported to the 600 hall kitchenette to be served. F 812 During an interview with DA #2 on 4/26/18 at 8:50 AM she stated since the temperature as not at the acceptable level she would put the foods on individual plates and warm the plates of food in the microwave for 30 seconds. She was observed to make a plate of edgs, grils and chopped sausage then place the food in the microwave for 30 seconds. She checked the temperature of the stip blate. DA #3 placed the food into the microwave for 425 degrees Fahrenheit. After additional telephone with the food temperature of the 23 plated. The eggs registered 147 degrees Fahrenheit. Dut the cather alsocrive for additional telephone with the Dietary Manager, DA #3 stated the food from the steam table line needed to be returned to the kitchen to be reheaated.	CORRECTION IDENTIFICATION NUMBER: A BUILDING Converting of the standard state state of the standard state of the standard state of the standard state of the standard state state of the standard state standard state of the standard standard state of the sta

Facility ID: 090946

If continuation sheet Page 4 of 7

	OF DEFICIENCIES	MEDICAID SERVICES		LE CONSTRUCTION		NO. 0938-039 ATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	· ,	A. BUILDING		
						С
		345561	B. WING			04/26/2018
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
UNIVERSAL HEALTH CARE/FUQUAY-VARINA						
				FUQUAY VARINA, NC 27526		
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIO DATE
F 812	Continued From page	e 4	F 81	2		
	-	on 4/26/17 DA #3 removed		education was on the importa	nce of	
	the pans of food and			ensuring temperature check		
	steamer for reheating			adhered to ensure food is say		
				and safely. This re-education		
	-	vith the Dietary Manager on		on 04/26/2018 and will be con		
		he stated the breakfast		5/24/2018 any dietary employ		
	foods were cooked in			educated by 05/24/2018 will r allowed to work until educate		
		0 hall kitchenette then, after ns of food were loaded back		education will also be added		
	- ·	t taken to the 400 hall		orientation process for all new		
		those residents, then		employees effective 5/24/201	-	
	reloaded back into th	e transport cart, taken to the				
		and served to those residents		Director of Nursing, and/or Ex		
	-	ason for the food not		Director will complete 100% r		
	maintaining the corre	ct temperature.		for all current facility nursing e (Licensed nurses and Certifie		
	On 4/26/18 at 12:23	PM the Registered Dietitian		Aides), to include full time, pa		
		foods to be served at the		as needed nursing employee		
	proper temperature.			importance of serving resider		
				promptly while food remains		
				appropriate temperature. This		
				re-education was initiated on		
				and will be completed by 5/24		
				dietary employee not educate 05/24/2018 will not be allowe		
				until educated. This education		
				added on new hires orientation		
				for all new nursing employees	•	
				5/24/2018		
				Monitoring		
				Effective 5/24/2018, facility D	-	
				Manager will check temperate		
				ensure its completion and con This monitoring process will t		
				daily (Monday through Friday		
				then 3x/week for two more we		
				weekly for 2 weeks then mon		
				months or until the pattern of		

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 06/04/2018 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345561	B. WING		C 04/26/2018
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
	L HEALTH CARE/FUQU			410 S JUDD PARKWAY SE	
UNIVERSA	L HEALTH CARE/FUQU			FUQUAY VARINA, NC 27526	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 812	Continued From page	₽5	F 812		e book on ensure very or 2 veeks, hly for a will cutive to ce. ace r 3 iance vill be hager dings ility e n of or until ned.
				RESPONSIBLE PARTY	

Event ID:95KO11

Facility ID: 090946

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		AND HUMAN SERVICES & MEDICAID SERVICES				FOR	D: 06/04/201 M APPROVE O. 0938-039	
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED	
		345561	B. WING			04	C / 26/2018	
NAME OF PF	NAME OF PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0		
UNIVERSAL HEALTH CARE/FUQUAY-VARINA				41	10 S JUDD PARKWAY SE			
UNIVERSA	L HEALTH CARE/FOG			F	UQUAY VARINA, NC 27526			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 812	Continued From page	ge 6	F	812	Effective 5/24/2018, the center Exe Director and the Dietary Manager v ultimately responsible for the implementation of this plan of correct to ensure the facility remains in substantial compliance. Compliance Date 5/24/2018	vill be		
	7(02-99) Previous Versions O)hsolete Event ID: 95			sility ID: 090946 If			

Event ID: 95KO11

Facility ID: 090946

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