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	345302	A. BUILDING _____ B. WING _____	C 04/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERO HEALTH & REHAB OF SYLVA	417 CLOVERDALE ROAD SYLVA, NC 28779

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E 000	Initial Comments An unannounced Recertification survey and complaint investigation was conducted on 04/25/2021 thru 04/29/2021. The facility was found in complaince with the requirement CFR 483.73, Emergency Preparedness. Event ID # F15511	E 000		
F 000	INITIAL COMMENTS A recertification survey and complaint investigation was conducted 04/25/2021 thru 04/29/2021. Event ID # F15511. 34 of the 34 complaint allegations were unsubstantiated.	F 000		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all	F 755		5/27/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/21/2021

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F 755	Continued From page 1 aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to have 2 nurses or a nurse and a medication aide sign the narcotic count card in 6 out of 6 narcotic books. The findings included: 1. a. Observation on 4/28/21 at 3:40 PM of the 100 Hall Cart 1 narcotic book revealed 14 out of 27 narcotic cards did not have two nursing staff members signatures documented to verify the narcotic medication was received and the count was correct. Observation on 4/28/21 at 3:43 PM of the 100 Hall Cart 2 narcotic book revealed 12 out of 39 narcotic cards did not have two nursing staff members signatures documented to verify the narcotic medication was received and the count was correct. b. Observation on 4/28/21 at 3:47 PM of the 200 Hall Cart 1 narcotic book revealed 20 out of 26 narcotic cards did not have two nursing staff members signatures documented to verify the narcotic medication was received and the count	F 755	Disclaimer Notice: Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of alleged deficiencies but is prepared for the sole purpose of compliance with State and Federal Regulations F755-Pharmacy Services 1. On 5/13/2021 the Director of Nurses (DON) and Assistant Director of Nurses (ADON) conducted a narcotic card count review of all six narcotic books. All controlled medication utilization record cards were verified to have two signatures in all six books. All licensed nurses and certified medication aides (CMAs) have been reeducated to the facility□s policy on Accepting Delivery of Medications and Controlled Substances, and the expectation upon receiving a narcotic from the courier that two nurses or a nurse/med aide confirm and sign the controlled medication utilization record per the facility□s policy and processes by the	

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F 755	Continued From page 2 was correct. Observation on 4/28/21 at 3:50 PM of the 200 Hall Cart 2 narcotic book revealed 3 out of 11 narcotic cards did not have two nursing staff members signatures documented to verify the narcotic medication was received and the count was correct. Interview on 4/28/21 at 9:33 AM with Nurse #1 revealed 2 nurses must sign each narcotic card when they are received from pharmacy to verify the narcotic count was correct. c. Observation on 4/28/21 at 10:29 AM of the 300 Hall narcotic book revealed 11 out of 18 narcotic cards did not have two nursing staff members signatures documented to verify the narcotic medication was received and the count was correct. Interview on 4/28/21 at 10:29 AM with Nurse #2 revealed there was a narcotic card with the narcotic medication received from pharmacy that was reviewed by the receiving nurse to make sure the quantity matched what was on the card and a second nurse would sign the narcotic card to verify the amount was correct. Nurse #2 confirmed some of the 300 hall narcotic cards that she had signed did not have a second signature but could not explain why. d. Observation on 4/28/21 at 3:55 PM of the 400 Hall Cart narcotic book revealed 14 out of 22 narcotic cards did not have two nursing staff members signatures documented to verify the narcotic medication was received and the count was correct.	F 755	Don and ADON on 5/17/2021. 2. All residents have the potential to be impacted. On 5/13/2021 the Director of Nurses (DON) and Assistant Director of Nurses (ADON) conducted a narcotic card count review of all six narcotic books. All controlled medication utilization record cards were verified to have two signatures in all six books, per the facility□s policy and protocols. Findings will be addressed promptly with findings forward to the QAA committee. 3. The facility has reviewed its policy on Accepting Delivery of medications and Controlled Substances, ensuring clarity and comprehensiveness□. No revisions are needed. The facility reviewed its procedure on accepting pharmacy courier delivered medications to the facility. The DON spoke to the facility pharmacist on 5/13/2021 at 1029 to verify procedure. Beginning 5/13/202 the DON and/or ADON will conduct weekly controlled medication utilization record on all six narcotic books for the next 8 weeks. During orientation and annually, the DON and /or ADON will educate all facility nurse and CMAs, (which includes fulltime, part time and active per diem nurse and CMAs), on the above policy and procedure which addresses the receiving of all courier medications and two signatures verifying narcotics on controlled medication utilization record. On 5/13/2021 the DON/ADON in-serviced all nursing staff on the above policy. All new hired staff will be educated during	

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F 755	Continued From page 3 Interview on 4/28/21 at 2:00 PM with the Pharmacist revealed the pharmacy's courier delivered medication to the facility and the staff member meeting the courier checks the medication against the manifest the courier had in their possession. There is a triplicate form that is signed by staff, one copy goes to the facility, one copy goes to the pharmacy, and one gets filed. The Pharmacist stated there was also an electronic signature obtained as well from the staff member receiving the medications. Interview on 4/28/21 at 3:15 PM with the Director of Nursing (DON) revealed when a courier brings medications from the pharmacy, a nurse would sign for them and then check any narcotic medication with another nurse or medication aide to verify the correct amount of narcotic was present upon being received. The DON stated the nurses or nurse and medication aide would both sign the card for the narcotic medication and that card would go into the narcotic book on the medication cart.	F 755	their department orientation. 4. The Licensed Nursing Home Administrator (LNHA) is responsible for the Plan of Correction (POC) implementation. The Quality Assessment and Assurance (QAA) Coordinator and its members as noted below will be responsible for the ongoing monitoring of this process. Beginning 5/13/2021, daily during medication administration, the assigned staff (the nurse/med aide on the cart that day) will review all the controlled medication utilization record in the narcotic book on their assigned cart ensuring they are cosigned. b) Beginning 5/21/2021, weekly thereafter, DON or ADON will conduct reviews of all six narcotic books ensuring all controlled medication utilization records are cosigned. After the conclusion of the ongoing monitoring as described above, the QAA team will determine the frequency of ongoing monitoring. The completion date is 5/27/2021	
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		5/27/21

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F 761	Continued From page 4 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to remove expired medication from 3 of 3 medication carts and 1 of 1 medication bulk storage room. Findings included: 1. a. Observation on 4/28/21 at 9:25 AM with the Assistant Director of Nursing (ADON) of the 100 Hall medication cart revealed the following expired medications opened and available for use: Adult Liquid Extra Strength Pain Relief 8 fluid ounces expired 9/2020 Regular Strength Antacid Original Flavor 12 fluid ounces expired 3/2021 Interview on 4/28/21 at 9:25 AM with the ADON revealed she wasn't sure why the expired	F 761	F761-Label/Store Drugs and Biologicals (Prescription Medication) 1. On 5/03/2021 the Director of Nurses (DON) and Assistant Director of Nurses (ADON) conducted a medication storage review of all prescribed medications. This included all 6 medication carts. All expired medications were immediately removed per the facility□s Storage of Medications policy and protocols. All licensed nurses and certified medication aides (CMAs) have been reeducated to the facility□s policy on Storage of Medication and the expectation that all expired medications are disposed of per the facility□s policy and processes by the Don and ADON on 5/17/2021 2. All residents have the potential to be impacted. On 5/03/2021 the Director of	

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F 761	Continued From page 5 medications were in the cart, she stated they should have been removed. b. Observation on 4/28/21 at 9:33 AM with Nurse #1 of the 200 Hall medication cart revealed the following expired medications labeled for a resident and available for administration: Zofran 8 milligram (mg) tablet medication card expired 3/27/2021 Catapres 0.3 mg 24-hour patch, 4 full boxes total expired 3/2021 Interview on 4/28/21 at 9:33 AM with Nurse #1 revealed whomever was working the medication cart was responsible for checking the medication expiration dates. Nurse #1 stated it would have been her fault there were expired medications in the cart. c. Observation on 4/28/21 at 10:29 AM with Nurse #2 of the 300 Hall medication cart revealed the following expired medications were available for administration: Sucralfate 1- gram (gm) medication card, labeled for a resident, expired 10/2020 Aspirin 325 mg tablets one bottle, stock medication, expired 10/2020 Geri-Mox Antacid Regular Strength 12 fluid ounces expired 2/2021 Regular Strength Antacid 12 fluid ounces, 2 opened bottles and 1 sealed bottle expired 3/2021	F 761	Nurses (DON) and Assistant Director of Nurses (ADON) conducted a medication storage review of all prescribed medications. This included all 6 medication carts. All expired medications were immediately removed per the facility□s Storage of Medications policy and protocols. Findings will be addressed promptly with findings forward to the QAA committee. 3. The facility has reviewed its policy on Storage of Medications ensuring clarity and comprehensiveness□. No revisions are needed. Beginning 5/24/2021The DON and/or ADON will conduct weekly prescribed medication storage reviews of med carts; ensuring all medications are in date. During orientation and annually, the DON and /or ADON will educate all facility nurse and CMAs, (which includes fulltime, part time and active per diem nurse and CMAs), on the above policy which addresses expiration dates on the prescription cards. On 5/13/2021 the DON/ADON in-serviced all nursing staff on the above policy. All new staff will be educated during their department orientation. 4. The Licensed Nursing Home Administrator (LNHA) is responsible for the Plan of Correction (POC) implementation. The Quality Assessment and Assurance (QAA) Coordinator and its members as noted below will be responsible for the ongoing monitoring of this process: a) Beginning 5/17/2021, daily x one week, then during medication	

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F 761	Continued From page 6 Interview on 4/28/21 at 11:13 AM with Nurse #2 revealed whoever was working the medication cart would be responsible for checking for expired medications. Nurse #2 stated she was not sure why there were expired medications on the medication cart. d. Observation on 4/28/21 at 11:13 AM with Nurse #2 of the Medication Bulk Storage room revealed the following expired medications, all were available for use: Vitamin B-6 100 mg capsules, 2 unopened bottles expired 3/2020 Vitamin B-6 100 mg capsules, 1 unopened bottle expired 6/2020 Vitamin E 200 international unit (IU), 2 unopened bottles expired 6/2020 Vitamin E 200 IU, 1 unopened bottle expired 7/2020 Fiber Laxative 625 mg tablets, 2 unopened bottles expired 1/2021 Geri-Mox Regular Strength 12 fluid ounces, 7 unopened bottles expired 2/2021 Regular Strength Antacid 12 fluid ounces, unopened, expired 3/2021 Junior Strength Fever All Acetaminophen Suppositories 325 mg, one box unopened, expired 10/2020 Interview on 4/28/21 at 3:15 PM with the Director of Nursing (DON) revealed it was every nurse's	F 761	administration, the assigned staff (nurses/med aides assigned to that med cart) will review all prescription medications; ensuring they are free from expiration. This is monitored for compliance utilizing a daily log sheet that will be in the narcotic book on each medication cart stating they checked all medications prescribed for initials and expiration dates. b) Beginning 5/24/2021, weekly thereafter, DON or ADON will conduct reviews of all six medication carts for the next 8 weeks, confirming all medications are free of expiration. After the conclusion of the ongoing monitoring as described above, the QAA team will determine the frequency of ongoing monitoring. Completion date 5/27/2021 F761- Label/Store Drugs and Biologicals (OTC Medications) 1. On 5/03/2021, The Director of Nurses (DON) and Assistant Director of Nurses (ADON) conducted a medication storage review of all over the counter medications. This included the medication storage cabinet and all 6 medication carts; removing and discarding and expired or undated medications. All licensed nurses and certified medication aides (CMAs) have been reeducated to the facility□s policy on Storage of Medication and the expectation upon opening a new OTC medication and discarding expired medications per the facility□s policy and processes by the DON and ADON.	

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F 761	Continued From page 7 and medication aide's responsibility to check their medication carts for expired medications daily and remove any expired meds. The DON stated the Central Supply staff was responsible for ordering stock medications and was expected to check the medication expiration dates and circle those dates when the medication comes to the facility. It was further revealed by the DON that when the nurse or medication aide went to pull the stock medication from the bulk medication supply room, they should check the expiration date again to make sure the medication was not out of date before administering the medication. In addition, nurses and medications aides were to be checking medication expiration dates on the first on the first of every month on the medication carts. The DON was not sure why there were expired medications in the medication carts and bulk medication storage room.	F 761	2. All residents have the potential to be impacted. On 5/03/2021 the Director of Nurses (DON) and Assistant Director of Nurses (ADON) conducted a medication storage review of all over the counter medications. This included the medication storage cabinet and all 6 medication carts; removing and discarding any expired or undated medications. Findings will be addressed promptly with findings forward to the QAA committee. 3. The facility has reviewed its policy on Storage of Medications ensuring clarity and comprehensiveness□. No revisions are needed. Finding will be promptly addressed and forwarded to QAA team for processing. Beginning 5/03/2021 the DON and/or ADON will conduct weekly OTC medication storage reviews of med carts and the storage room, for the next 8 weeks; ensuring the in the storage room, all medications have circled expirations dates; ensuring on the med carts that all OTC have dated upon opening while ensuring all are free from expiration. During orientation and annually, the DON and /or ADON will educate all facility nurse and CMAs, (which includes fulltime, part time and active per diem nurse and CMAs), on the above policy which addresses dating of opening OTC medications, and following the expiration dates made per the manufacture. On 5/13/2021 the DON/ADON in-serviced all nursing staff on the above policy. All new staff will be educated during their department orientation.	

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F 761	Continued From page 8	F 761	4. The Licensed Nursing Home Administrator (LNHA) is responsible for the Plan of Correction (POC) implementation. The Quality Assessment and Assurance (QAA) Coordinator and its members as noted below will be responsible for the ongoing monitoring of this process: a) Starting 5/17/2021, daily during medication administration, the assigned staff (nurse/med aide assigned to cart) will review all open OTC medications; ensuring they are dated and free from expiration. This is monitored for compliance utilizing a daily log sheet that will be in the narcotic book on each medication cart stating they checked all OTC prescribed for initials and expiration dates b) Starting 5/24/2021, weekly the DON or ADON will conduct reviews of all six medication carts and the medication storage closet confirming all medications to be dated upon opening and free of expiration. After the conclusion of the ongoing monitoring as described above, the QAA team will determine the frequency of ongoing monitoring. Completion date 5/27/2021	
F 801 SS=D	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity	F 801		5/27/21

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F 801	Continued From page 9	F 801		

and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)

This includes:
§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-
(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not

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F 801	Continued From page 10 employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on record review and interview with staff interviews and the nutrition services contracted staff, the facility did not employ a qualified director of food and nutrition services with the competencies and skills required to carry out food and nutrition services for 75 of 75 residents. Findings included: On 4/25/21 at 11:45 AM the person in charge of the Dietary Department said she was the Dietary Manager (DM) and had been in the role of DM for	F 801	F801-Qualified Dietary Staff 1. The unqualified manager relieved of her duties from Vero Sylva on 4/30/2021 for performance issues. 2. An HCSG District Manager with appropriate certification, (CFPM & CFSM certifications), assumed responsibility of the dietary department on 4-30-21. The District Manager will remain in place until a new manager is hired and qualified. A Replacement Manager with SERV Safe	

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F 801	Continued From page 11 6 months since the last Certified Dietary Manager (CDM) resigned. She stated she had received no training pertaining to the dietary manager role since she took over. On 4/25/21 at 10:45 AM, the DM stated she did not currently have her CDM certification and had not yet started schooling for this training. She stated she had printed the paperwork for admission to CDM training and was waiting for the Registered Dietitian (RD) to sign the preceptor form, who visits the facility weekly. She stated she had never been a kitchen manager in healthcare previously. On 4/26/21 at 2:18 PM, the DM revealed she only held a food and beverage safety training and certificate program and had no other education, licenses or qualifications related to food service management. On 4/26/21 at 2:36 PM, the RD was interviewed. She stated she had been working at the facility since mid-March of 2021 and did not work full-time at this facility under a contracted service. The RD stated she and the DM stayed in touch several times per week and they discussed specific residents, inventory, and textures. She further stated she covered duties and did not hold any job responsibility in the kitchen. The RD indicated she provided the DM guidance and performed monthly sanitation checks in the kitchen. The dietary services contractor job description for Dining Services Director/Account Manager was reviewed. Under the knowledge, skills and abilities section, it stated the following certificates were required: 1) A certified dietary manager; or 2) A certified food service manager; or	F 801	Manager Certification was hired on 5-10-21. The new manager is currently enrolled in a Certified Food Safety Management Course and is scheduled to sit for her exam on 5/25/2021. 3. The facility has reviewed the job description for certified dietary manager. No revisions are needed. A Replacement Manager with SERV Safe Manager Certification was hired on 5-10-21. The new manager is enrolled in a Certified Food Safety Management Course and is scheduled to sit for her exam on 5/25/2021. The entire dietary department will remain under the supervision of the Qualified District Manager until she has successfully completed the course and passed the exam needed to become certified under state guidelines and regulations. The Administrator will review the course completion along with the District & Regional Managers before the new manager is placed in the permanent position. Any changes in the dietary manager position will be reviewed by the Administrator, the District and Regional Managers of Health Care Services Group (HCSG) prior to being placed in the position. If at any time in the future, an individual is hired for the position that does not possess the required qualifications, the Qualified District Manager will assume the management responsibilities of the department until the new candidate has completed and passed the necessary course(s) of study to become qualified.	

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	345302	A. BUILDING _____ B. WING _____	C 04/29/2021

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F 801	Continued From page 12 3) Has similar national certification for food service management and safety from a national certifying body; or 4) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and 5) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers. The nutrition services contractor personnel record for the DM was reviewed. Her application for the Dining Services Director/Account Manager was signed on 12/16/20 and her kitchen experience included bartender, server, cook, and cashier. During an interview with the Director of Operations (DO) with the dietary contract service on 4/29/21 at 10:57 AM, he stated his company was contracted with the facility on 12/16/20 and the DM was the acting manager. He stated the kitchen manager in a nursing facility needed to be knowledgeable about the position but not a CDM. The DO further stated the DM's qualifications for this position were that she was knowledgeable of the kitchen, had multiple years of kitchen experience, years of kitchen manager experience, and a food and beverage safety training and certificate program. The Administrator was interviewed on 4/28/21 at 2:58 PM. The Administrator indicated the DM notified him of staffing and equipment issues. On 4/29/21 at 10:07 AM, the Administrator stated according to the nutrition services contractor in North Carolina if the kitchen manager did not	F 801	4. The Administrator is responsible for the Plan of Correction (POC) implementation. The Quality Assessment and Assurance (QAA) Coordinator and its members as noted below will be responsible for the ongoing monitoring of this process. the Administrator will present the qualifications of the Dietary Manager to the QAPI Committee for review at the May2021 meeting. The Committee will ensure that the Dietary Manager meets state requirements. For any future changes in the dietary manager position the Committee will review the qualifications to ensure compliance with the state regulations. After the conclusion of the ongoing monitoring as described above, the QAA team will determine the frequency of ongoing monitoring. Completion date is 5/27/2021	

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F 801	Continued From page 13 have a CDM license the training had to be completed within 15 months. He further stated the DM was currently enrolled in the CDM training. He indicated the RD was not employed full time at the facility.	F 801		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(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 safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to discard expired perishable foods and follow safe food storage guidelines by properly labeling and dating opened/prepared foods. This occurred for 1 of 1 walk-in refrigerators, 2 of 2 stand up refrigerators, 1 of 1 side preparation area, 1 of 1 dish machine area and 1 of 1 dry storage rooms.	F 812	F812-Food Procurement, Store/Prepare/Serve-Sanitary 1. All out of date items were immediately removed when identified during survey. 2. From 5/10/2021 through 5/13/2021, the Qualified District Manager and staff inventoried all food items in the freezer, coolers and dry storage to ensure all expired items had been discarded.	5/27/21

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F 812	Continued From page 14 The findings included: During the initial tour of the kitchen with the Dietary Manager and Dietary Aide (DA) #3 on 4/25/21 from 10:15 AM to 11:45 AM the following items were observed and available for use. 1. a. Single door stand-up refrigerator next to steam table - Observations of the following items were opened and not dated: 2 - 32 oz (ounce) nectar thickened dairy milk container, 1 - 32 oz honey thickened dairy drink, and 1 - 46 oz nectar thickened apple juice. b. Double door stand-up refrigerator facing door to dining room - Observations of 11 cartons of 2% reduced fat milk were dated 4/23/21 and 1 carton of 2% reduced fat milk was without an expiration date. c. Walk-in refrigerator - The following items did not have a label or date on the containers: 1 container of rice pilaf, 1 container of cooked chicken, 1 container cooked broccoli, 1 container toasted bread (not fully covered). Also, 2 gallons of whole milk were dated 4/19/21. d. Side preparation area - Three packages of dry cereal were opened and not sealed with 2 of the bags not dated. Also observed were 9 loaves of bread with a recorded date of 3/9/21 and 2 loaves of bread without a date printed. e. Dry storage area - In this area of the kitchen, observations included 12 country white bread loaves and 11 hoagie bun bags were dated 4/15/21. The following containers were expired dated 4/7/21: 9 - 32 oz containers of nectar thickened dairy drink and 11 - 32 oz containers of	F 812	Findings will be addressed promptly with findings forward to the QAA committee. 3. The facility has reviewed its policy and procedures for Safe food Storage Guidelines. No revisions were needed. On the week of 5/10/2021, the Qualified District Dietary Manager in-serviced all dietary staff on Safe Food Storage Guidelines. The training included properly dating and labeling of food and all food items as well as discarding items that have expired. The initial training started 5/10/2021 and the training will continue weekly for the next six weeks (which includes full time, part time and active per diem staff) All new staff will be trained during orientation prior to starting work. 4. The Administrator is responsible for the Plan of Correction (POC) implementation. The Quality Assessment and Assurance (QAA) Coordinator and its members as noted below will be responsible for the ongoing monitoring of this process: a) Beginning the week of 5/10/2021, a food storage audit will be conducted 5 days a week for the next 4 weeks by the Qualified Food Service Manager and/or the District Manager; ensuring food storage is compliant with safe food storage practices which include foods to be covered, labeled and dated (inclusive of a use by date) then weekly x 3 months; b) Beginning the week of 5/17/2021 the Registered Dietician will audit monthly for (2) months then quarterly x (1) year which includes the monitoring of foods stored in the refrigerator and freezer will be covered,	

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F 812	Continued From page 15 honey thickened dairy drink. During an interview with the Dietary Manager (DM) on 04/25/21 at 10:35 AM, the DM stated her expectation was that everything in the refrigerators and dry storage area should be fully covered, labeled and dated. She stated if there was no date recorded on an opened container, it should have been thrown away. She stated any expired foods or beverages must have been disposed of immediately. An interview with the DM on 4/25/21 at 10:47 AM revealed all opened cereal bags should have been labeled, dated and sealed and if not, then they were to be thrown away. On 4/25/21 at 10:47 AM, the Dietary Aide (DA) #1 stated the cereal bags were opened that morning and left open because there were only 2 people working the day shift when there are usually 3 dietary staff. During an interview with the DM on 4/25/21 at 10:50 AM, she stated the loaves of bread in the side preparation area were brought in from the dry storage area to be used and should have been thrown away due to being expired. On 4/25/21 at 10:55 AM, the DM stated bread is kept no longer than 7-10 days. An interview with the nutrition services contractor District Manager on 4/26/21 at 2:18 PM revealed all bread was delivered frozen and when pulled out of the freezer to be used and a "pull date" should have been recorded on the package. The bread was then good for 7 days from the pull date. If there was no pull date, then the bread should have been thrown away.	F 812	labeled and dated (use by date); c) Beginning the week of 5/17/2021 the Qualified Food Service Manager and/or the District Manager will review all findings with the Administrator weekly for the next month. The Administrator will present the results of the audits to the QAPI Committee for the next two months. The QAPI Committee will determine if any changes, additional monitoring and/or training is needed to obtain and maintain substantial compliance. After the conclusion of the ongoing monitoring as described above, the QAA team will determine the frequency of ongoing monitoring. Completion date 5/27/2021	

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F 812	Continued From page 16 An interview with the Registered Dietitian (RD) on 4/26/21 at 02:36 PM revealed she had been working for the facility under contract since mid-March of 2021 and visited weekly. She stated she provided guidance to the DM as needed and performed monthly kitchen sanitation checks. During an interview with the Administrator on 4/28/21 at 2:58 PM, he stated his expectation were for the dietary department to follow policy and procedures.	F 812		
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews the facility failed to maintain the dish machine in safe operating condition for 75 of 75 residents. The findings included: The Installation and Operation Manual for the dishwasher was reviewed. It stated the water requirements (hot water sanitizing) were wash temperature 160 degrees Fahrenheit (F) and rinse temperature 180 degrees F with a note that temperatures listed were minimums. An observation on 4/25/21 at 11:15AM was made of the dish machine in the kitchen, the rinse cycle gauge read 136 degrees F and the wash cycle gauge read 170 degrees F during use with the	F 908	F908-Essential Equipment, Safe Operating Condition 1. The facility contacted the vendor, Eco Lab, on 4/26/2021 to request service for the dish machine. 2. The technician assessed the dish machine. All necessary repairs to the dish machine were completed on 4/26/2021. The technician report confirms that the dish machine was operating properly after the repairs and was repaired and adjusted the wash temp to 160 degrees and also adjusted the final rinse to 180 degrees. All systems working properly. 3. On the week of 5/10/2021, the Qualified Dietary Manager in-serviced all	5/27/21

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F 908	Continued From page 17 Dietary Manager (DM) present. During an interview on 4/25/21 at 11:15 AM, Dietary Aide #1 stated the gauges had been broken "every now and then, sometimes it goes and sometimes it sticks." He stated there was no other way to read the dishwasher temperatures and demonstrated how he used a food thermometer (put the device on the exit side of the machine during rinse cycle) to test the water temperature. The thermometer he used read 96.2 degrees F during the rinse cycle. The dish machine temperature log was filled out to date and on 4/25/21 the wash cycle was recorded at 175 degrees F and the rinse cycle at 180 degrees F. Dietary Aide #1 stated he obtained those temperatures with the same food thermometer. On 4/28/21 at 1:47 PM, Dietary Aide #2 stated the dish machine needed a new motor, which had been ordered, and one of the temperature gauges was still not working.	F 908	staff (which includes full time, part time and active per diem staff) on proper dish machine operation procedures including proper temperatures for sanitary operation and the documentation of the temps on the dish washer machine temperature log. The training will continue weekly for the next six weeks (which includes full time, part time and active per diem staff). All new staff will be trained during orientation. 4. The Administrator is responsible for the Plan of Correction (POC) implementation. The Quality Assessment and Assurance (QAA) Coordinator and its members as noted below will be responsible for the ongoing monitoring of this process: a) Beginning the week of 5/10/2021 the temperature log will be monitored daily for the next month by the Qualified Dietary Manager; b) Beginning the week of 5/17/2021, the Registered Dietician will review the dish washer temp log weekly for one month to ensure compliance to the above processes. The Qualified Food Service Manager and/or the District Manager will review the findings with the Administrator weekly for the next month. The Administrator will present the results of the audits to the QAPI Committee for the next two months. The QAPI Committee will determine if any changes, additional monitoring and/or training is needed to obtain and maintain substantial compliance. After the conclusion of the ongoing monitoring as described above, the QAA team will determine the frequency of ongoing monitoring.	

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F 908	Continued From page 18	F 908	Completion date 5/27/2021	