

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

PRINTED: 03/23/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345577 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/25/2022 |
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| NAME OF PROVIDER OR SUPPLIER SWIFT CREEK HEALTH CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 221 BRIGHTMORE DRIVE CARY, NC 27511 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| E 000 | Initial Comments An unannounced recertification survey was conducted on 02/21/22 through 02/25/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #3D1211. | E 000 | | |
| F 000 | INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 02/21/2022 through 02/25/2022. Event ID# 3D1211. 1 of the 4 complaint allegations was substantiated but did not result in a deficiency. | F 000 | | |
| 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 and staff interviews, the | F 812 | 1.) Interventions for affected resident: | 3/16/22 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 03/15/2022 |
|--|-------|-----------------------------|

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 812 | <p>Continued From page 1</p> <p>facility failed to ensure perishable items stored for use in a 1 of 1 walk-in refrigerator were labeled and dated.</p> <p>The findings included:</p> <p>A tour was conducted on 2/21/22 at 11:40 AM with the Director of Dining Services of the kitchen's walk-in refrigerator and dry good storage room. The walk-in refrigerator contained a package of sliced cheese wrapped in plastic wrap and partial pound of butter wrapped in paper and plastic wrap with no label indicating when it was opened or should be discarded.</p> <p>During an interview on 2/21/22 at 11:45 AM, the Director of Dining Services revealed all items in the walk-in refrigerator should have been labeled when they were opened.</p> <p>During an interview on 2/23/22 at 12:00 PM, the Certified Dietary Manager revealed all items in the walk-in refrigerator should have been labeled.</p> <p>During an interview on 2/25/22 at 12:40 PM, the Administrator indicated the facility expectation was that items were labeled in appropriately.</p> | F 812 | <p>Current residents have the potential to be affected, no residents were identified as being affected.</p> <p>a. The Director of Dining Services discarded the package of sliced cheese with no label and or date.</p> <p>b. The Director of Dining Services discarded the partial pound of butter with no label and or date.</p> <p>2) Interventions for residents identified as having potential to be affected: An audit of food storage areas was completed by the Dietary Manager on March 15, 2022. The audit was completed to ensure food items were wrapped, labeled and dated in all food storage areas. The food storage areas included the reach-in refrigerator, walk-in refrigerator, dry storage, freezer, and the nourishment refrigerator on the units.</p> <p>Cooks and Dietary Aides were in-serviced using the policy and procedure on labeling and dating procedures and food storage guidelines. The in-servicing was completed on March 15, 2022 by the Dining Services Manager Staff Signatures were collected to ensure staff acknowledgment utilizing policy and procedure. Staff that were not available for the in-servicing will be in-serviced prior to returning to work and newly hired staff will be educated during orientation on correct storage, labeling and dating of food items using policy and procedure on food labeling and storage.</p> <p>3.) Systemic Change</p> | | |

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| F 812 | Continued From page 2 | F 812 | <p>Using a Quality Improvement monitoring tool the Dining Service Manager or Cook on duty will randomly monitor for correct storage, labeling and dating in refrigerators, freezers, storage areas and supply rooms 5 days a week for 4 weeks, then biweekly x1 month, then monthly x 2 months to ensure compliance and identify area of improvement as needed. The Quality Improvement monitoring tool will cover correct storage, labeling, and dating for all refrigerators, freezers, kitchen storage areas, and the dry food storage room.</p> <p>Newly hired staff will be educated on the policy and procedure of correctly labeling and dating, as well as, appropriate food storage. The Executive Director or Director of Nursing will make weekly rounds with the Dining Service Manager to observe kitchen and dining room to monitor for correct labeling, dating and appropriate storage, weekly for 4 weeks to ensure compliance.</p> <p>4.) Monitoring of the change to sustain system compliance ongoing: The Quality Assurance Committee will discuss and review the results of the Quality Improvement monitoring results monthly for a minimum of four months. The QAPI team consists of the Administrator, Director of Nursing, Dining Services Manager, Health Information Manager, Staff Development Coordinator, MDS Nurse, Support Nurses, Business Office Manager, Activities Director, Medical Director and Pharmacy</p> | | |

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| F 812 | Continued From page 3 | F 812 | Consultant; this team will review suggestions and recommendations to ensure compliance is sustained ongoing. | | |