

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

PRINTED: 06/06/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345321</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>KERR LAKE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1245 PARK AVENUE HENDERSON, NC 27536</b>		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification survey and complaint investigation was conducted from 4/19/22 through 4/21/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #MC7P11. INITIAL COMMENTS	F 000			
F 812 SS=D	An unannounced recertification survey and complaint investigation was conducted from 4/18/22 through 4/21/22. Event ID# MC7P11. 9 of the 9 complaint allegations were not substantiated. Intake #'s: NC00179515, NC00187206, NC00170952 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	F 812		5/16/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/03/2022

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>by: Based on observation and staff interviews, the facility failed to discard expired milk, buttermilk, and heavy cream. This occurred for 1 of 1 walk-in refrigerators.</p> <p>The findings included:</p> <p>During the initial tour of the kitchen with the Dietary Manager (DM) on 4/18/22 at 10:41 AM, the following items were observed and available for use in the walk-in refrigerator:</p> <p>- Observations of 4 quarts of whole cultured buttermilk dated 4/18/22, 7 heavy cream quarts dated 3/13/22, and 49 cartons of 2% milk dated 4/2/22 in walk in fridge</p> <p>During a follow-up tour of the kitchen with the DM on 4/19/22 at 8:39 AM, the expired milk items remained in the walk-in refrigerator.</p> <p>During an interview with the DM on 4/19/22 at 8:39 AM, he revealed kitchen staff would have never used the expired milk items. They remained in the walk-in refrigerator because he was waiting for the milk delivery man to discard the expired milk for account credit.</p> <p>During an interview with the Administrator on 4/21/22 at 9:27 AM, she stated her expectation was that expired perishable items in the walk-in fridge would have been removed or separated immediately so that they were not used mistakenly.</p>	F 812	<p>Preparation and execution of this plan of correction does not constitute admission or agreement of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by both Federal and State laws.</p> <p>Corrective action for residents found to be affected by the deficient practice: No residents were identified to be affected by the expired milk items stored in the walk-in refrigerator. Items were awaiting milk delivery staff pick up to discard and give account credit and were discarded on 4/20/22 by the dietary manager. All other items in walk in refrigerator/ freezer were checked with no further items expired.</p> <p>How the facility will identify other residents having the potential to be affected by same deficient practice: The Dietary Manager and Administrator inspected all food storage areas to include the kitchen, dry storage and walk in and reach in refrigerators to ensure all items were properly stored with no items expired on 4/26/22.</p> <p>Measures put in place or systemic changes made to ensure the deficient practice will not recur: The Administrator initiated an inservice on 4/22/22 for all dietary staff regarding proper storage of food, inspection of food items for expiration dates and the</p>		

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F 812	Continued From page 2	F 812	<p>importance of discarding expired items immediately. Inservice was completed by 4/26/22. All newly hired staff will be inserviced during orientation regarding proper storage of food, inspection of food items for expiration dates and the importance of discarding expired items immediately.</p> <p>Monitoring: The DON, Nurse Supervisor or Administrative Assistant will audit the kitchen, walk in refrigerator, reach in refrigerators, food storage areas 3 times weekly for 8 weeks, then weekly for 4 weeks using a Food Service Audit tool. All identified areas of concern will be addressed during the audit to ensure food is stored correctly with no expired food items and the staff reeducated by the Dietary Manager immediately. The Administrator will review and initial the Food Service Audit tool weekly for 12 weeks for completion and to ensure all areas are addressed. The Administrator will forward the Food Service Audit tool to the Quality Assurance and Performance Improvement (QAPI) Committee monthly x 3 month to review and determine trends that may need further interventions put in place and to determine the need for further and/ or frequency of monitoring.</p> <p>Facility will be back in compliance by 5/16/22 with monitoring per QAPI to continue through 7/11/22.</p>		

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F 908 SS=F	<p>Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2)</p> <p>§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 71 of 71 residents.</p> <p>The findings included:</p> <p>The Installation, Operation, and Service Manual for the dishwasher was reviewed. It stated the minimum water requirements were wash and rinse temperatures of 120 degrees Fahrenheit (F).</p> <p>An observation on 4/18/21 at 10:29 AM was made of the dish machine in the kitchen, the wash cycle gauge read 110 degrees F after 5 run cycles with the Dietary Manager (DM) present. He stated the gauge might have been broken, and most of the dishes were washed by hand in the 3-part sink.</p> <p>During a follow-up interview with the DM on 4/19/22 at 8:33 AM, he revealed the dishwasher was able to meet the minimum temperature but needed to be run constantly. He stated the dishwasher had not been serviced within the last 2 years because kitchen staff preferred to use the use the 3-part sink. All meals were served in styrofoam containers with plastic utensils.</p> <p>On 4/19/22 at 12:27 PM, an interview was conducted with the Administrator. She revealed</p>	F 908	<p>Preparation and execution of this plan of correction does not constitute admission or agreement of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by both Federal and State laws.</p> <p>Corrective action for residents found to be affected by the deficient practice: Dishes are being washed and sanitized in 3 compartment sinks until dish machine is repaired. Dish machine repaired on 4/26/22 using correct plate thermometer. Plate thermometer ordered on 4/20/22 to check accuracy of gauge on dish machine. Dietary Manager educated on reporting malfunctioning equipment immediately to Administrator.</p> <p>How the facility will identify other residents having the potential to be affected by same deficient practice: On 4/22/22 Dietary Manager completed audit of all equipment in dietary to ensure equipment was in safe operating condition with no negative findings. Measures put in place or systemic changes made to ensure the deficient practice will not recur: Inservice initiated on 4/22/22 and</p>	5/16/22	

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F 908	<p>Continued From page 4</p> <p>the dishwasher needed to be run several times to meet minimum wash temperature, but some of the kitchen staff preferred to wash dishes by hand. The Administrator indicated the facility had discussed the styrofoam containers and plasticware with Resident Council several times, but they did not have any complaints. She stated she was not aware the dishwasher was not meeting minimum wash temperature even after 5 cycles.</p> <p>During a follow-up interview with the Administrator on 4/21/22 at 9:27 AM, she stated a plate thermometer had been ordered and was scheduled to be delivered on 4/25/22 to determine if the dishwasher gauge was broken.</p>	F 908	<p>completed by 4/26/22 by Administrator for Dietary staff to report immediately any kitchen equipment that is not in safe operational order by placing a work order and calling maintenance staff and Administrator. Equipment found to be not in safe operating condition will be removed from service and repairs initiated immediately. Dietary staff were inserviced by Dietary Manager on 4/26/22 and procedure placed on dish machine to run machine using plate thermometer to ensure correct temperature to clean and sanitize dishes.</p> <p>Monitoring: Dietary Manager or Kitchen Manager will audit dietary equipment using an Equipment Audit Tool 2 x weekly for 4 weeks, then weekly for 2 months. All identified areas of concern will be addressed during the audit to ensure equipment that is not in safe operational condition is removed from service, with repairs initiated immediately. The Administrator will review and initial the Equipment Audit tool weekly for 12 weeks for completion and to ensure all areas are addressed. The Administrator will forward the Equipment Audit tool to the Quality Assurance and Performance Improvement (QAPI) Committee monthly x 3 month to review and determine trends that may need further interventions put in place and to determine the need for further and/ or frequency of monitoring.</p>		

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F 908	Continued From page 5	F 908	Facility will be back in compliance by 5/16/22 with monitoring per QAPI to continue through 7/11/22.		