

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345535	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2024
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NAME OF PROVIDER OR SUPPLIER ADAMS FARM LIVING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282
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E 000	Initial Comments An unannounced recertification and complaint investigation survey were conducted on 08/18/24 through 08/21/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID 0CR111.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey were conducted from 08/18/24 through 08/21/24. Event ID# 0CR111. The following intakes were investigated NC00218400, NC00219783, NC00219009, NC00213895, NC00214670.	F 000		
F 761 SS=E	12 of 12 allegations did not result in deficiency. 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 §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	F 761		9/18/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/12/2024
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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 761	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, observation and staff interviews the facility failed to label medications which were not stored in the pharmacy or manufacturer packaging (500 hall medication cart for medication storage review for 2 of 3 medication carts reviewed) .</p> <p>1.An observation of the 400-hall medication cart was conducted on 08/21/24 at 10:49 AM in the presence of Nurse #3 and Nurse #4. The medication cart contained 4 loose pills of various shapes, colors, and sizes on the bottom of cart drawers.</p> <p>Nurse #4 indicated each nurse assigned to the medication cart was responsible for cleaning the medication cart they were assigned to, ensuring it was organized, and well stocked.</p> <p>An interview was conducted with the Director of Nursing on 08/21/24 at 11:15 AM. The DON indicated the medication carts were to be cleaned by the nurses on duty. The DON indicated each nurse should clean, organize the medication carts, and discard any loose pills.</p> <p>2. An observation of the 500-hall medication cart was conducted on 08/21/24 at 11:02 AM in the presence of Nurse #3, Nurse #5, and Medication Aide (MA) #3. The medication cart contained three white pills that were placed in a white clear</p>	F 761	<p>For All Residents</p> <p>The ADON inspected all of the carts in the facility on 8/21/24 and discarded any medications that were not properly stored.</p> <p>System change</p> <p>The facility nurses will inspect medication carts at the end of each shift and discard any inappropriately stored medications to include any loose pills that may have inadvertently fallen in the bottom of the medication carts.</p> <p>The DON or designee will educate the facility nurses and medication aides regarding proper storage of medications to include storing medications in the original containers and inspection of medication carts at the end of each shift, to discard any inappropriately stored medications.</p> <p>Monitors</p> <p>The DON or designee will inspect the medication carts in the facility randomly weekly for 12 weeks to ensure compliance with the process. A QI audit tool will be utilized.</p>		

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F 761	Continued From page 2 bag which was not labelled. There was no medication name, resident name, and/or dosage instructions on the bag. MA #3 was interviewed on 08/21/24 at 11:11 AM indicated that she placed the three white caplets in the clear white bag. Nurse #5 was interviewed on 08/21/24 at 11:08 AM and indicated each nurse assigned to the medication cart was responsible for ensuring each medication was labelled. An interview was conducted with the Director of Nursing on 08/21/24 at 11:15 AM. The DON indicated the nurses oversee the medication aides. The DON further indicated each nurse and medication aide must use medication from a labeled container and after removing the medication from the original container, must administer the medication to residents immediately per physician orders.	F 761	The QI committee will review QI tools in the monthly QAPI committee monthly for three months to monitor compliance with the plan.		
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.	F 812		9/18/24	

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F 812	<p>Continued From page 3</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§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:</p> <p>Based on observations, record review, and interviews of staff, the facility failed to clean the top and bottom ovens as evidenced by brown and black soiling for 2 of 2 ovens, and the facility failed to label and date perishable food items when opened or date when to discard in the walk-in refrigerator. These practices had the potential to affect food served to residents. Findings included:</p> <p>1. On 08/18/24 at 9:55 am an interview and observation of the kitchen was done with the Dietary Manager in training. Observation of the 2 ovens' tops and bottoms had burnt on food stains and burnt food debris on the bottom pan and brown and black soiling on the interior walls and racks. The Dietary Manager stated the oven was supposed to be cleaned weekly and had not been cleaned and he added that the oven "it was very dirty."</p> <p>On 8/18/24 at 10:05 am an interview and observation of the kitchen ovens were done with the Cook. The Cook stated he was not sure when the ovens were last cleaned and there was no log of when the ovens were being cleaned or last cleaned. The Cook stated he usually cleaned the ovens each week and could not remember the last time he cleaned the oven.</p>	F 812	<p>The manager on training who was onsite at the time of survey discarded the items that were identified without a label or date at the time of the survey.</p> <p>The facility dietary manager completed training with dietary staff an regarding the facility policy for properly labeling and dating stored food items.</p> <p>The dietary manager or designee will complete a walking round daily five times weekly to ensure ongoing compliance with proper labeling and dating of stored food items. A QI audit tool will be utilized.</p> <p>The area food service director cleaned the top and bottom ovens in the kitchen on 8/18/2024.</p> <p>he dietary manager or designee will complete a walking round daily five times weekly to ensure ongoing compliance with adherence to the cleaning schedules. A QI audit tool will be utilized.</p> <p>The cleaning schedules were updated by the area food service director. The dietary manager educated the staff regarding the updated cleaning schedule.</p>		

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F 812	<p>Continued From page 4</p> <p>On 8/18/24 at 10:45 am an interview and observation of the kitchen ovens were completed with the Administrator. The Administrator observed the ovens and made no comment. The Cook was present and commented he could not remember when the ovens were last cleaned and there was no logbook.</p> <p>On 8/21/24 at 2:16 pm the Corporate Regional Manager for Dietary was interviewed. She stated the facility was aware of kitchen cleanliness issues back in 5/24 and the first week of 8/24. The kitchen staff were educated about cleaning the kitchen, including the appliances, in May 2024. The Dietary Manager was required to complete rounds to check the kitchen for cleanliness. The Dietary Manager and District Manager resigned (date unknown), and the staff had not kept up with cleaning the kitchen. The first week in 8/24 corporate staff had identified the need to address the cleanliness of the kitchen again. Corporate staff and the kitchen vendor had created an audit tool to address the prior failure 8/24. The Management decided that on Mondays a walk-through of the kitchen would be implemented to address the issues using the audit. The issues were not addressed on this Sunday 8/17/24 because there was not a manager to oversee the staff. The Corporate Regional Manager stated that the 2 ovens were soiled and appeared more than a week since it was last cleaned. She stated the ovens were wiped down on Mondays after each use. The prior Dietary Manager was cleaning and had resigned so the oven was not getting cleaned. There was currently a new experienced Dietary and District Manager that just started.</p>	F 812	The quality committee will review completed audit tools in the monthly QA)PI meeting monthly for three months to ensure ongoing compliance with the plan.		

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F 812	<p>Continued From page 5</p> <p>2. On 8/18/23 at 9:55 am an interview and observation of the kitchen was done with the Dietary Manager in training. Observations of food stored inside the walk-in refrigerator revealed the following items were stored without a label and/or date:</p> <ul style="list-style-type: none"> - cheese slices in a plastic container - chopped garlic in a jar - beef flavored base in a container - sour cream in a container - 6 plates of lettuce and tomatoes covered in plastic - cherries in a container - raw eggs out of the shell in a container. <p>During the observations, the Dietary Manager in training stated there was not a kitchen staff member assigned to check perishable foods for labeling and discard date. Any staff could check and staff that received food items from the vendor dated the box for date received. Staff were expected to label all food items upon opening. The cook usually checked the perishables for expiration.</p> <p>On 8/18/24 at 11:10 an interview and observation was conducted with the Administrator. She was informed of the kitchen findings. The Administrator stated there was a new experienced Dietary Manager, and he was called in today 8/18/24. The Dietary Manager in training had been working about a week and was working today. The Administrator observed the unlabeled food items in the walk-in refrigerator and made no comment. She then stated that there was a person assigned to check for labels and discard food items when expired but had not stated who</p>	F 812			

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

PRINTED: 12/05/2024
FORM APPROVED
OMB NO. 0938-0391

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F 812	Continued From page 6 and directed me to the new Dietary Manager. On 8/19/24 at 12:00 pm the new Dietary Manager was interviewed. When asked about the labeling and discarding of food items, he stated he would manage the dating and labeling of food items when they are opened and for discard date. On 8/21/24 at 2:16 pm the Corporate Regional Manager for dietary was interviewed. The labeling of food items were not addressed on Sunday 8/18/24 because there was no manager to oversee. Dietary staff were aware to complete food labeling including the cook when food was first opened and to check food items daily for expiration.	F 812		