

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

PRINTED: 01/14/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345412</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRANTWOOD NH &amp; RETIREMENT CENT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1038 COLLEGE STREET</b> <b>OXFORD, NC 27565</b>		
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E 000	Initial Comments	E 000			
F 000	An unannounced Recertification survey was conducted on 12/15/24 through 12/18/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # HQG911.	F 000			
F 761	INITIAL COMMENTS	F 000			
SS=D	A recertification and complaint investigation survey were conducted from 12/15/24 through 12/18/24. Event ID# HQG911.				
	The following intakes were investigated NC00213232, NC00219832, NC00212463, NC00223764, NC00219303 and NC00224963. Twenty Five (25) of the 25 complaint allegations did not result in a deficiency.				
	Label/Store Drugs and Biologicals	F 761		1/9/25	
	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				

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

TITLE

(X6) DATE

Electronically Signed

01/09/2025

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>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on the observations and staff interviews, the facility failed to remove an expired multi-dose vial of insulin and expired blister card of antihypertensive medication from 1 of 5 medication administration carts (200 hall medication cart) and failed to remove the expired medications from the refrigerator in 1 of 2 medication storage rooms.</p> <p>Findings Included:</p> <p>1. On 12/16/24 at 8:45 AM, an observation of the 200 hall medication cart with Nurse #1 revealed one multi-dose vial of Insulin Novolog, opened on 11/5/24. A review of the manufacturer's literature indicated to discard Novolog multi-dose vial 28 days after opening (which would be on 12/3/24). In addition, there was one blister card of Apresoline 25 mg (milligrams) 5 tablets, expired on 11/29/24.</p> <p>On 12/16/24 at 8:50 AM, during an interview, Nurse #1 indicated that the nurses, who worked on the medication carts, were responsible for discarding expired multi-dose vials and expired medications. The nurse stated that she had not checked the date the insulin vials were opened in her medication administration cart at the beginning of her shift. Nurse #1 stated she did not administer the expired insulin this shift.</p>	F 761	<p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> <li>- Facility understands that no residents were harmed by this deficiency. All medication expiration dates were audited on 12/16/2024 and there were no other medications with expired medication dates in medication storage areas. All medications found on this date by the survey team that were expired, were removed and sent back to pharmacy.</li> </ul> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <ul style="list-style-type: none"> <li>- Facility has ensured that all medications are not expired in medication storage areas. No other residents were affected by this. As of 12/18/2024 education was given to all nurses regarding auditing the medication storage areas daily. Process was implemented on this date for nurses on evening shift to audit medication storage daily.</li> </ul> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p>		

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F 761	<p>Continued From page 2</p> <p>On 12/16/24 at 9:00 AM, during an interview, the Director of Nursing (DON) indicated that all the nurses were responsible for checking all the medications in medication administration carts for expiration date and remove expired medications every shift. She expected that no expired items be left in the medication carts.</p> <p>2. On 12/16/24 at 9:30 AM, an observation of the medication storage room refrigerator with Nurse #5 revealed: four opened plastic bags of Meropenem (antibiotic), 500 mg in 50 ml (milliliter) of Normal Saline, expired on 12/15/24. There were three opened plastic bags of Maxipime (antibiotic), 2 g (gram) in 100 ml of Normal Saline, expired on 12/9/24 and 2 sealed multi-dose vials of Insulin Semglee, expired in November 2024.</p> <p>On 12/16/24 at 9:35 AM, during an interview, Nurse #5 indicated that she had not checked the expiration date of medications in the medication storage room refrigerator at the beginning of her shift.</p> <p>On 12/16/24 at 9:45 AM, during an interview, the Director of Nursing indicated that all the nurses were responsible for checking all the medications in medication storage rooms for expiration date and remove expired medications every shift. She expected that no expired items be left in the medication storage room.</p> <p>On 12/18/24 at 11:30 AM, during an interview, the Administrator expected no expired items to be left in the medication administration carts or storage rooms.</p>	F 761	<ul style="list-style-type: none"> <li>- Beginning 12/18/2024, a log has been put in place to audit medication storage areas each night. This log will ensure that all medications have not expired and any medications found to be on or after the expiration date will be destroyed and/or sent back to pharmacy per pharmacy policies.</li> <li>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; <ul style="list-style-type: none"> <li>o The daily logs that are implemented will be audited by clinical manager, or designee, daily for 4 weeks. Clinical manager, or designee, will continue to monitor daily logs at least monthly. Any medications found to be expired will be discarded immediately and staff will be counseled. Pharmacy will also audit medication storage areas at least monthly to ensure all medications are within expired dates. Audit findings will be reviewed during the quarterly Quality Assurance and Performance Improvement (QAPI) meetings to identify trends and ensure sustained compliance.</li> </ul> </li> <li>-</li> <li>5. Include dates when corrective action will be completed. <ul style="list-style-type: none"> <li>- Compliance Date: 1/10/2025</li> </ul> </li> </ul>		

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F 812	Continued From page 3	F 812			
F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</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: Based on observations and staff interviews, the facility failed to keep food preparation areas and food service equipment clean, free from debris, grease buildup, and/or dried spills during two observations. The facility failed to clean the floor and ceiling vents located over the food preparation and food service areas. This practice had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>During the initial kitchen tour on 12/15/24 from 9:30 AM to 11:50 AM, the following observations were made with the dietary aides:</p>	F 812 F 812	<p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; Facility understands that no residents were harmed by this deficiency.</p> <ul style="list-style-type: none"> <li>The 6-compartment steam table was immediately drained, cleaned, and sanitized. All lids and pans were thoroughly scrubbed to remove grease, burnt food, and matter.</li> <li>The 2 reach-in refrigerators were emptied, and all internal and external surfaces were cleaned and sanitized to remove dried liquids, food debris, and</li> </ul>	1/9/25	

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F 812	<p>Continued From page 4</p> <p>a. The 6-compartment steam table had floating food particles in standing water; the lids of the steam table had large volumes of dried food and greasy build up around edges. The pans were heavily encrusted with brown matter and burnt food items.</p> <p>b. The 2 reach-in refrigerators had leftover food and dried liquids on the walls inside and outside from previous meals. There was dried milk, tea, spilled cheese, left over food on the walls and bottom of the refrigerators.</p> <p>c. The 6 meal carts with dry food crumbs, meat products and dried liquids and particles inside. The outside cart also had dried liquids from previous meals, stained tea, colored juices, leftover meat/bread particles.</p> <p>d. The 2 plate warmers had 2 rows of clean plates stored in the warmer. The inside of warmer had dried liquid spills and food particles inside and dried liquid spills on the outside. The inside also had old food crumbs all around.</p> <p>e. The 6 ceiling vents and 2 air conditioning units had large volumes of black dust/debris blowing over the steam table, food service and preparation surfaces. The dietary aides were preparing additional meals on request and the breakfast meal was still being served.</p> <p>Review of the undated kitchen checklist revealed that dietary aides had not signed off that the designated tasks had been cleaned. Cleaning and wiping down steam tables, sweeping/mopping floors, cleaning refrigerators and meal carts. There was no indication on the checklist that the identified kitchen equipment</p>	F 812	<p>stains.</p> <ul style="list-style-type: none"> <li>• The 6 meal carts were cleaned, removing all dried liquids, crumbs, and food particles inside and outside.</li> <li>• The 2 plate warmers were emptied, and both internal and external surfaces were cleaned to remove all dried spills and crumbs.</li> <li>• The 6 ceiling vents and 2 air conditioning units were cleaned by the maintenance department to remove black dust and debris.</li> </ul> <p>-</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <ul style="list-style-type: none"> <li>- In order to ensure no other residents, have potential to be affected by the same deficiency, all items noted were cleaned immediately and a plan to continue checking cleanliness and for regular monitoring were put into effect.</li> </ul> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <ul style="list-style-type: none"> <li>- Conducted mandatory training for all dietary staff on proper cleaning protocols, including cleaning frequency, and adherence to the updated checklist. Training emphasized compliance with professional food service safety standards.</li> <li>- Developed and implemented a detailed cleaning schedule that specifies daily, weekly, and monthly cleaning tasks for all kitchen equipment and areas.</li> <li>- Revised the kitchen checklist to include specific areas to clean (e.g.,</li> </ul>		

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F 812	<p>Continued From page 5</p> <p>was deep cleaned or just wiped down.</p> <p>An interview was conducted on 12/15/24 at 9:50 AM with the Dietary Aide #1 who stated she has been working in the kitchen for 4 months and was unaware of when the kitchen equipment was last cleaned, and she was unaware of a cleaning checklist.</p> <p>An interview was conducted on 12/15/24 at 9:55 AM with the Dietary Aide #2 who stated he has been working in the kitchen for one year. Dietary Aide #2 indicated the posted kitchen checklist included all kitchen staff was responsible for wiping down kitchen equipment after each meal.</p> <p>A kitchen tour was conducted on 12/15/24 at 11:45 AM with the Nutritional Service Director who confirmed the identified observations of the kitchen equipment and the ceiling vents. She stated the staff were expected to clean the kitchen equipment in accordance too the kitchen checklist. She reviewed the current kitchen checklist and confirmed there were no specific areas for staff to sign off the responsibilities were completed after each shift. The Nutrtional Service Director further stated there should not be any heavy buildup of grease or dried debris on kitchen equipment. She stated staff were required to wipe down meal carts after each meal and deep clean carts weekly. The refrigerators, steam table, plate warmer should be wiped down after each meal and deep cleaned weekly. The Nutritional Service Director further stated she was responsible for ensuring the kitchen staff kept the equipment clean and orderly. The Nutritional Service Director confirmed the identified meal carts and kitchen equipment had not been cleaned.</p>	F 812	<p>steam table, meal carts, vents) and spaces for staff to sign off tasks after completion.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;</p> <ul style="list-style-type: none"> <li>o Dietician, or designee, will perform weekly audits of all cleaning logs and visual verification to ensure compliance and cleanliness. Any areas that have not been cleaned according to the cleaning log will be corrected immediately and staff will be counseled. Audit findings will be reviewed during the quarterly Quality Assurance and Performance Improvement (QAPI) meetings to identify trends and ensure sustained compliance.</li> </ul> <p>5. Include dates when corrective action will be completed.</p> <ul style="list-style-type: none"> <li>- 1/10/2025</li> </ul>		

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F 812	Continued From page 6  A telephone interview was conducted on 12/15/24 at 11:50 AM, with the Dietary Service Manager, who stated he was aware some things in the kitchen needed to be cleaned and he would develop an extensive cleaning list to review with all the staff to ensure the kitchen equipment was cleaned after each shift. He reported maintenance was responsible for cleaning the vents and they have been made aware of the condition of the vents, however, due to staffing they have not been able to come and clean them yet. Her further stated all the kitchen equipment should be cleaned weekly and monthly as maintenance.  An interview was conducted on 12/17/24 at 3:20 PM with the Administrator who stated the Dietary Manager and Nutritional Service Director were responsible for ensuring the kitchen was cleaned and maintained. The expectation would be for the Dietary Manager to ensure all kitchen cleaning protocols were in place and followed in accordance with kitchen sanitation guidelines.	F 812			