

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/28/2016
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NAME OF PROVIDER OR SUPPLIER  HILLSVILLE REHABILITATION & HEALTHCARE CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 222 FULCHER STREET HILLSVILLE, VA 24343
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid standard and complaint survey was conducted 7/26/16 through 7/28/16. One complaint was investigated. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.

The census in this 60 certified bed facility was 55 at the time of the survey. The survey sample consisted of 15 current Resident reviews (Residents #1 through #12) and 3 closed record reviews (Residents #13 through #15).

F 371 483.35(i) FOOD PROCURE,  
SS=E STORE/PREPARE/SERVE - SANITARY

F 371 F-371

The facility must -  
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and  
(2) Store, prepare, distribute and serve food under sanitary conditions

1. The accumulated dust on the two light bulbs and fixtures on the hood over the stove top were cleaned on 7/27/16 by the dietary staff.

The built up dust and "smut taggles" hanging from sprinkler system on the hood was cleaned on 7/27/16 by the dietary staff.

This REQUIREMENT is not met as evidenced by:  
Based on observation and staff interview it was determined the facility staff failed to store, prepare, distribute and serve food under sanitary conditions in the facility kitchen.

The nonfood items in the dry goods storage were removed on 7/27/16 by the dietary manager and placed in the nonfood stock room as required.

Findings:

On 7/26/16 at 1:30 PM, during the initial tour of

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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*Jessal. Caspary*

ADMINISTRATOR

8-16-16

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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 AUG 17 2016  
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F 371 Continued From page 1  
the kitchen the following issues were observed:

1. The stove was observed to have four pots boiling for food preparation. The hood above the stove top (over top of the pots) was observed to have accumulated dust on the (two) light bulbs. The sprinkler system was observed to have built up dust or "smut taggles" hanging from it. DM I (dietary manager) said she could get maintenance to clean the fixtures.
2. The dry goods storage was reviewed and the surveyor observed the food items were commingled with non-food items on the shelving. Styrofoam plates were on shelving with pasta, cake mixes and chocolate syrup. DM I said she didn't have enough room to store the non-food items at the time. Several shelves were noted to have non-food items on them and had additional space for/and available for non-food item storage.
3. Two gallon dented cans of food were observed on the shelving available for food for resident consumption. DM I stated, "I need to put them in my office--the staff knows not to serve anything from a dented can."

On 7/27/16 at 11:30 AM the kitchen was reviewed. The dusty bulbs and sprinkler heads were still dirty. Food was again on the stove top in pots for preparation to the residents. The dented cans in dry storage had still not been removed.

The administrator and DON (director of nursing) were informed 7/27/16 at 4:30 PM of the surveyor's observations. They promised to follow up the next day.

On 7/28/16 at approximately 8:30 AM the DON

F 371 The two gallon dented cans were removed and discarded on 7/27/16 by the dietary manager.

2. The Dietary Manager will complete an audit by 8/12/16 to ensure that there is not accumulated dust on the light bulbs, fixture and the sprinkler system heads in the kitchen.

The Dietary Manager will complete an audit by 8/12/16 of the cans to ensure that there are not dented cans in the kitchen as required.

The Dietary Manager will complete an audit by 8/12/16 of the dry goods storage and the nonfood storage to ensure that food items and nonfood items are not commingled as required.

3. The Dietary Manager will be reeducated by the Administrator by 8/12/16 related to the requirements for storage of food items and non food items, removal of dented cans and cleaning of the light bulbs, fixtures, and the sprinkler system heads.

*910*  
*8-16-16*

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F 371 Continued From page 2  
told the surveyor all the issues had been cleaned up in the kitchen. "We got the dented cans out of the dry goods and the dust has been cleaned from the fixtures over the stove."  
  
No additional info was provided.

F 371 The Dietary Manger will reeducate the dietary staff by 8/19/16 related to the requirements for storage of food items and nonfood items, removal of dented cans and the cleaning of the light bulbs, fixtures and the sprinkler system heads.

4. The Dietary Manager will complete an audit weekly for 4 weeks and monthly for 2 months to ensure non-food items and food items continue to be stored as required, dented cans continue to be removed and light bulbs, fixtures and sprinkler system heads continue to be cleaned as required. The Dietary Manager will submit a report to the Quality Assurance Committee monthly for 3 months. The Administrator will be responsible for monitoring and follow up.

Completion date: 08/20/16

*gwr*  
*8-16-16*

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State of Virginia

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NAME OF PROVIDER OR SUPPLIER <b>TRINITY MISSION HEALTH AND REHAB OF HILLSVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>222 FULCHER STREET HILLSVILLE, VA 24343</b>
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F 000 Initial Comments

An unannounced Medicare/Medicaid standard, state licensure and and complaint survey was conducted 7/26/16 through 7/28/16. One complaint was investigated. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.

F 000

Preparation and submission of this plan of correction by **Trinity Mission Health and Rehab of Hillsville, LLC**, does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws.

The census in this 60 certified bed facility was 55 at the time of the survey. The survey sample consisted of 12 current Resident reviews (Residents #1 through #12) and 3 closed record reviews (Residents #13 through #15).

F 001 Non Compliance

The facility was out of compliance with the following state licensure requirements:

This RULE: is not met as evidenced by:  
The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.

12 VAC 5-371-340. Dietary Services.  
12 VAC 5-371-340 (A) Cross reference to F-371.

F 001

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Jessie Carpenter, RNAA</i>	TITLE  <b>ADMINISTRATOR</b>	(X6) DATE  <b>8-16-2016</b>
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