



Rappahannock Westminster-Canterbury

March 8, 2016

Virginia Department of Health
Office of Licensure and Certification
9960 Mayland Dr., Suite 401
Henrico, VA 23233-1485
Attn: Elaine Cacciatore, LTC Supervisor

Re: Form CMS-2567 Revised

Dear Ms. Cacciatore:

Per your request, a revised Form CMS-2567 with our Plan of Correction included is attached for your review. I have dated my signature for 03/01/2016, the original signature date before the revision, and 03/08/2016, the revision date after the dates included in the Summary Statement of Deficiencies were changed from 02/27/2016 to 02/17/2016.

Please contact me at (804) 438-4030 if you have questions or concerns.

Best regards,

Mary P. Estes
Administrator
Rappahannock Westminster-Canterbury

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

PRINTED: 03/08/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2016
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NAME OF PROVIDER OR SUPPLIER RAPPAHANNOCK WESTMINSTER CANTE	STREET ADDRESS, CITY, STATE, ZIP CODE 132 LANCASTER DRIVE IRVINGTON, VA 22480
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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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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid standard was conducted 2/16/2016 through 2/18/2016. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.

The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.

To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan constitutes the center's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates included.

The census in this 42 certified bed facility was 37 at the time of the survey. The survey sample consisted of 9 current Resident reviews (Residents #1 through #9) and 4 closed record reviews (Residents #10 through #13).

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

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

Immediate Corrective Actions: 02/19/16

The chef and general kitchen aide were addressed one-on-one and received an in-service on proper usage of hair/beard restraints and the requirement to have them on at all times while in all kitchens.

This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview, and facility documentation review, the facility staff failed to effectively wear hair restraints in the kitchen.

All dining services staff received an in-service on sanitation and the proper use of hair/beard restraints. They were informed that any further infractions will lead to a formal written warning and possible suspension.

The facility staff failed to effectively wear hair restraints in the kitchen.

The Findings included:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Mary P. Esten Administrator 3/1/2016 (Original)
3/8/2016 (Revised)

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 371 Continued From page 1

On 2/16/16 at 6:50 P.M. an observation was made of the kitchen. The Executive Chef (Employee H) met the surveyor at the door, and led a tour of the kitchen. The Executive Chef wore a baseball cap that did not effectively restrain his hair. The hair below the top of his ears on the side and back of his head was unrestrained. In addition, his moustache and approximately one and one-half inch long beard were uncovered. He was not wearing a beard restraint while walking around the kitchen. When asked why he wasn't wearing hair restraints, he stated that he had been working in the office. He did not state why he didn't wear hair restraints during the tour of the kitchen.

Also, the Dietary Aide (Employee J) was removing dishes from the dishwasher and putting them away. He did not have a hair restraint on his head, or a beard restraint covering his moustache, which was approximately 1/2 inch long, and beard, which was approximately 1 inch long. The hair on his head was approximately 2 inches long. When asked why he was not wearing a hair restraint, Employee J stated, "My hairnet fell off. He did not respond when asked why he wasn't wearing a beard restraint. When asked about the importance of wearing a hair restraint, he stated, "So your hair won't fall on food. It can get on resident's plates. They can eat it."

On 2/17/16 at 2:20 P.M. an interview was conducted with the Registered Dietician (Employee I). She stated, "I expect them to wear hairnets. We have daily handwashing meetings."

On 2/17/16 a review was conducted of facility

F 371

Signs were placed on all kitchen doors reminding all RW-C staff to wear hair restraints before entering the kitchen.

Systemic Changes:
Bright yellow box outlines will be painted on the floor at each kitchen entrance.

3/04/16

All RWC staff will be instructed to stand in the box when entering the kitchen and (1) put on hair restraints (2) check to see if hair restraints are in place or (3) ask a dining services staff member for assistance. Staff will be allowed to step out of the box into the kitchen only if hair restraints are in place.

Dining Services staff will receive daily in-services on proper sanitation procedures in the kitchen which will include proper use of hair restraints.

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F 371 Continued From page 2
documentation. It read, "Employee Sanitation Policies. Date: 2008. All kitchen employees will practice standard sanitary procedures. All employees shall wear hair restraints and clean clothes."

On 2/17/16 at 3:00 P.M. the Administrator (Employee A) was informed of the findings. No further information was received.

F 371

Monitoring:
The Director of Dining Services, Assistant Director of Dining Services, and all Dining Services Managers will monitor the kitchen to ascertain that no one is present in the kitchen outside of the yellow box without hair restraints.

All dining services staff will be held responsible for following this regulation and for enforcing this regulation when non-dining services staff enter the kitchen.

The Administrator, AIT, and CEO will randomly check for compliance with this regulation on a regular basis.

Ongoing

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