STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345412	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brantwood NH & Retirement Cent	1038 College Street Oxford, NC 27565

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 33778 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. Findings Included: 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. 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. 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. 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. 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. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 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.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 20906 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. The findings included: During the initial kitchen tour on 12/15/24 from 9:30 AM to11:50 AM, the following observations were made with the dietary aides: 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. 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. 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. 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. 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. 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 was deep cleaned or just wiped down. 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. 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. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 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.