

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 08/21/2024
NAME OF PROVIDER OR SUPPLIER Adams Farm Living & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MacKay Road Jamestown, NC 27282	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>49295</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 bag which was not labelled. There was no medication name, resident name, and/or dosage instructions on the bag.</p> <p>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.</p> <p>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.</p> <p>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.</p>

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
---	-------	-----------

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 08/21/2024
NAME OF PROVIDER OR SUPPLIER Adams Farm Living & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MacKay Road Jamestown, NC 27282	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38129</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.</p> <p>Findings included:</p> <p>1.</p> <p>On [DATE] 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 [DATE] at 10:05 am an interview and observation of the kitchen ovens were done with the Cook. The [NAME] 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 [NAME] stated he usually cleaned the ovens each week and could not remember the last time he cleaned the oven.</p> <p>On [DATE] 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 [NAME] was present and commented he could not remember when the ovens were last cleaned and there was no logbook.</p> <p>On [DATE] at 2:16 pm the Corporate Regional Manager for Dietary was interviewed. She stated the facility was aware of kitchen cleanliness issues back in ,d+[DATE] and the first week of ,d+[DATE]. The kitchen staff were educated about cleaning the kitchen, including the appliances, in [DATE]. 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 ,d+[DATE] 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 ,d+[DATE]. 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 [DATE] 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> <p>2.</p> <p>(continued on next page)</p>		

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 08/21/2024
NAME OF PROVIDER OR SUPPLIER Adams Farm Living & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MacKay Road Jamestown, NC 27282	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] 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 [DATE] 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 [DATE]. 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 and directed me to the new Dietary Manager.</p> <p>On [DATE] 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.</p> <p>On [DATE] at 2:16 pm the Corporate Regional Manager for dietary was interviewed. The labeling of food items were not addressed on Sunday [DATE] 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.</p>		