

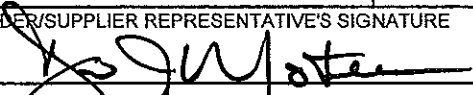
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/04/2011
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NAME OF PROVIDER OR SUPPLIER  SAMPSON REGIONAL MEDICAL CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 607 BEAMAN ST BOX 258 CLINTON, NC 28328
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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
F 241 SS=B	<p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon record reviews, observations and staff interviews the facility failed to maintain resident ' s dignity and respect by posting medical information without written consent on 2 of 2 halls.</p> <p>Findings Include:</p> <p>An initial tour conducted on 5/3/11 at 9:15am revealed yellow signs with a picture of a person walking down a stair case on the outside of residents rooms on both hallways. The signs were posted next to the room numbers.</p> <p>An interview with a Nurse on 5/3/11 at 2:52pm revealed the yellow signs indicated a fall risk. The signs were posted upon admission. If the fall assessment risk score was 45 or greater, the yellow signs were posted. If residents were unable to complete the fall assessment, the Nurse Supervisor would determine if the resident was a fall risk.</p> <p>An observation on 5/3/11 at 3:57pm revealed yellow signs with a picture of a person walking down a stair case outside resident room doors throughout both hallways. A green sign worded " Daily Weights " was on the outside of room 201</p>	F 241	<p><b>F 241</b></p> <ol style="list-style-type: none"> <li>We have addressed the deficient practice for those residents identified in rooms 201 and 221 by having the responsible party sign a consent for posting signage related to their plan of care in their room and by their doors. A copy of the consent is located in each resident's medical record.</li> <li>All other residents having the potential to be affected by the same deficient practice of having signage posted without a consent will be assessed and identified. We will obtain consents on all residents with signage related to their care in their rooms or by their doors. The responsible party and/or residents will sign the consent and a copy will be placed in their medical record.</li> <li>We revised the current Admission Agreement (see attachment #1) to include the consent for posting of signage related to the residents care either in the resident's room or beside the doors. This will be a systemic policy change to ensure compliance. This consent is reviewed with the resident and/or responsible party on admission to the Skilled Nursing Unit. A copy of the consent will be placed on the individual resident's medical record.</li> <li>We will audit 100% of medical records every month with our medical records audit to monitor compliance. This will be reported in the Quarterly SNU Committee Meeting. Any deficient areas will be addressed and monitored. The SNU Quarterly Committee will evaluate the effectiveness of the systemic change.</li> </ol>	<p>5/19/11</p> <p>5/28/11</p> <p>5/18/11</p> <p>6/1/11 and Quarterly</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CFO	(X6) DATE 5/19/11
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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.

JM

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F 241	<p>Continued From page 1 and a red sign worded " NPO " (nothing by mouth) was posted outside of room 221.</p> <p>An interview with the Director of Nursing (DON) on 5/3/11 at 4:30pm revealed that residents should have received a consent form for posting medical information upon admission. The DON indicated she would look for the consent forms.</p> <p>Record reviews were conducted on 5/4/11; at 9:30am for 2 residents. The DON provided scanned copies of their admissions records. There was no consent forms found for postage of medical information.</p> <p>An observation on 5/4/11 at 3:00 pm revealed the yellow fall signs throughout both hallways. The green sign worded " Daily Weights " outside of room 201 and the red sign worded " NPO " outside of room 221 remain posted outside of these rooms.</p> <p>An interview on 5/4/11 at 3:30pm with the DON revealed there was no consent forms for posting of medical information. They had started working on an all inclusive form which would include the consent to post signage for medical information. The DON indicated she would do what was needed to be in compliance.</p>	F 241		
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p>	F 371	<p>F 371 1. 483.35(i) Food Procure Store/ Prepare/ Serve - Sanitary. Do not store chemicals next to or over food preparation tables. a. To prevent possible cross contamination the containers with the no rinse, safe for food preparation tables sanitizer, were immediately moved to the lower shelf of the work tables during the initial kitchen inspection on 5/3/11.</p>	5/3/11

*Dgm 5/10/11*

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F 371	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based upon observations and staff interview the facility failed to prevent possible cross contamination while preparing food next to chemical buckets containing chemical solution. Also the facility failed to prepare food under sanitary conditions using worn cutting boards and label and date opened food products.  Findings Include:  1. An initial tour of the kitchen conducted on 5/3/11 at 9:15am revealed 2 chemical buckets containing chemical solution located on a food preparation table in front of the pot sink. Food items were being prepared by 2 dining employees at this food preparation table. There were bags of food items placed next to the buckets.  Another observation on 5/3/11 at 9:20am revealed a chemical bucket containing chemical solution on another food preparation table in front of the walk in refrigerators. A container of spice was directly beside the bucket. Also approximately a few inches across from the bucket were more spice containers. A dining employee was preparing food on this preparation table.  An interview on 5/4/11 at 9:01am with the Dining Director revealed he was aware chemicals should not be stored next to food but did not realize that	F 371	b. To prevent reoccurrence all Foodservice staff were inserviced on 5/3/11 regarding keeping the sanitizer chemical containers (all chemicals) away from food to avoid possible cross contamination. (see attachment # 2 and # 3) c. Food and Nutrition Supervisors will document on the H.A.C.C.P. Log (Hazard Analysis Critical Control Log) on A.M. and P.M. shifts that they have checked to ensure that no chemicals are on the Food Preparation tables or stored next to or over food items to avoid possible cross contamination. Began documenting on 5/16/11 on H.A.C.C.P. Log. (see attachment # 4 and # 5) d. The facility has implemented a Quality Review Process by the Food Service Director to review the H.A.C.C.P. Log for trends and address concerns as identified. 2) Cutting boards need to be replaced when worn to maintain sanitary conditions. a. During initial inspection on 5/3/11 all cutting boards were immediately removed from service that showed signs of wear. The new boards were ordered. They were received, sanitized and put into use on 5/5/11. b. To prevent reoccurrence all Foodservice staff were inserviced on 5/3/11 regarding not using any equipment not in sanitary/safe working condition and to remove the equipment from service. (see attachment # 2 and # 3) c. Food and Nutrition Supervisors will document on the H.A.C.C.P. Log on AM and PM shifts that they have been checked to ensure that all cutting boards are not worn and are in sanitary condition. (see attachment # 4 and # 5)	5/3/11  5/16/11 & Daily  5/16/11  6/1/11 & Quarterly  5/3/11  5/5/11  5/3/11  5/16/11 & Daily	

*[Handwritten Signature]* 5/18/11

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F 371	<p>Continued From page 3</p> <p>chemicals should not be next to food during food preparation. He indicated this was an error and had the chemical buckets moved to the bottom of the preparation tables.</p> <p>2. An initial tour of the kitchen conducted on 5/3/11 at 9:20am revealed red and green color coded cutting boards stored in a rack next to the pot sink. All of the red and green color coded cutting boards had multiple scratching and indentation throughout both sides of the boards. A dining employee was observed cutting up fruit on a green color coded cutting board. This board was worn with white scratches throughout the surface touching the fruit.</p> <p>An interview on 5/3/11 at 9:21am with the Dining Director revealed that he may have new cutting boards on order. He would have to check for an invoice.</p> <p>Another observation on 5/3/11 at 11:54am revealed the red and green colored coded cutting boards stored in a rack next to the pot sink. All of the red and green colored cutting had multiple indentations the approximate depth of 1/8 inches and multiple scratches with white appearance on both sides of the cutting boards.</p> <p>An interview on 5/4/11 at 9:01am with the Dining Director revealed he was made aware of the cutting board 's damage before the survey; it just had forgotten to order the new cutting boards.</p> <p>3. During an initial tour of the kitchen on 5/3/11 at 9:30am revealed opened food products without a</p>	F 371	<p>d. The facility has implemented a Quality Review Process by the Food Service Director to review the H.A.C.C.P. Log for trends and to address concerns as identified.</p> <p>3. Ensure that opened food products are labeled and dated.</p> <p>a. The well wrapped packages in their original bags were disposed of immediately during initial inspections on 5/3/11.</p> <p>b. To prevent reoccurrence of deficient practice all Foodservice staff were instructed on 5/3/11 to make sure all items (even dry non-perishable items) were dated when opened, well covered and labeled. (see attachment # 2 and # 3)</p> <p>c. Food and Nutrition Supervisors will document on the H.A.C.C.P. Log on AM and PM shifts that they have checked to ensure all opened foods are covered, labeled and dated. Any food items not labeled and stored correctly will be addressed immediately and monitored. (see attachment # 4 and # 5)</p> <p>d. The facility has implemented a Quality Review Process by the Food Service Director to review the H.A.C.C.P. Log for trends and to address concerns as identified.</p>	<p>6/1/11 &amp; Quarterly</p> <p>5/3/11</p> <p>5/3/11</p> <p>5/16/11 &amp; Daily</p> <p>6/1/11 &amp; Quarterly</p>

*Jgm 5/10/11*

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F 371	Continued From page 4 dated label. The food items were 1 cookie package, 1 sunflower kernels package and 4 gelatin powder bags. These items were located in a dry storage room.  An interview with the Director of Dining on 5/4/11 at 9:01am revealed he agreed the opened food products should have been dated and labeled. He indicated he had in-serviced dining staff on labeling and dating food.	F 371			

*Jgm 5/10/11*



Attachment  
# 1

SAMPSON REGIONAL MEDICAL CENTER  
SKILLED NURSING UNIT  
FINANCIAL AND ADMISSION AGREEMENT

The following is an agreement between Sampson County Memorial Hospital and \_\_\_\_\_ Providing for the medical, nursing, and personal care of \_\_\_\_\_.

A. **Sampson Regional Medical Center agrees to:**

1. Furnish room, board, linen, bedding and skilled nursing care as may be required for the patient's health and safety.
2. Obtain specialized therapies, all medications, or any aids or supplies that the physician may order.
3. Obtain the services of a physician on hospital medical staff (of the patient's choice) whenever necessary, or the services of another physician whenever the personal physician is not available.
4. Provide for emergency medical treatment when ordered by the physician and to notify the responsible party of such treatment.
5. Provide diagnostic and treatment services when ordered by the physician.
6. Make refunds within 90 days after termination of this agreement for all monies received in excess of total charges (Over payments will be applied to other outstanding hospital accounts for which this patient is responsible.)
7. Make available, upon request, a listing of all charges not included in the above daily rate.
8. To provide the responsible party with an itemized monthly statement for private pay residents/resident. These residents with third party coverage will be provided an itemized monthly statement upon request.

B. **The Resident and Responsible Party agrees to:**

1. Provide all personal clothing as needed by the patient.
2. To pick up soiled clothing and deliver clean clothing at least every other day unless laundry services are provided by the facility.
3. Provide a hamper for soiled clothing if facility does not provide laundry services.
4. Be responsible for charges not included in the above daily rate. **\*The responsible party is held responsible only to the extent of their management of the residents funds.**
5. Be responsible for charges not covered by third party agencies.
6. If the resident is transferred to the acute care setting, the charges will be separate from the skilled unit account.
7. Pay in advance monthly at the rate of 150.00 per day unless the cost of care is paid by a third party. In the event that the cost is paid by a third party, to be responsible for paying the liability amount, or co-insurance amount in applicable cases. Charges must be paid by the 10th of each month.
8. Not bring any medications to resident from home or other sources.

C. **Standard Admission Waiver**

1. The personnel and administrative staff of this unit agree to exercise extreme caution in handling and storing of personal articles such as dentures, glasses, hearing aids, furniture and clothing. However, we will not be held responsible for these items.
2. We will not be held accountable for any valuables or money left in possession of the patient while he or she is a patient in this unit. Money storage is provided with Business Office Representative for the Skilled Nursing residents. We encourage you to take valuables home for safe storage.
3. The staff of the skilled nursing unit are trained in the use of safety devices and will exercise reasonable care toward this patient for his/her safety and well being. We cannot provide 24 hour observation for the resident and, therefore, cannot be responsible for falls or accidents brought about by the resident's own activity.

D. **Bed Hold Provisions (Optional)**

In the event the patient is transferred to the acute setting and the family wants to hold the resident's skilled bed, the family must immediately notify the Skilled Nursing Facility Business Office Representative of their intentions. The bed hold charge is not covered by any third party agency and it becomes the responsibility of the responsible party to pay such charges. Bed hold charges are payable at the time of re-admission to the skilled nursing unit, or at the time of release of the bed. Bed hold room charges are at the full regular room rate.

E. **Barber/Beautician Services**

The Skilled Nursing Unit Staff will provide shampoos and daily hair grooming but they are not licensed as barbers or beauticians. If the resident/family desires a haircut, coloring, permanent, waving, or other services requiring a license to perform, the resident/family may contact the barber or beautician of their choice at their expense. This is not a covered charge.

F. **Discharge and Duration of this Agreement**

The administration of this hospital reserves the right to discharge a patient for non-payment, for the patient's or other patient's welfare or under physician's order. Otherwise, this agreement remains in effect until a different one is implemented.

G. **Discharge Time**

Discharge time from Skilled Nursing is 11:00 AM. The patients who are returning home should have transportation available at that time.

H. **Insurance Assignment and Authorization**

1. I authorize the hospital and attending physician(s) to release any information acquired in the course of my examination and treatment in connection with this hospital stay for the purpose of insurance benefit payments. I understand that federally mandated information about my condition must be electronically transmitted over the internet. There is a chance this information could be obtained by unauthorized individuals once it is transmitted from this facility.
2. I further authorize payment directly to the hospital and physician(s) accepting this assignment of all hospitalization and medical benefits applicable and otherwise payable to me but not to exceed the reasonable and customary charge for these services rendered by said hospital and physician(s).
3. I certify that claims for services are true, accurate, complete, and correct. I understand that payment and satisfaction of all Medicaid claims will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State Laws.
4. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

I. **Privacy Notification Statement**

The Health Care Financing Administration (HCFA) is authorized to collect this data by Section 1819(f), 1919(f), 1819(b)(3)(A), and 1864 of the Social Security Act. The purpose of this data collection is to aid in the administration of the survey and certification of Medicare/Medicaid long term facilities and to study the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1516. Information from this system may be disclosed, under specific circumstances, to: (1) a congressional office from the record of an individual in response to an inquiry from the congressional made at the request of that individual; (2) the Bureau of Census; (3) the Department of Justice; (4) an individual or organization for a research, evaluation, or epidemiological project related to the prevention

of disease or disability, or the restoration of health; (5) contractors working for HCFA to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an agency of a State government for purposes of determining, evaluating and/or assessing overall or aggregated cost, effectiveness, and/or quality of health care services provided in the State; (7) another Federal agency to fulfill a requirement of a Federal statute that implements a health benefit program funded in whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII functions, (9) another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

You should be aware that P. L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches.

Collection of the Social Security Number is voluntary; however, failure to provide this information may result in the loss of Medicare benefits provided by the nursing home. The Social Security Number will be used to verify the association of information to the appropriate individual.

**J. Consent to Photograph**

I do hereby give my consent and release for the staff of Sampson Regional Medical Center to photograph and to use the photo as an identification method for Acute Care and Skilled Nursing patients/residents of this facility.

Please initial here \_\_\_\_\_

**K. Acknowledgement of Patient's Bill of Rights and Guidelines to Patient Responsibilities**

I have received a copy of the Nursing Unit Patient's Bill of Rights. They have been explained fully and I understand what this facility is doing to insure that these rights are not violated.

I have also been informed and received a copy of the Guidelines to Patient Responsibilities and I understand them fully.

Please initial here \_\_\_\_\_

**L. Acknowledgement of Receipt of Advance Directives Information by Resident**

I acknowledge that I have received from Sampson Regional Medical Center a written description of North Carolina law regarding advance directives and my right to control decisions relating to my medical care and to execute advance directives. I have also received a summary of the facility's written policies regarding the implementation of my advance directive. I further acknowledge that I have been asked by the staff of Sampson Regional Medical Center – Skilled Nursing Unit whether I have executed and advance directive. I have also been asked to provide the facility with a copy of any advance directive I have executed.

Please initial here \_\_\_\_\_

**M. Consent to Post Signage**

I give my consent for Sampson Regional Medical Center to post signage in the skilled nursing unit that pertains to my plan of care in the residents room and/or by the residents door.

Please initial here \_\_\_\_\_

\_\_\_\_\_  
Signature of Resident  
or Authorized Representative Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

V-36 Adopted: 12/31/86,  
Revised 12/7/88, 9/24/90, 9/12/94, 11/96, 3/98, 1/99, 4/99, 1/01, 05/11  
Reviewed: 12/12/06





SAMPSON REGIONAL MEDICAL CENTER  
 FOOD & NUTRITION SERVICES  
 TRAINING/MEETING ATTENDANCE RECORD

Date:	5/3/11		Department: Food & Nutrition Services	
Subject:	INSERVICE		Trainer:	
Methodology:	<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Lesson Outline	<input type="checkbox"/> Lecture
	<input type="checkbox"/> Discussion	<input type="checkbox"/> Handouts	<input type="checkbox"/> Chart Board	<input type="checkbox"/> Other
Description:	STATE SURVEY CONCERNS			
Beard, Sherry	Sherry Beard			
Becton, Robin	Robin Becton			
Bokin, Brittani	Brittani Bokin			
Brewington, Nikki	Nikki Brewington			
Capers, Shirley	Shirley Capers			
Cintron-Pellot, Maria	Maria Cintron			
Cordova, Juana	Juana Cordova			
Devone, Kimberly	Kimberly Devone			
Dukes, Scott	<del>Scott Dukes</del>			
Faison, Johnny	Johnny Faison			
Faison, Ralph	Ralph Faison			
Hulse, Sandra	Sandra Hulse			
Jacobs, Wanda	Wanda Jacobs			
James, Connie	Connie James			
Johnson, Shaketta	Shaketta Johnson			
Joyner, Kim	K.S. Kimberly Joyner			
Rich, Melissa	Melissa A. Rich			
Smith, Barbara	Barbara Smith			
Smith, Harriett	Harriett Smith			
Smith, Jennifer	Jennifer Smith			
Smith, Sean	Sean Smith			
Thompson, Kator	Kator Thompson			
Vann, Alton	Alton Vann			
Garrison, Kristin	Kristin Garrison			

## STATE SURVEY MAY 3-4, 2011

- 1) **Food Contact Surface Sanitizer Containers were being kept on food preparation tables.**

Sanitizer was moved to the bottom shelf immediately. Foods were checked and not exposed to sanitizer.

5/3/11 → \*In-service: Staff have been instructed to keep sanitizer containers (all chemicals) underneath work stations and away from foods to avoid possible cross contamination.

- 2) **Opened Food Items were not all Dated.** All opened foods in storage must be covered, labeled and dated. Four bags of Dry Jello (Sugar Based) previously opened were well covered but not dated when opened. Items were disposed of during initial inspection.

5/3/11 → \*In-service: Staff have been instructed label, cover and date all opened food items including dry non-perishable items.

- 3) **Cutting Boards.** Several non-porous hard plastic cutting boards were well used and appeared to need replacement. Boards were immediately removed from use during initial inspection.

5/3/11 → \*In-service: Staff have been instructed to maintain equipment in safe and sanitary working order and to not use any equipment not so and remove it from service.

May 2011

Hazard Analysis Critical Control Point Log  
 A = Acceptable U = Unacceptable (Supervisor: Note any corrective action and Initial)

AM Supervisor Month Year	Dumpster	Freezers, Coolers Storage Areas	Pot Area	Tray Service
	* Lid Closed	* Items Covered Labeled and Dated	* Pots stacked clean/dry * Sanitizer at correct level, log completed	* Foods served at safe temperatures, log completed
Date...	A or U // Initials	A or U // Initials	A or U // Initials	A or U // Initials
1	A SC	A SC	A SC	A SC
2	A SC	A SC	A SC	A SC
3	A HBA	A HBA	A HBA	A HBA
4	A HBA	A HBA	A HBA	A HBA
5	A HS	A HS	A HS	A HS
6	A KP	A KP	A KP	A KP
7	A SC	A SC	A SC	A SC
8	A SC	A SC	A SC	A SC
9	A SC	A SC	A SC	A SC
10	A HS	A HSA	A HSA	A HS
11	A HSA	A HSA	A HSA	A HS
12	A HSA	A HSA	A HSA	A HS
13	A HS	A HS	A HS	A HS
14	A SC	A SC	A SC	A SC
15	A HS	A HS	A HS	A HS
16	A SC	A SC	A SC	A SC
17	A SC	A SC	A SC	A SC
18	A HS	A HSA	A HS	A HBA
19	A HS	A HS	A HS	A HBA
20				
21				
22				
23				
24				
25				
26				
27				
28				
Total U				
Percent U				

\*  
Sanitizer stored under counter  
C/C  
C/C  
HS  
HS

\*<sup>2</sup>  
cutting board in Sanitary Condition  
C/C  
C/C  
HS  
HS

Supervisor's Corrective Action:

Date // Initial	Action
5/1-19/11	None

Monthly Review by Director:

Date // Initial	Director's Review // Action
5/3/11	4 bags Jello, 1 bag cookies undated. Instructed staff - continue monitor
5/1-19/11	no additional action, all items 100% checked

Chris Cook, Director

Chris Cook

Director's Signature

//

5/19/11

Date

\*<sup>1</sup> New Monitor Effective 5/16/11 - Sanitizer stored under counter

\*<sup>2</sup> New Monitor Effective 5/16/11 - Cutting Boards in Sanitary Condition

Hazard Analysis Critical Control Point Log  
 A = Acceptable U = Unacceptable (Supervisor; Note any corrective action and initial)

PM Supervisor Month Year	Dumpster	Freezers, Coolers Storage Areas	Pot Area	Tray Service	Ovens
	* Lid Closed	* Items Covered Labeled and Dated	* Pots stacked clean/dry * Sanitizer at correct level, log completed	* Foods served at safe temperatures, log completed	* Log Cleaning at least BI-Weekly
Date	A or U // Initials	A or U // Initials	A or U // Initials	A or U // Initials	A or U // Initials
1	A SC	A SC	A SC	A SC	A SC
2	A SC	A SC	A SC	A SC	A SC
3	A SC	A SC	A SC	A SC	A SC
4	A SC	A SC	A SC	A SC	A SC
5	A SC	A SC	A SC	A SC	A SC
6	A SC	A SC	A SC	A SC	A SC
7	A SC	A SC	A SC	A SC	A SC
8	A SC	A SC	A SC	A SC	A SC
9	A SC	A SC	A SC	A SC	A SC
10	A SC	A SC	A SC	A SC	A SC
11	A SC	A SC	A SC	A SC	A SC
12	A SC	A SC	A SC	A SC	A SC
13	A SC	A SC	A SC	A SC	A SC
14	A SC	A SC	A SC	A SC	A SC
15	A SC	A SC	A SC	A SC	A SC
16	A SC	A SC	A SC	A SC	A SC
17	A SC	A SC	A SC	A SC	A SC
18	A SC	A SC	A SC	A SC	A SC
19	A SC	A SC	A SC	A SC	A SC
20	A SC	A SC	A SC	A SC	A SC
21					
22					
23					
24					
25					
26					
27					
28					
Total U					
Percent U					

\*1  
 Sanitizer  
 Stored  
 Under Counter  
 OK  
 OK  
 OK  
 OK

\*2  
 Cutting  
 Beards  
 Sanitary  
 OK  
 OK  
 OK

Supervisor's Corrective Action:

Date // Initial	Action
5/1-19/11	None

Monthly Review by Director:

Date // Initial	Director's Review // Action
5/3/11	4 bags Tello - 1 bag cookies unlabelled. Inspected staff - continue monitor.
5-1-11	No additional Action, remainder 100%
5/19/11	

Chris Koch, Director

Chris Koch  
 Director's Signature

// 5/19/11  
 // Date

- \*1 New Monitor Effective 5/16/11 - Sanitizer Stored Under Counter
- \*2 New Monitor Effective 5/16/11 - Cutting Beards in Sanitary Condition

# SAMPSON

REGIONAL MEDICAL CENTER

607 Beaman Street (28328), Post Office Drawer 260, Clinton, NC 28329-0260  
Telephone: (910) 592-8511, Fax (910) 590-2321

May 19, 2011

Ms. Jean Farley, R.Ph.  
Facility Survey Consult  
Division of Health Service Regulation  
2711 Mail Service Center  
Raleigh, North Carolina 27699-2711

Dear Ms. Farley:

Thank you for our most recent recertification survey conducted on May 3, 2011 to May 4, 2011. The survey was educational and has helped our facility to continue to improve the quality of our resident's lives.

Please find our plan of correction enclosed for your review. If you need additional information, please feel free to contact me at 910-590-8711.

Sincerely,



Cassie F. Faircloth, RN  
Director of Skilled Nursing