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

PRINTED: 05/21/2015 FORM APPROVED OMB NO. 0938-0391

PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS No deficiencies were cited as result of the complaint investigation. Event ID# RKFT11.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
WHITE OAK MANOR - SHELBY SIRRETADDRESS_CITY_STATE_ZIP CODE 401 N MORGAN STREET SHELBY, NO 28150 CALID GRACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) PRETX FROM GRACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) PRETX TAG PROVIDES PLAN OF CONRECTION SHOULD BE (RACH DECRICE) CONTINUE APPROPRIATE DEFICIENCY)	345171			B. WING		_		
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No deficiencies were cited as result of the complaint investigation. Event ID# RKFT11. F 371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure one of the kitchen's "sanitizing buckets" contained sanitizing agent to sanitize kitchen surfaces and equipment and bread products did not have expired use by dates. The findings include: 1. Observations on 04/27/15 at 10:05 AM in the facility's kitchen revealed one of the kitchen's "sanitizing buckets" which contained liquid and cloths was positioned on a counter top ready for 1. at 10 Mite Oak Manor-Shelby does (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. How Corrective Action will be Accomplished for Each Resident Found to Have Been Affected by the Deficient Practice. 1. The sanitizing buckets which contained liquid and cloths was positioned on a counter top ready for	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPF				
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revealed it did not contain any sanitizing agent. Interview with the facility's Dietary Manager (DM) on 04/27/15 at 10:05 AM revealed the sanitizing bucket was available for staff use to sanitize Corrected to contain a minimum of 50 parts per million of chlorine sanitizing agent. All other sanitizer buckets and three-compartment sink were checked. Dietary staff working in the kitchen were CABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE CORRECTED TO CORRECT TO CORRECT TITLE CORRECTED TO CORRECT TO CORRECT TO CORRECT TITLE CORRECTED TO CORRECT TO CORRECT TO CORRECT TITLE CORRECTED TO CORRECT T		use. Monitoring of the revealed it did not cor Interview with the faci on 04/27/15 at 10:05 bucket was available	e liquid inside of the bucket ntain any sanitizing agent. ility's Dietary Manager (DM) AM revealed the sanitizing for staff use to sanitize		immediately disposed of and then corrected to contain a minimum of 50 parts per million of chlorine sanitizing agent. All other sanitizer buckets and three-compartment sink were checked. Dietary staff working in the kitchen wer			

Electronically Signed

05/21/2015

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.

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

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NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - SHELBY STREET ADDRESS, CITY, STATE, ZIP CODE 401 N MORGAN STREET SHELBY, NC 28150			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 401 N MORGAN STREET	345171		
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (SATURDAY OR LSC IDENTIFYING INFORMATION)	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		
F 371 Continued From page 1 F 371	Continued From page 1		
continued From page 1 kitchen surfaces and equipment. The DM further stated that the bucket should contain a minimum of 50 parts per million of a chlorine santitizing agent and that staff should ensure that there is adequate santitizing agent in the bucket prior to making it available for use. 2. Observations on 04/27/15 at 10:25 AM, of food stored the kitchen's dry storage area, revealed a total of eight (8) loaves bread had expired use by dates. The expired dates on the these eight (8) loaves of bread had expired use by dates of 04/14/15, three loaves of bread had expired use by dates of 04/21/15 and three loaves of bread had expired use by dates of 04/21/15. One of the loaves of bread with an expired use by date of 04/14/15 was observed to contain mold growth on the bread. Interview with the facility's Dietary Manager (DM) on 04/27/15 at 10:27 AM revealed dietary staff should check the use by date on bread products when they are delivered to the facility and everyday while in storage to ensure these dates were not expired. The DM further stated there should not be any bread products which have expired use by dates. F 371 given immediate verbal re-education. 1.b) The eight loaves of bread in the kitchen's dry storage area were immediately disposed of and all remaining bread loaves were checked again to ensure current use by dates. None of the bread disposed of was served on the date of observation. Dietary staff working in the kitchen's dry storage area were immediately disposed of and all remaining bread loaves were checked again to ensure current use by dates. None of the bread disposed of was served on the able to observation. Dietary staff working in the kitchen's dry storage area ere eight (8) the kitchen's dry storage area erea revealed a total of eight developed of bease of odd. Paris for the staff working in the kitchen's dry storage area erea revealed a total of ensure eight (8) the kitchen's dry storage area erea revealed a total of ensure eight (8). 2. How Corrective Action will be Accomplis	kitchen surfaces and equipment. T stated that the bucket should conta of 50 parts per million of a chlorine agent and that staff should ensure adequate sanitizing agent in the bumaking it available for use. 2. Observations on 04/27/15 at 10 stored the kitchen's dry storage are total of eight (8) loaves bread had dates. The expired dates on the the loaves of bread were as follows; to bread had expired use by dates of three loaves of bread had expired 04/21/15 and three loaves of bread use by dates of 04/25/15. One of the bread with an expired use by date was observed to contain mold grow bread. Interview with the facility's Dietary on 04/27/15 at 10:27 AM revealed should check the use by date on b when they are delivered to the facility with the pacing to ensur were not expired. The DM further should not be any bread products.		

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

PRINTED: 05/21/2015 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		245474	D WING	·		С	
		345171	B. WING			04/	30/2015
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WHITE OA	AK MANOR - SHELBY				01 N MORGAN STREET		
WHITE OAK MANOR - SHELBY				S	SHELBY, NC 28150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG				(X5) COMPLETION DATE
F 371	Continued From page	÷ 2	F	371	been inserviced on ensuring bread is visually observed upon delivery and current bread stock is visually checked daily for current use by date(s). Additionally, Dietary staff were also inserviced on daily use of monitoring to (Dietary Daily Checklist for Bread Date: The Dietary Manager or assigned Aide the absence of the Dietary Manager) is responsible for the daily completion of checklist. This inservicing was conduct by the Dietary Manager on April 27, 20 for all Dietary employees. One Dietary staff member is currently on a medical leave of absence and this inservicing we completed with her prior to the start her next shift once released to return to work. This training will be specifically repeated with newly hired Dietary staff during Orientation. This training will also be reinforced as necessary to ensure compliance. 3. Address What Measures Will be Put Into Place or Systemic Changes made Ensure that the Deficient Practice Will Measure that the Deficient Practice Will Measure that the Deficient Practice Will Measure that the Dietary employees have been inserviced on the proper sanitizing solution method which contains a minimum of 50 parts per million of chlorine sanitizing agent, as well as completion of the Dietary Sanitizing Solution Daily Checklist. One Dietary smember is currently on a medical leave absence and this inservicing will be completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the completed with her prior to the start of the complete with her prior to the start of the complete with her prior to the start of the com	this ed 15 vill of o Not e g	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	` IDENTIFICATION NITIMBED:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
	345171	B. WING		С	
	343171	B. WING _		04/30/2015	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
WHITE OAK MANOR - SHELBY			401 N MORGAN STREET		
			SHELBY, NC 28150		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE	
F 371 Continued From page	3	F 37	next shift once released to return to we This training will be specifically repeate with newly hired Dietary staff during Orientation. This training will also be reinforced as necessary to ensure compliance. Ongoing compliance to F will be monitored by Administrator and Dietary Manager. The Dietary Manager responsible for ensuring the checks ar being completing, the checklist is being completed, and will then submit these the Administrator weekly to ensure compliance with the proper use of sanitizing solution to ensure a minimur 50 parts per million of chlorine sanitizin agent. These daily checks have becorpart of the daily tasks for Dietary and continue on an ongoing basis. 1.b) All active Dietary employees have been inserviced on ensuring bread is visually observed upon delivery and current bread stock is visually checked daily for current use by date(s). Additionally, Dietary staff were also inserviced on daily use of monitoring to (Dietary Daily Checklist for Bread Date This inservicing was conducted by the Dietary Manager on April 27, 2015 for Dietary employees. One Dietary staff member is currently on a medical leav absence and this inservicing will be completed with her prior to the start of next shift once released to return to we This training will be specifically repeate with newly hired Dietary staff during Orientation. This training will also be reinforced as necessary to ensure compliance. Ongoing compliance to Fowill be monitored by Administrator and	ed 371 er is e g tto m of ng me vill e d her ork. ed	

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	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
345171			B. WING			C		
NAME OF PROVIDER OR SUPPLIER			5:	STREET ADDRESS, CITY, STATE, ZIP CODE			30/2015	
NAME OF PROVIDER OR SUPPLIER				401 N MORGA				
WHITE OAK MANOR - SHELBY				SHELBY, NC				
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION S			(X5) COMPLETION DATE		
F 371	Continued From page	÷ 4	F3	Dietary Noresponsil complete complete complete the Admi compliant ensure of checks how tasks for ongoing the Admitor I shall be the Admitor I shall be the Admitor I shall be the complete the quarterly needed to the quarterly needed to the quart discussion. The Admitor I shall be the quart for the Admitor I shall be the form the form the form the Admitor I shall be the form the form the Admitor I shall be the form t	Manager. The Dietary Manage ble for ensuring the checks are ed, the checklist is being ed, and will then submit these inistrator weekly to ensure note with daily checks of bread turrent use by date(s). These drave become part of the daily Dietary and will continue on a basis. Ate How the Facility Plans to its Performance to Make Sure utions are Sustained and Date corrective Action Will be Completed by review of the observation cklist completion for both the (Sanitizing Solution Daily Check Dietary Daily Checklist for Bread are results of these daily checked by the QI team upon non monthly for three months, to for three quarters, and then a chereafter for any additional endations. The results of these contexts will also be reviewed during terry QA Meeting for further on and recommendations. Aninistrator and Dietary Manage consible for ongoing compliance and the complete for ongoing compliance and context for F371: May 21, 20, and the context for F371: May 21, 20, and	e to to to daily in es ete. ss 1) klist ad ss hen is eng		