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

PRINTED: 07/14/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345535	B. WING _		06/	11/2015	
	PROVIDER OR SUPPLIER FARM LIVING & REHA	ABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFICIENCY)	) BE	(X5) COMPLETION DATE	
F 371 SS=E	The facility must - (1) Procure food fro considered satisfac authorities; and	SERVE - SANITARY om sources approved or tory by Federal, State or local distribute and serve food	F 37	71		6/29/15	
	by: Based on observate facility failed to prove of 15 unopened gal condiments, they fadates on 2 out of 2 mayonnaise and the dressing. The facility of 24 expired honey from the reach in referigerator.  Findings included:  During a tour of the with the Dietary Man observed:  1a: An opened case containers of honey was expired on 5/20 walk in refrigerator. two 4 ounce containers of the containers of honey was expired on 5/20 walk in refrigerator.	ion and staff interview the ride expiration dates on 12 out lon containers of various iled to provide expiration opened gallon containers; one e other thousand island ty also failed to remove 18 out of thickened consistency water afrigerator and the walk in kitchen on 6/8/15 at 9:45am mager, the following was e with eighteen 4 ounce of thickened consistency water of 15 and was located in the Additionally, there were also mers of the honey thickened reach in refrigerator with an 1/20/15.		For all residents:  1a) All expired thickened liquids w immediately removed from refriger and stock and discarded (complet 6/8/15).  1b) All opened items (specifically mayonnaise and Thousand Island dressing) that are out of compliant dating will be immediately discarde (Completed 6/8/15).  1c) Twelve unopened containers we coded expirations dates will be seffrom active inventory until dating or resolved (completed 6/8/15).  Manufacturers of all dietary product coded expiration dates will be confor date code deciphering instructional Using this information the facility we ensure that all unopened foods custored in the dietary department at their expiration date and, therefore	ce for ed.  vith carated oncern ets with tacted ons. vill rrently re within		
ABORATORY	L / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE	TITLE		(X6) DATE	

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 

07/06/2015

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.

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		345535	B. WING		06/1	11/2015	
NAME OF	PROVIDER OR SUPPLIEF	3		STREET ADDRESS, CITY, STATE, ZIP	•		
ADAMS	FARM LIVING & REI	HABILITATION		5100 MACKAY ROAD			
7.27	.,			JAMESTOWN, NC 27282			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 371	container of mayor dressing with not exhen the gallons or refrigerator.  1c: There were 12 containers of container	so noted to be an opened gallon nnaise and thousand island expiration date nor a date of were opened in the walk in  2 out of 15 unopened gallon diments including 5 gallons of llon of honey mustard, 3 gallons ic vinaigrette, 2 gallons of relish barbeque sauce did not have stamped on the container. The barbeque sauce did not have stamped on the container on have a hand written date on ontainers with the month and the Dietary Manager on 6/8/15 alled that according to the he above mentioned products, as good for 6 months from the was manufactured once opened of for 12-18 months from the actured. The DM could not of when these products were no DM reported that when the eproduct and use this as their tion date. If the product was be dated with an open date and til it expired. The DM reports r staff is educated regarding	F 3	safe for consumption, and with expiration date.  Specifically and inclusively codes for the twelve contal coded expiration dates will to verify that containers are expiration dates. Any not vexpirations date will be dis (completed 6/29/15 and all within expiration dates).  All product labeling will be dates (month/day/year).  System Changes:  1a) Food Services Director designee will ensure that we products are received the is clearly marked on the outcase so that it is easily visit monitoring and utilizing firs (FIFO) storage (note: expirational expirations).  Monitoring for product expirated on individual contains and individual contains and services walk-in refrigerator and the refrigerator for any expired liquids. Any out of date prodiscarded immediately.  All staff will be re-educated procedures for identifying edates, both individual and light and services are received to the contains are received	the expiration iners with be deciphered within within carded found to be done with full found to be done with full expiration date utside of the ble to staff for at-in-first-out ration dates are ainers during firation dates are ainers during firation dates will checklist and assure that all items in the ereach-in thickened duct will be don proper expiration		

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		345535	B. WING			06/	11/2015
NAME OF PROVIDER OR SUPPLIER  ADAMS FARM LIVING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 371	manufacturer. This product is good 12-the date it was man no indication of who manufactured.  An interview with the revealed that there expiration date on estaff would know what deat that it was that the staff had no product was manufactured.  An interview with the revealed that her estaff had no product was manufactured.  An interview with the revealed that her estaff had no product was manufactured.	ng the products from the sinformation revealed that the 18 months if not opened from hufactured. Again, there was	F3	771	which are at expiration; and discar all such products prior to expiration (Completed 6/8/15).  1b) A review of all products will be to assure expirations dates (month/day/year) are present, and identify which products are ordered manufacturers that use coded expidating. Manufacturers of all dietar products with coded expiration dat be contacted for deciphering instruction. Products with encoded expiration will be identified on receipt, have the expiration date (month/day/year) dand written clearly on each contain well as the receive date.  All staff will be educated on new prof deciphering manufacturing code establish expirations dates. Staff or re-educated on proper labeling and (month/day/-year) on opening of containers (inclusive of discard data Inspection of all food items for conopening date and discard date (month/day/year) will be added to Supervisor A.M. Opening Checklis P.M. Closing Checklist.  1c) On receipt, all products will be inspected to assure presence of expiration date. If product has a container of the product has a container of the product of the pro	made to d from iration y es will actions. dates heir ecoded her, as rocess es to will be d dating tes). tainer Cook t and oded fiper g tainer and will	

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NAME OF PROVIDER OR SUPPLIER  ADAMS FARM LIVING & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 371	Continued From pa	ge 3	F3	closing checklists) for an containers that are not properly and dated and discard arcompliant with proper lab.  Monitoring:  1) Food Services Direct weeks, then weekly ongoing completion of cooks Operensure compliance with requirement.  2) Using existing standay sheet, the Food Services will audit the storeroom, the reach-in refrigerators weeks, then weekly on orensure all items in inventionated and within expirational discard date. FSD or decontinue ongoing monito weekly inventory as part operating procedure.  3) The FSD will present Quality Management with each month for 3 months Management with QAPI the plan if coded items and on receipt, or it out of dat undated items continue to store room or refrigerators.	tor will daily x 6 bing, verify ening Checklist to monitoring and inventory Director (FSD) the walk-in and twice weekly x 6 bing basis, to ory are properly on date and signee will ring during of standard a caudits to the part of the QAPI Team will modify the not deciphered the items or to appear in the		