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

PRINTED: 07/21/2015 FORM APPROVED OMB NO. 0938-0391

PREFIX (EACH	HCARE & F UMMARY STA	TEMENT OF DEFICIENCIES	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE	06/	18/2015
ROXBORO HEALTI (X4) ID S PREFIX (EACH	HCARE & F UMMARY STA	TEMENT OF DEFICIENCIES				
PREFIX (EACH	H DEFICIENCY			901 RIDGE ROAD ROXBORO, NC 27573		
		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
SS=E STORE/I The facili (1) Procuconsider authoritie (2) Store	ity must - ure food fro ed satisfac es; and	om sources approved or story by Federal, State or local distribute and serve food	F 37	1		7/7/15
by: Based o review, th condition food deb plate war on clean mixing bo and remo clean dry 7) clean remove f utensils. The findi 1. During an dietary m	n observation observation observation of facility for its and greater, 2) standards and an overgreaser of storage of the food proposed of the food proposed of the food debrishing standards outs and outs the stored on interview of an interview of the facility of the food outs of	ions, interviews and record ailed to maintain sanitary chen by ensuring that 1).the case was removed from the core resident domes and plates 3) remove food debris from ir dry, 4). air dry serving pans and food debris from pans, 5) containers 6) clean meal carts reparation table surface and 8) from serving and cooking ed: tour on 6/15/15 at 9:40AM, the lirty with dried liquids/food on ide. There were two rows of in the warmer. on 6/15/16 at 9:40AM, the M) indicated that staff was the plate warmer after each		F371 STANDARD DISCLAIMER: The Plan of Correction for this all deficient practice is provided as a necessary requirement to continuparticipation in the Medicare and program(s) and does not, in any constitute an admission to the vathe alleged deficient practice(s). No residents were specifically identification to the vathe alleged deficient practice. For those residents having the pobe affected by the same alleged opractice, all Dining Service Employate received in-service education to procedures for proper cleaning sanitation in the operation, prevention of the procedure of the proper dishwashing. To ensure compliant daily cleaning schedule and check of the procedure of the procedure of the proper dishwashing and proper dishwashing. To ensure compliant daily cleaning schedule and check of the procedure of the pr	ed Medicaid manner, idity of ntified as ed tential to deficient eyees n related and, ntion of ce, a k off list place by the	

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

Electronically Signed

07/09/2015

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345311	B. WING		06/	18/2015	
NAME OF PROVIDER OR SUPPLIER ROXBORO HEALTHCARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573			00/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 371	2. During an observing to liquids on the surface. During an interview DM indicated that is before any domes surface. 3. During an observing to before any domes surface. 3. During an observing bown food on the inside apreparation table the on the surface. During an interview DM indicated that incleaned and air drivequipment should a silver pans were preparation table the surface. The part foods on the inside pan, the pans were another. During an interview DM confirmed the preparation table a and edges of the ppans were stacked.	ed that clean plates should not armer unless it was cleaned. ervation on 6/15/15 at 9:40AM, and sectional plates were stored able that had dried food and ace. If on 6/15/15 at 9:40AM, the serving table should be cleaned for plates was stored on the ervation on 6/15/15 at 9:40AM, and they were stored wet with dried and they were stored on a dirty that had dried food and liquids If on 6/15/15 at 9:40AM, the mixing bowls should have been ed. The surface for kitchen cleaned before storage. In the surface for kitchen cleaned before storage. In the surface on a greasy that had foods/liquids dried on ans also had greasy dried food and the edges of the ealso stacked wet on top If on 6/15/15 at 9:40AM, the greasy surface of the nd the dried food on the inside an. She also confirmed the wet. In addition, her or staff to air dry the pans after or staff to air dry the pans after	F 371	supervisor of shift that task wer completed. In addition to the dacleaning sheet a weekly master schedule for every position must completed. The Dining Services shall observe the staff for proper compliance in daily tasks and a sheets for compliance. The Dining Services Manager is present the finding and a subset of correction for this alleged de practice to the facility's Quality of Committee. Furthermore, the Services Manager shall report it Committee any identified discrete vealed from the compliance of less than monthly for three mor quarterly thereafter.	aily r cleaning st also be es Manager er udit daily chall equent plan ficient Assurance Dining to the epancies checklist no		

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NAME OF PROVIDER OR SUPPLIER ROXBORO HEALTHCARE & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573	-		
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F 371	4 dry storage contabread mix, onions a foods/liquids on the containers. During an interview DM indicated the dibe cleaned and wip 6. During an obse 3 meals carts were During an interview DM confirmed the ristated that the mea after each meal. 7. During a follow 11:00AM, the food build-up of grease apans were stored. The avy grease and four surface and edges. During an interview DM confirmed the fineavy build-up of grease and edges. The DM indite food preparatio pans inside and our 8. During a follow 11:00AM, 1 crate or had large volume or contained and present the surface of the deal of the surface and our surface and surface and our surface and surface and our surface and s	ervation on 6/15/15 at 9:40AM, iners that held sugar, flour, and potatoes had dried inside/outside of the on 6/15/15 at 9:40AM, the ry storage containers should led down daily. Ervation on 6/15/15 at 9:40AM, dirty with dried foods/liquids. From 6/15/15 at 9:40AM, the meal carts were dirty and licarts should be wiped down developed down on 6/17/15 at preparation table had a heavy and food debris were 32 silver The silver pans also have ood debris on the inside	F 37				

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F 371	DM acknowledged utensils were dirty with the staff should chewash and prior to since the part of the p	on 6/17/15 at 11:00AM, the the serving and cooking with food debris. She indicated eck the utensils after each torage. Observation on 6/17/15 at machine was checked and the vas 170 and the rinse cycle ed to 164 when complete. on 6/17/15 at 11:30AM, the or indicated that the dish ed on 6/3/15 and a heater in 5/11/15. Interview on 6/17/15 at tenance director and sted the dish machine was there were no problems found inse cycle. Maintenance ed did not know why the dishes, but of the dishwasher greasy them. He was not aware the ing clean thoroughly. Interview on 6/18/15 at tenance indicated that eco lab the detergent system no	F3	71			