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

PRINTED: 10/08/2015 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLI<br>A. BUILDING | E CONSTRUCTION   | (X3) DATE SURVEY<br>COMPLETED         |  |  |
|--|---|--|------------------------------|--|---------------------------------------|--|--|
|  |   | 345054   | B. WING                      |  | C<br>09/17/2015                       |  |  |
| NAME OF PROVIDER OR SUPPLIER  WOODHAVEN NURS & ALZHEIMER'S C |   |  |                              | STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358  |                                       |  |  |
| (X4) ID<br>PREFIX<br>TAG                                     | (EACH DEFICIENC   | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD E<br>CROSS-REFERENCED TO THE APPROPRI<br>DEFICIENCY)   |                                       |  |  |
| F 000  | INITIAL COMMENTS  | 5  | F 000                        |  |                                       |  |  |
| F 371  |   | ited as a result of the on of 9/17/2015, intake #  | F 371                        |  | 10/9/15                               |  |  |
| SS=D   | considered satisfactor authorities; and   | n sources approved or<br>ory by Federal, State or local<br>istribute and serve food  |                              |  |                                       |  |  |
|  | by: Based on observation facility failed to label in the refrigerator and and one of four refrigerooms.  Findings included: During the initial tour at 12:23 PM, a bag or refrigerator was open date.  Observation of the kat 10:05 AM, revealed of frozen biscuits and toast without a label | T is not met as evidenced ons and staff interviews, the and date opened food items difference of the main kitchen gerators in the nourishment of the kitchen on 09/14/2015 of cheese in the walk-in ned but without a label and ditchen freezer on 09/16/2015 of there were an opened bag of two opened bags of French and date. Five bags of ealed but were out of the box, |                              | 1. No Resident was found to be affect but all Residents had the potential to be affected by the deficiency. 2. All refrigerators and freezers have be checked for opened and labeled items unlabeled-opened items were identifies. 3. All staff are being educated. The education began the day the surveyor found the unlabeled items. A memo habeen placed on all refrigerators for fand members to give items to the staff to be properly labeled. The staff responsible checking the refrigerator temperatures also responsible for checking the freezend refrigerators daily for unlabled item 4. This has been added to our Quality Assurance Program to be monitored weekly times 4 weeks then monthly. | peen a. No d.  as hilly be a for a is |  |  |
| ABORATORY  |   | /SUPPLIER REPRESENTATIVE'S SIGNATUF  | RF                           | TITLE  | (X6) DATE                             |  |  |

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

10/01/2015

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.

**Electronically Signed** 

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|--|--|---|--|---|-------------------------------|------------------------|
|  |  | 345054  | B. WING                                |   |                               | C<br><b>09/17/2015</b> |
| NAME OF PROVIDER OR SUPPLIER  WOODHAVEN NURS & ALZHEIMER'S C |  |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE  1150 PINE RUN DRIVE  LUMBERTON, NC 28358           | , ,                           |                        |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREFIX<br>TAG                    | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE COMPLETION           |                        |
| F 371  | without labels or expiration dates.  During the nourishment tour on 09/16/2015 at 10:18 AM, in the 1600 hallway nourishment room freezer, plastic sealed frozen pizza and an open box of popsicles were not dated and labeled with any resident 's name.  At 1:07 PM on 09/17/2015, the dietary manager (DM) stated all kitchen employees who opened food items were responsible for resealing them and placing labels and dates on them. The kitchen staff assigned for stocking was responsible for monitoring storage areas to assure the food items were removed from the box and labeled with an expiration date. The DM also stated the kitchen staff was responsible for stocking the nourishment room, but nursing staff was responsible for labeling and dating any open food items, as well as food items brought by family members.  At 1:26 PM on 09/17/2015 the Director of Nursing (DON) stated nursing staff was responsible for labeling and dating any food items bought by family members before putting them in the nourishment room refrigerator or freezer. |   | F 3'                                   | ,   |                               |                        |
|  | she was responsible and if food items we   | 7/2015, the Dietary Aid stated e for stocking the food items re removed out of the box, asible for placing labels and |  |   |                               |                        |