The PENCENCIES IN DELANOF CORRECTION (X) PROVIDERSUMPLEACUAL IDENTIFICATION NUMBER: (Q) MULTIPLE CONSTRUCTION A BUILDING (X) DELANOF COMPLETED NAME OF PROVIDER OR SUPPLER 345081 8. WING STREET ADDRESS, CITY, STATE, ZIP CODE 09/24/2015 NAME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 109/24/2015 09/24/2015 NAME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 100/2112 00/24/2015 F371 SUMMARY STATEMENT OF DEFICIENCIES STOREIP REPARED ADDRESS PARIO E COMPETIAL APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) 00/2000 PROVIDER'S PLAN OF COMPORTING ACTION SHOULD BE COMPLETED ADDRESS PLAN OF COMPACTION SHOULD BE COMPLETED ADDRESS PLAN OF COMPLETE TAG 10/5/15 10/5/15 F 371 483.35(I) FOOD PROCURES APPLIES ADDRESS PLAN OF COMPLETE			AND HUMAN SERVICES			PRINTED: 10/12/2015 FORM APPROVED OMB NO. 0938-0391	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE DURATION (M) DRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRE TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (M) DRE TRANSITIONAL CARE & REHAB-ROSE MANOR DURATAM, NC 27704 DURATAM, NC 27704 (F) 371 483.35(1) FOOD PROCURE, STRAN OR DURATAM, NC 27704 DURATAM, NC 27704 DURATAM, NC 27704 (2) Store, prepare, distribute and serve food DURATAM, NC 27716 F-371 This plan of correction is the center (s) of correction is the center (s) to correction is the center (s) to correction is plan	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STREE_TP CODE KINDRED TRANSITIONAL CARE & REHAB-ROSE MANOR STREET ADDRESS. CITY. STREET PROVES COMPACT COMPACTION (MJ ID TAG SUMMARY STATEMENT OF DEFICIENCIES. (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (RECULTORY OR LSC DENTIFYNG INFORMATION) ID PREFX TAG PREFX TAG PREFX TAG PREFX TAG PREFX TAG PREFX TAG PREFX TAG PREFX TAG PREFX TAG PREFX TAG <td< th=""><th></th><th></th><th>345081</th><th>B. WING _</th><th></th><th>09/24/2015</th></td<>			345081	B. WING _		09/24/2015	
KINDRED TRANSITIONAL CARE & REHAB-ROSE MANOR DURHAM, NC 27704 (24) ID PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (REAL DEFICIENCY OR LISC IDENTIFYING INFORMATION) IP PROVIDER'S PLAN OF CORRECTION (REAL DEFICIENCY WILST & PROCEEDD BY FULL REQUIRTORY OR LISC IDENTIFYING INFORMATION) IP PROVIDER'S PLAN OF CORRECTION (REAL DEFICIENCY WILST & PROCEEDD BY FULL REQUIRTORY OR LISC IDENTIFYING INFORMATION) ID PREFX TAG F 371 483.35(i) FOOD PROCURE, SS=D F 371 F 371 10/5/15 F actility must - (1) Procure food from sources approved or considered satifactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary condition os revent food born steam table on 9/23/15 at 8.55 AM and at 1.40 F-371 This REQUIREMENT is not met as evidenced by: Based on observations of the main dining room steam table on 9/23/15 at 8.56 AM and at 1.40 F-371 This plan of correction is the center/s credible allegation of compliance. During observations of the main dining room steam table on 9/23/15 at 8.56 AM and at 1.40 F-371 PM the steam table sheff was observed to be covered with dried dark food particles. During observations of the main dining room steam table on 9/24/15 at 8.21 AM and at 1.40 F-371 Naming table on 9/24/15 at 10:01 AM the Certified Ditary Manager (CDM) stated that sher depression. Namineticitely F-371 This plan of correction is the center/s credible allegation of correction is the center/s credible allegation of correction is prepared and/or executed solely because ti is requi	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	• • • • •	
PHÉERIX TAG IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I.S. IDENTIFYING INFORMATION) PRÉEIX TAG IEACH DEFICIENCY CONMENDOR DEFICIENCY F 371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY F 371 10/5/15 F 371 The facility must - (1) Frocure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary condition os F 371 F-371 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain kitchen equipment clean and in sanitary condition to prevent food born steam table on 9/23/15 at 5:5 AM and at 1:40 PM the steam table sheff was observed to be covered with dried dark food particles. During observations of the main dining room steam table on 9/24/15 at 10:01 AM the cordified Ditary Manager (CDM) stated that she expected staff to clean under the sheff at the she	KINDREI	TRANSITIONAL CA	RE & REHAB-ROSE MANOR				
SS=D STORÉ/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 maintain kitchen equipment clean and in sanitary condition to prevent food borne illness by failing to clean one of two steam table shelves. The findings included: During observations of the main dining room steam table was observed. The 4 foot underside of the steam table shelf was observed to be covered with dried dark food particles. During observations of the main dining room steam table on 92/4/15 at 10:01 AM the steam table was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed to be covered with dried dark food particles. In an interview on 9/24/15 at 10:02 AM the dietary meal. She assigned staff to clean the undershelf immediately. 1.) Interventions for affected resident: Residents have the potential to be affected by this practice. The steam table was cleaned and properly disinfected	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC	LD BE COMPLETION	
 (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 maintain kitchen equipment clean and in sanitary condition to prevent food borne illness by failing to clean one of two steam table shelves. The findings included: During observations of the main dining room steam table on 9/23/15 at 8:55 AM and at 1:40 PM the steam table was observed. The 4 foot underside of the steam table shelf was observed to be covered with dried dark food particles. During observations of the main dining room steam table on 9/24/15 at 8:21 AM and at 10:00 AM the steam table shelf was observed. The 4 foot underside of the steam table shelf was observed to be covered with dried dark food particles. In an interview on 9/24/15 at 10:01 AM the Certified Dietary Manager (CDM) stated that she expected staff to clean under the shelf after every meal. She assigned staff to clean under the shelf after every meal. She assigned staff to clean under the shelf after every meal. She assigned staff to clean under the shelf after every meal. She assigned staff to clean under the undershelf immediately. In an interview on 9/24/15 at 10:02 AM the dietary staff that served breakfast in the main dining room that morning stated that she usually F-371 F-371 This plan of correction is the center/s compliance. Preparation and/or execution of this plan of correction and/or execution of the plan of correction is the reant able and 9/23/15 at 10:02 AM the dietary staff supervisor. Ensuring no food particles and or crumbs were on the steam table. 2) Interventions for residents identified as 				F 37	1	10/5/15	
by: Based on observations and staff interviews the facility failed to maintain kitchen equipment clean and in sanitary condition to prevent food borne illness by failing to clean one of two steam table shelves.F-371The findings included: During observations of the main dining room steam table on 9/23/15 at 8:55 AM and at 1:40 PM the steam table was observed. The 4 foot underside of the steam table shelf was observed to be covered with dried dark food particles. During observations of the steam table shelf was observed to be covered with dried dark food particles. In an interview on 9/24/15 at 10:01 AM the Certified Dietary Manager (CDM) stated that she expected staff to clean under the shelf after every meal. She assigned staff to clean the undershelf immediately.F-371Han interview on 9/24/15 at 10:02 AM the dietary staff that served breakfast in the main dining room that morning stated that she usuallyF-371Differences credible allegation of correction is the center is the		 (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food 					
room that morning stated that she usually 2) Interventions for residents identified as		by: Based on observations and staff interviews the facility failed to maintain kitchen equipment clean and in sanitary condition to prevent food borne illness by failing to clean one of two steam table shelves. The findings included: During observations of the main dining room steam table on 9/23/15 at 8:55 AM and at 1:40 PM the steam table was observed. The 4 foot underside of the steam table shelf was observed to be covered with dried dark food particles. During observations of the main dining room steam table on 9/24/15 at 8:21 AM and at 10:00 AM the steam table was observed. The 4 foot underside of the steam table shelf was observed to be covered with dried dark food particles. In an interview on 9/24/15 at 10:01 AM the Certified Dietary Manager (CDM) stated that she expected staff to clean under the shelf after every meal. She assigned staff to clean the undershelf immediately. In an interview on 9/24/15 at 10:02 AM the dietary			 This plan of correction is the cent credible allegation of compliance Preparation and/or execution of the of correction does not constitute admission or agreement by the p the truth of the facts alleged or conclusions set forth in the stater deficiencies. The plan of correction prepared and/or executed solely it is required by provisions of feder state law. 1.) Interventions for affected resident affected by this practice. The steat was cleaned and properly disinfer culinary staff supervisor. Ensuring particles and or crumbs were on the state of the sta	his plan rovider of nent of on is because eral and dent: e am table cted by g no food	
		room that morning	stated that she usually		2) Interventions for residents ider	(X6) DATE	

Electronically Signed

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.

10/08/2015

		AND HUMAN SERVICES	-			FORM	10/12/2015 APPROVED 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	345081			B. WING			09/24/2015	
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
KINDRE	D TRANSITIONAL CA	RE & REHAB-ROSE MANOR			230 NORTH ROXBORO ROAD URHAM, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 371	Continued From pa cleaned the under s	age 1 shelf and just forgot that day.	F3	371	having potential to be affected: Residents in the community have the potential to be affected by this pract Cooks and Dietary Aides were re-educated on the cleaning proced and the kitchen/dining room cleanin schedules on 9/30/15 by the Registe Dietician. Staff Signatures were coll to ensure staff acknowledgment 3.) Systemic Change An audit of the daily and weekly cleas schedules will be conducted weekly weeks to ensure compliance and id- area of improvement as needed .the Culinary Manager or Cook on duty audit for proper cleaning and disinfer of the steam table to ensure areas properly cleaned, no food particles, crumb free and ready for use; daily times a week for 4 weeks, then week 4 weeks to ensure compliance and identify area of improvement as need The Nursing Home Administrator witt make weekly tours with the Culinary Manager of the kitchen to monitor cleanliness through the daily, weekl monthly cleaning schedules for 12 w to ensure compliance. Registered Dietician conducted an in-service or 9/30/15 for cooks and dietary aides. Newly hired staff will be trained and in-serviced on the daily/weekly and monthly cleaning schedule. The RD reviewed our daily, weekly and mon cleaning schedules	ice. ures, g ered ected aning for 12 entify e will are 5 ekly for eded. II / y, and veeks		

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 923269

If continuation sheet Page 2 of 3

		AND HUMAN SERVICES				FORM	10/12/2015 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
345081			B. WING			09/24/2015	
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ROSE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4230 NORTH ROXBORO ROAD DURHAM, NC 27704				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 371	Continued From pa	ge 2	F 3	371			
					4.) Monitoring of the change to sus system compliance ongoing:	tain	
					The Quality Assurance Committee discuss and review the results of th Culinary audits monthly for a minir three months. Suggestions and recommendations will be made as by the Quality Assurance Committee ensure compliance is sustained on	ne num of needed ee to	

FORM CMS-2567(02-99) Previous Versions Obsolete