

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 371 SS=D	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>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 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 staff that served breakfast in the main dining room that morning stated that she usually</p>	F 371	<p>F-371</p> <p>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law.</p> <p>1.) Interventions for affected resident: Residents have the potential to be affected by this practice. The steam table was cleaned and properly disinfected by culinary staff supervisor. Ensuring no food particles and or crumbs were on the steam table.</p> <p>2) Interventions for residents identified as</p>	10/5/15	

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

TITLE

(X6) DATE

Electronically Signed

10/08/2015

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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F 371	Continued From page 1 cleaned the under shelf and just forgot that day.	F 371	<p>having potential to be affected:</p> <p>Residents in the community have the potential to be affected by this practice. Cooks and Dietary Aides were re-educated on the cleaning procedures, and the kitchen/dining room cleaning schedules on 9/30/15 by the Registered Dietician. Staff Signatures were collected to ensure staff acknowledgment</p> <p>3.) Systemic Change</p> <p>An audit of the daily and weekly cleaning schedules will be conducted weekly for 12 weeks to ensure compliance and identify area of improvement as needed .the Culinary Manager or Cook on duty will audit for proper cleaning and disinfecting of the steam table to ensure areas are properly cleaned, no food particles, crumb free and ready for use; daily 5 times a week for 4 weeks, then weekly for 4 weeks to ensure compliance and identify area of improvement as needed. The Nursing Home Administrator will make weekly tours with the Culinary Manager of the kitchen to monitor cleanliness through the daily, weekly, and monthly cleaning schedules for 12 weeks to ensure compliance. Registered Dietician conducted an in-service on 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 monthly cleaning schedules</p>		

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

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F 371	Continued From page 2	F 371	<p>4.) Monitoring of the change to sustain system compliance ongoing:</p> <p>The Quality Assurance Committee will discuss and review the results of the Culinary audits monthly for a minimum of three months. Suggestions and recommendations will be made as needed by the Quality Assurance Committee to ensure compliance is sustained ongoing.</p>		