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

PRINTED: 11/10/2015 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	
NAME OF PI	ROVIDER OR SUPPLIER	345283		STREET ADDRESS, CITY, STATE, ZIP CODE	C 10/29/201 <u>5</u>	
MOORES	/ILLE CENTER		1	550 GLENWOOD DRIVE MOORESVILLE, NC 28115		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
F 371 SS=E	The facility must - (1) Procure food fro considered satisfac authorities; and	om sources approved or tory by Federal, State or local distribute and serve food	F 371		11/11/15	
	by: Based on observatifacility failed to mai clean and sanitary illness by failing to a steam table shelf. The findings include A review of the Food Master Cleaning So." Freezer (Walk In) mopping/light scrub, and Fans weekly. " 1. During the initial I manager on 10/27/freezer was observed shelving on the left with bits of cardboard food particles, ice of near the shelving left A second observation 10/28/15 at 2:32 PM the left side was obtained and paper debris, find dark moist spill	d and Nutrition Services, chedule Revised 4/01/14 listed weekly / monthly, Floors, wet o-monthly. Steam table-weekly kitchen tour with the Dietary 15 at 8:25 AM the Walk in ed. Underneath the freezer side the floor was observed and paper debris, frozen chips and dark moist spills		Corrective action for those affected: The walk in freezer, the steam table corand the fan were cleaned on 10/29/15. Corrective action for those potentially affected: The walk in freezer, the steam table corand the fan were cleaned on 10/29/15. Systemic changes: The walk in freezer the steam table cover and fan were add to the daily and weekly cleaning schedules. The FSD or designee will assure the daily and the weekly cleaning has occurred and the cleaning spreadsheets are signed accordingly. Dietary staff were educated on the cleaning schedule additional items, that the FSD or designee will check the cleaning schedules daily, and they will be allowed to leave until their assignment are complete and documented. Any ite not complete will be complete prior to employee leaving for the day. The	ver -, ded g t not	
ABORATORY		R/SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u>	TITLE	(X6) DATE	

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

11/06/2015

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.

Electronically Signed

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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MOORES	VILLE CENTER		۱ ,	550 GLENWOOD DRIVE		
MOOREO	VILLE GENTER		1	MOORESVILLE, NC 28115		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 371	was observed in the During an interview 10/29/15 at 10:53 and of each shift she are their cleaning but of staff. She stated the as kitchen manger staff and cleaning. 2. During an observed. Observed. Observed. Observed. Observed food particles. Duristeam table on 10/4 underside of the stop observed to be comparticles. In an interview with 10/29/15 at 10:53 and cleaning schedule underneath the step she would add the cleaning schedule. 3. During an observed blowing of clean dome lids that the fan. The fan can dark gray dust ball observed with gray During an interview.	AM revealed the freezer floor we same unclean condition. with the Dietary Manager on AM she stated that at the end sked staff if they completed did not really check behind wat she had just hired someone to concentrate on the kitchen wation of the kitchen on M the steam table was ations underneath the 5 foot It was covered with dried dark wing a second observation of the 29/15 at 10:52 AM the weam table shelf was again wered with dried dark food The Dietary manager on AM she stated that there was a but it did not address cleaning was table shelf. She stated that underside of the shelf to the wation of the dish machine on M a large wall fan was directly onto the drying rack of at was less than 8 inches from toge was observed covered with s and the fan blades were	F 371	,	ee. signee daily for has nd prior D or times eks,	

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	ROVIDER OR SUPPLIER	345283	550	REET ADDRESS, CITY, STATE, ZIP CODE OGLENWOOD DRIVE OORESVILLE, NC 28115	C 10/29/201 <u>5</u>	
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F 371		page 2 ne had last taken a brush and e fan in the kitchen dish room	F 371			