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

PRINTED: 04/10/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION G	1, ,	(X3) DATE SURVEY COMPLETED	
		345383	B. WING	 		3/28/2019	
	ROVIDER OR SUPPLIER I PINES REHABILITATIO	ON AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LECTION (LECTION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
E 000	Initial Comments		E 00	00			
F 812 SS=F	conducted on March 2019. The facility we the requirement CFF Preparedness, Even Food Procurement, SCFR(s): 483.60(i)(1) §483.60(i) Food safe The facility must - §483.60(i)(1) - Procu approved or conside state or local authori (i) This may include from local producers and local laws or reg (ii) This provision do facilities from using I gardens, subject to a safe growing and food (iii) This provision do from consuming food §483.60(i)(2) - Store serve food in accord standards for food standards for food standards for food standards for food standards on observation.	ety requirements. ure food from sources ered satisfactory by federal, ities. food items obtained directly s, subject to applicable State gulations. es not prohibit or prevent produce grown in facility compliance with applicable od-handling practices. Des not preclude residents ds not procured by the facility. et, prepare, distribute and lance with professional ervice safety. T is not met as evidenced	F 81	2			
	beverage glasses ar bowls before stackin in storage and failed from 2 of 12 serving 4 expired hamburge	ir dry 7 trays of clean 8 oz. and 1 tray of clean serving ag them on top of one another at to remove dried food debris bowls; 2) failed to dispose of a rolls and one expired 4 oz. an, and 3) failed to label and					
LABORATORY	L DIRECTOR'S OR PROVIDER	VSUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u>	TITLE		(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.

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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	
		345383	B. WING		03/28/2019	
NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352		•	
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F 812	Continued From page 1 date two open bags of dried cereal. Findings included: 1. During the initial tour of the kitchen beginning on 03/25/19 at 11:45 AM, 7 trays of clean wet 8 oz. beverage glasses were observed to be stacked on top of one another with moisture trapped inside them and a tray of wet individual serving bowls were observed to be stacked under one tray of dry bowls with noted moisture trapped inside them. A follow up tour of the kitchen on 03/27/19 at 11:25 AM, revealed there were 12 wet individual serving bowls observed to be stacked under one tray of dry bowls with noted moisture trapped inside them. Two of the 12 bowls were noted to have dry food debris inside the bowls.		F 81:	<u>'</u>		
	Service Director (FS The FSD stated her staff ensure piece of air dried before stad another to prevent myhich could cause be stated the dietary strecently in serviced on how to properly stood borne illnesses. An interview was commanager (CM) on of reported the dietary washing, drying and stated the dietary stree oriented on how	nducted with the Food (ED) on 03/27/19 at 11:30 AM. expectation was that dietary of kitchenware were clean and king them on top of one noisture from being trapped vacteria to grow. The FSD (aff were all new and were and trained during orientation (store kitchenware to prevent) (b) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				

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		345383	B. WING _			03/	/28/2019
NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352			20,20.10	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SH		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 812	the staff ensure that won top of one another so they can dry comp. 2. During the initial to on 03/25/19 at 11:45 hamburger rolls was expiration date was 0 the walk in refrigerate chocolate milk was exitated and the walk in refrigerate chocolate milk was expiration date was 0 the walk in refrigerate chocolate milk was expiration date was 0 the walk in refrigerate chocolate milk was exitated and trained that the walk in refrigerate chocolate milk was expirated that the walk in the walk and the walk and the walk and trained during or packages were within and to monitor and did daily. 3. During the initial to on 03/25/19 at 11:45 dried cereal were obstroom with no label or An interview was con 03/25/19 at 11:50 AM dried packages of for granola and stated thand dated. The FSD there had been a date illegible.	wet dishes were not stacked and should be spread out eletely. Our of the kitchen beginning AM, 1 package of noted to be expired. The 13/20/19. During a tour of or, 1 carton out of 12 4 oz. expired on 03/16/19. We kitchen on 03/27/19 at ere were 3 packages of expired on 03/25/19. In the FSD reported the have been discarded on the eFSD stated the dietary of were recently in serviced elentation to ensure all an the recommended use date spose of any expired items Our of the kitchen beginning AM, 2 packages of opened derived in the dry storage date.	F	312			

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F 812	03/27/19 at 2:00 PM. aide (DA #1) was residied storage room, the walk in freezer for to ensure the packag when opened. The Cresponsible for putting Tuesday and he was products were labeled products were dispose	The CM stated a dietary ponsible for checking the ne walk in refrigerator and rany expired products and es were labeled and dated CM reported DA #1 was g the deliveries away each in serviced to make sure all d, dated and expired	F 8	312				