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

PRINTED: 03/27/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING		С	
345365			B. WING		02/27/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				907 CUNNINGHAM ROAD		
SIGNATURE HEALTHCARE OF KINSTON				KINSTON, NC 28501		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
E 000	Initial Comments		E 0	00		
	conducted on 02/24/2	•				
F 000	INITIAL COMMENTS		F0	00		
F 812 SS=D	ZT3411.	on of 2/27/2020 event ID: core/Prepare/Serve-Sanitary	F 8	12	3/16/20	
	§483.60(i) Food safet The facility must -	ty requirements.				
	state or local authoriti (i) This may include for from local producers, and local laws or regu (ii) This provision doe facilities from using pr gardens, subject to co safe growing and food (iii) This provision doe	ed satisfactory by federal, ies.  bood items obtained directly subject to applicable State plations.  so not prohibit or prevent roduce grown in facility pupplicable				
	serve food in accorda standards for food se This REQUIREMENT by: Based on observatio facility failed to discar	prepare, distribute and unce with professional rvice safety. is not met as evidenced in and staff interviews, the rd food items that were piration or facility's tracking		The items in the refrigerator whi     were being stored out of date were     discarded immediately when identifie		
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE	

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** 

03/05/2020

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		345365	B. WING _			1	C / <b>27/2020</b>	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0=		
					07 CUNNINGHAM ROAD			
SIGNATURE HEALTHCARE OF KINSTON				KINSTON, NC 28501				
(X4) ID			ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG			PREFI) TAG	X 	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		E COMPLETION DATE	
F 812	Continued From page 1		F 8	312				
	dates in 2 of 2 refrige area.	rators located in the kitchen			the surveyor. Items in the refrigerator remain labeled and dated.  2. All residents had the potential to b			
	The findings included:				affected. The Dietary Manager and Assistant Dietary Manager completed			
	An observation with t	he food services director on			inspection of all food storage areas on			
	2/24/2020 at 11:05am revealed the following				2/25/20 to identify items being stored of			
	expirations:				of date. No other items were found du	ring		
					this inspection.			
	From the reach-in refrigerator:				Education on the Food Storage po			
	10 cartons of pint size chocolate milks with an				will be conducted with the Dietary Staff	by		
	expiration date of 2/2	2/2020.			3/9/20 by the Dietary Manager.	_		
	Frame the smalle in refuirementary				Education on "Use-by Date" will also be conducted with the Dietary Staff by 3/9			
	From the walk-in refrigerator:  Caesar dressing container was dated opened on				by the Dietary Manager. This training will			
	10/3. The food services director stated the				also be provided to all Dietary Staff upon			
	dressing could be used up to 3 months from the				hire during orientation.	211		
	opened date.				Ongoing audits by the Administrate	or,		
	'				Registered Dietician, Dietary Manager,			
	Dijon Mustard container had an expiration date of 1/22/2020.				and Assistant Dietary Manager will be			
					conducted for observation and review	of		
					all facility for food storage areas.			
	Three boiled eggs without a shell were noted in a				5. These audits will be conducted da	•		
	zip lock bag dated 2/20/2020.				for four weeks, weekly for two weeks, a			
					monthly for three months. All data will I			
	An interview with the dietary aide #1 on 2/27/2020				summarized and presented to the facility			
	at 11:37am revealed a staff member was				Quality Assurance and Performance			
	assigned to check the refrigerators daily for			Improvement meeting monthly by the				
	expirations. Dietary aide #1 noted cooked items				Administrator. Any issues or trends			
	were not left in the refrigerator for more than 3 days and milk cartons were checked before				identified will be addressed by the QAPI			
	serving on the tray for expiration date. The dietary				committee as they arise, and the plan will be revised to ensure continued			
	aide #1 further noted expired items were				compliance. The QAPI committee			
	discarded.				consists of the Administrator, DON, Staff			
					Development Coordinator, MDS			
	An interview conducte	ed with the dietary cook #1			coordinator, Admission Coordinator,			
	on 2/27/2020 at 1:29pm revealed food items in				Rehabilitation Manager, Medical Direct	or,		
	the refrigerator had a used by date on each item				Director of Social Services, and			
	and if the date was expired, the food items were				Environmental Services. Other members			

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		345365	B. WING				27/2020
NAME OF PR			STF	REET ADDRESS, CITY, STATE, ZIP CODE	1 02/	2112020	
				907	CUNNINGHAM ROAD		
SIGNATUR	RE HEALTHCARE OF KIN	NSTON		KIN	NSTON, NC 28501		
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F 812			F 8	312			
	food was refrigerated refrigerator was check dates.	Cook #1 noted left over for 3 days and the ked daily for expiration  3pm, the food services			may be assigned as the need should arise.		
	director noted a staff	member was assigned daily tors for expired items and					
	On 2/27/2020 at 1:55 expired food items sh refrigerators.	pm the administrator stated ould not be in the					