

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

PRINTED: 05/16/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/30/2022
NAME OF PROVIDER OR SUPPLIER CHATHAM NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 700 JOHNSTON RIDGE ROAD ELKIN, NC 28621	
(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
E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS	F 000		
F 812 SS=E	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced</p>	F 812		4/25/22

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

TITLE

(X6) DATE

Electronically Signed

04/16/2022

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 812	<p>Continued From page 1</p> <p>by:</p> <p>Based on observations and staff interviews the facility failed to maintain a clean walk-in refrigerator from an accumulation of a brownish/blackish matter for 1 of 1 walk-in refrigerators. Additionally, the facility failed to remove expired liquids stored ready for use in 1 of 1 walk-in refrigerators. This practice had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>1a. An observation completed with the Dietary Manager (DM) in the walk-in refrigerator on 3/28/2022 at 9:39 AM revealed a brownish/blackish matter on the ceiling of the walk-in refrigerator which included the cage covering the circulatory fan and the light protector.</p> <p>b. An observation completed with the DM in the walk-in refrigerator on 3/28/2022 at 9:41 AM revealed 1 opened box of honey thick consistency milk with a use by date of 1/16/22 on the top shelf. The box contained 12 un-opened cartons of honey thick consistency milk.</p> <p>The DM stated in an interview on 3/28/22 at 9:43 AM that the brownish/blackish matter on the ceiling of the walk-in refrigerator was from condensation from opening the door. The DM stated that he checked expiration dates weekly on delivery days and that the milk was delivered from the food supplier expired. The DM was not certain as to why the honey thick consistency milk was still in the walk-in refrigerator. The DM communicated he last checked the walk-in refrigerator for expired items on 3/25/2022.</p>	F 812	<p>The expired, unopened product was discarded at the time of finding on 3/28/2022 by the Dietary Manager (DM). No other expired products/items were found upon further inspection by the DM. The Maintenance Director removed the blackish/brownish substance found in the walk-in refrigerator on 4/15/2022. No other areas in the kitchen were found to be in a similar condition.</p> <p>Dietary staff were re-educated by the DM on cleaning of kitchen areas/items on 4/13/22 & 4/14/22. Dietary staff were also re-educated on proper labeling and dating in addition to First In, First Out (FIFO) by the DM on 4/7/2022. FIFO will ensure that food products will be used prior to the expiration or use by date.</p> <p>The facility will maintain proper sanitation/ cleanliness of the walk-in cooler by conducting weekly F 812 Audits to ensure the walk-in cooler is free of any debris on the walls/ceiling/racks. The DM or designee will complete these weekly audits. If any build up is noticed on the fan, cage covering the circulatory fan, a worker order will be sent to the maintenance department.</p> <p>A receiving log will be in place to check received items that are short dated and/or expired upon delivery. Such items will be returned immediately. A.M. Supervisor and P.M. Supervisor will conduct a spot check at opening and closing of the Kitchen to ensure no out of date items are</p>		

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F 812	<p>Continued From page 2</p> <p>In a follow up interview with the DM on 3/29/22 at 2:32 PM, he verbalized the walk-in refrigerator was cleaned Monday, Wednesday, and Fridays. The DM expressed the walk-in refrigerator would be scrubbed clean and Maintenance would be notified.</p> <p>The Administrator stated in an interview on 03/30/22 04:32 PM that the walk-in refrigerator should be cleaned on a regular basis to prevent buildup of debris on the ceiling. Additionally, the Administrator voiced that any foods or beverages coming into the building needed to be checked for the expiration date before storing.</p>	F 812	<p>received and/or stored.</p> <p>The DM or designee will do daily random spot checks 2 x daily for compliance and take corrective action as needed. The DM or designee will monitor compliance and accuracy of the opening and closing check lists daily for 4 weeks, twice a week for 2 weeks, and then randomly on going. The Area Manager or designee will perform unannounced food safety and kitchen audits bi-weekly for 3 months.</p> <p>The Executive Director (ED) and DM will meet weekly for 4 weeks to review the audits. Any areas of non-compliance will be discussed, and appropriate actions taken to include additional training and/or monitoring. Audits and weekly administrative reviews will be taken to the monthly Quality Management Program (QMP) committee for 3 months for review and additional actions, if needed.</p>	