

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

PRINTED: 06/20/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>SCOTIA VILLAGE-SNF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 ELM DRIVE LAURINBURG, NC 28352</b>		
(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 by: Based on observations and staff interviews, the facility failed to label/date leftover frozen food items stored available for use and store frozen food items covered in 1 of 1 walk-in freezer and</p>	F 812	<p>This plan of correction represents Scotia Village's allegation of compliance. The submission of the following plan of correction does not constitute an</p>	6/8/22	

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

TITLE

(X6) DATE

Electronically Signed

06/08/2022

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>failed to discard expired food in 1 of 1 reach-in cooler in the main kitchen. This had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>The initial tour of the kitchen was conducted on 5/23/22 at 11:35 AM with the Director of Dining Services (DDS). An observation of the walk-in freezer revealed a leftover bag of sea scallops with no label with date opened, a leftover bag of onions with no label with date opened, and a leftover bag of mixed vegetables with no label with date opened, and a roast with an open plastic wrap cover. Observation of the reach-in cooler revealed a container of cranberry sauce with the expiration date of 5/20/22.</p> <p>An interview was conducted on 5/23/22 at 11:45 AM with the DDS. He stated all leftover food items in the walk-in freezer should be covered and labeled with the expiration date. He further stated that expired food should not be in the reach-in cooler. The DDS indicated the walk-in freezer and the reach-in cooler were checked every day for unlabeled and expired food items.</p>	F 812	<p>admission or agreement by the provider as to the truths of the facts as alleged or conclusions presented by the survey consultants from NCDHSR relating to alleged deficient practice.</p> <p>It is the policy of Scotia Village to store, prepare, distribute, and serve food in accordance with professional standards for food service safety.</p> <p>1. What corrective action will be accomplished for residents affected.</p> <p>a. The unlabeled sea scallops, onions, roast, and mixed vegetables in the freezer were discarded immediately on 5.23.2022. The expired cranberry sauce found in the reach-in cooler was discarded immediately on 5.23.2022.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</p> <p>a. The Dining Director inspected all other freezers, coolers, and refrigerators for outdated and improperly labeled food on 5.23.2022.</p> <p>3. What measures will be put into place to ensure the practice does not occur.</p> <p>a. All dining staff will be in-serviced by the Dining Director, Executive Chef, or designee regarding discarding expired food items and properly labeling food items. In-service was complete on 6.8.2022.</p> <p>b. All new hires will receive the in-service at orientation.</p> <p>c. At the start of each shift the Dining</p>		

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F 812	Continued From page 2	F 812	<p>Director, Executive Chef, or designee will inspect all freezers, coolers, and refrigerators in the main kitchen to ensure all food is within date and properly labeled. Items not in compliance will be discarded immediately.</p> <p>4. How corrective action will be monitored to ensure the deficient practice will not recur ie, what quality assurance program will be put into place?</p> <p>a. The Dining Director, Executive Chef, or designee will inspect freezers, coolers, and refrigerators to ensure food is within date and is properly labeled. These audits will be done daily for one month, then twice a week on food truck delivery days for one month, and then once per week for one month. An audit tool has been developed to record the results. The Dining Director will report the results at the quarterly QAPI meeting until all inspections are complete. Dining leadership will also discuss comments or concerns related to food labeling at their regularly scheduled meetings.</p>		