

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

PRINTED: 05/13/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHERN REGIONAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>830 ROCKFORD STREET MOUNT AIRY, NC 27030</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>An unannounced recertification survey was conducted from 03/25/25 through 03/28/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #PBDI11.</p> <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 record review, observations, and staff interviews, the facility failed to remove food items stored and available for use that were past the</p>	F 812	<p>F812</p> <p>Plan of Correction</p>	4/17/25	

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

TITLE

(X6) DATE

Electronically Signed

04/17/2025

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.

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

PRINTED: 05/13/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHERN REGIONAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>830 ROCKFORD STREET MOUNT AIRY, NC 27030</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	
F 812	<p>Continued From page 1</p> <p>expiration date or had signs of spoilage from 1 of 2 walk-in coolers. The facility also had 3 of 4 kitchen staff members who failed to fully cover their hair during meal preparation. This deficient practice had the potential to affect food and beverages served to residents.</p> <p>The findings included:</p> <p>The initial tour of the kitchen with the Dining Services Manager on 3/25/25 at 10:32 AM revealed the following:</p> <p>1a. One 16 ounce (oz) container of Chicken Base with an expiration date December 2024 stored in the walk-in cooler and available for use.</p> <p>b. Three 16 oz containers of Chicken Base with an expiration date of January 2025 stored in the walk-in cooler and available for use.</p> <p>c. Four 16 oz containers of Chicken Base with an expiration date of February 2025 stored in the walk-in cooler and available for use.</p> <p>d. One 16 oz container Chicken Base with expiration date February 2025, with opened date March 13, 2025, was observed to be one fourth used covered in clear wrap was stored in the walk-in cooler available for use.</p> <p>e. Ten of twenty-five medium red onions observed with white fuzzy matter in a covered plastic container stored in the walk-in cooler available for use.</p> <p>During an interview on 3/25/25 at 10:44 AM the Dining Services Manager stated produce should be checked daily for signs of spoilage. The</p>	F 812	<p>Walk-In Cooler-Observation 1</p> <p>Items found during the tour of the kitchen in the walk-in cooler that were available for use with expired dates were immediately discarded. Completed on 3/25/2025.</p> <p>Education was provided to staff by dietary manager on 3/25/2025 on how to check for manufacturer's expiration dates on all items and how to discard outdated items. The education was completed on 3/31/2025. All new hires will receive education on how to check for manufacturer's expiration dates that are stored in walk-in cooler as part of their orientation.</p> <p>To ensure that the deficient practice does not reoccur beginning week of 4/7/2025 daily audits will be completed by Dining Services Manager or designee to ensure expired foods have been discarded. These audits will continue as daily ongoing audits to ensure compliance.</p> <p>Monitoring of compliance will be reported to the quarterly QAPI meeting beginning July 2025.</p> <p>Ten of twenty-five medium red onions found during the tour of the kitchen in the walk-in cooler that were available for use had signs of spoilage were immediately discarded. Completed on 3/25/2025.</p> <p>Education was provided to staff by dietary</p>		

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

PRINTED: 05/13/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHERN REGIONAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>830 ROCKFORD STREET MOUNT AIRY, NC 27030</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	
F 812	<p>Continued From page 2</p> <p>Dining Services Manager verbalized the supervisors in the kitchen were assigned to complete the daily checks of the walk-in cooler and specifically observe the produce for signs of spoilage. The Dining Services Manager further stated the supervisors were also assigned to check expiration dates. The Dining Services Manager voiced expiry dates and produce checks for signs of spoilage were completed daily inclusive of weekends. The Dining Services Manager indicated she did not have any concerns reported to her from the weekend (3/22/25 and 3/23/25) as well as on Monday (3/24/25). The Dining Service Manager continued to state dietary staff were educated on checking for expiry dates and signs of spoilage but did not have documentation of the education provided.</p> <p>On 3/28/25 at 12:05 PM the Director of Nursing revealed food items should be appropriately discarded.</p> <p>2. An observation on 3/27/25 at 11:50 AM in the presence of the Dining Services Manager revealed Dietary Aide #1's hair on her forehead was not covered by the hair net. Dietary Aide #2 and Dietary Aide #3's hair net covered the bun in the back of their head with the rest of their hair exposed. The three staff members were observed pouring the residents' beverage selections in cups and transporting tea to the beverage area.</p> <p>During the interview with the Dining Services Manager on 3/27/25 at 2:30 PM, the Dining Services Manager stated all employees' hair should be fully covered at all times while in the kitchen.</p>	F 812	<p>manager on 3/25/2025 on procedure for receiving produce from distribution center. The education was completed on 3/31/2025. All new hires will receive training on receiving produce from distribution center as part of their orientation.</p> <p>To ensure that the deficient practice does not reoccur beginning week of 4/7/2025 Dining Services Manager or designee will be responsible to check for signs of spoilage upon receiving produce from distribution center on delivery days. Ongoing daily audits will be completed on produce to check for signs of spoilage by Dining Services Manager or designee to ensure compliance.</p> <p>Monitoring of compliance will be reported to the quarterly QAPI meeting beginning July 2025.</p> <p>Correct use of hair nets-Observation 2</p> <p>While in kitchen Dietary Aide #1 was observed having hair on her forehead not covered by the hair net. Dietary Aide #2 and Dietary Aide #3 were observed with</p>		

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

PRINTED: 05/13/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/28/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHERN REGIONAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>830 ROCKFORD STREET MOUNT AIRY, NC 27030</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	
F 812	Continued From page 3 On 3/28/25 at 12:05 PM the Director of Nursing stated all kitchen staff should have hair fully covered.	F 812	<p>hair net covering their hair bun but left the rest of the hair exposed with no hair net covering hair. This was observed while the three staff members were pouring residents' beverages in cups and transporting tea to beverage area. Staff were immediately asked to cover their entire hair with the hair net as required. Completed on 3/25/25.</p> <p>Education was provided to staff by dietary manager on 3/27/25 that employees' hair is required to be fully covered at all times while in the kitchen. Education was completed on 4/7/2025. All new hires will receive the same training on "How to wear a hair net in the food industry." Signage was also placed in the locker room to further remind staff of the requirement.</p> <p>To ensure the the deficient practice does not reoccur beginning week of 4/7/2025 the Dining Services Manager or designee will be responsible for completing ongoing daily audits to ensure all staff working are compliant with correctly wearing of hair nets while in kitchen. These audits will continue as ongoing to ensure compliance with staff wearing hair nets correctly.</p> <p>Monitoring of compliance will be reported to the quarterly QAPI meeting beginning July 2025.</p>		