

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/23/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
SENTER'S REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**40 RAWLS CLUB ROAD
FUQUAY VARINA, NC 27526**

(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) COMPLETE DATE 3-24-15
--------------------	--	---------------	---	--------------------------------------

D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on January 22-23, 2015.	D 000	PLAN OF CORRECTION FOR Senter's Rest Home Responses to the cited deficiency does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set- forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State Law.	
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the reach in-cooler, the reach-in freezers and the walls and floors were clean in the kitchen. The findings are: Observation of the inside of the reach-in cooler located in the kitchen on 1/22/15 at 9:42 a.m. revealed: -The reach-in cooler had dried brown and orange food in the corners. -The racks had dried orange food and multiple black substances on the racks. -The fan cover had grease, dust and rust. -The food was covered near the rusted fan cover. Observation of the outside of the reach-in cooler and the attached reach-in freezer on 1/22/15 at 9:42 a.m. revealed: -All six door handles and the doors were greasy with dried brown and white food stains. -The top of the reach-in cooler and freezer had grease and dust.	D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service <ul style="list-style-type: none"> The kitchen was thoroughly cleaned by the Dietary and Housekeeping Staff on (01/23/15) to include: Inside the reach in cooler and freezer. Tops of the reach in cooler and freezer. Air conditioner vent cover. Kitchen floors Walls A Cleaning Schedule was implemented on (02/09/15), and Dietary Staff have been in serviced on their cleaning dutie The kitchen and Cleaning Schedule will be "spot checked" daily, and thoroughly inspected by the ED or designated staff monthly. Requisitions were submitted on (02/09/15) to have the broken tiles replaced and the walls painted in the kitchen. Plan of Correction Date: 03/24/15	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Diane N McSamb

Administrator

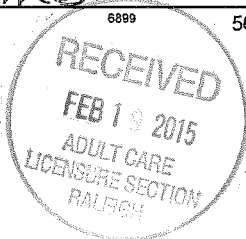
2/13/15

STATE FORM

6899

56L11

If continuation sheet 1 of 4



✓ 2/27/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SENER'S REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 40 RAWLS CLUB ROAD FUQUAY VARINA, NC 27526
--	--

(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) COMPLETE DATE
D 282	<p>Continued From page 1</p> <p>Observation of the inside of the attached reach-in freezer on 1/22/15 at 9:45 a.m. revealed the bottom of the reach-in freezer had dried brown and orange food and liquid stains.</p> <p>Observation of the inside of the second reach-in freezer located near the pantry on 1/22/15 at 9:47 a.m. revealed the bottom of the reach-in freezer had dried brown and orange food and liquid stains.</p> <p>Observation of the outside of the same reach-in freezer on 1/22/15 at 9:47 a.m. revealed: -The outside of both doors and the door handles were greasy and had dried food (unknown color) behind the door handles. -The top of the reach-in freezer had dust.</p> <p>Observation of the floors in the kitchen on 1/22/15 at 9:50 a.m. revealed: -The floor under the reach-in cooler and the reach-in freezers had gray dirt and rust stains. -The floor located behind the stove had brown dried grease mixed with black, orange and brown food stains.</p> <p>Observation of the tile in front of the back exit door in the kitchen on 1/22/15 at 9:50 a.m. revealed there were three broken tiles in front of the door.</p> <p>Observation of the two air conditioner vent covers located on the back wall above the hand sink on 1/22/15 at 9:55 a.m. revealed both vents had dust.</p> <p>Observation of the kitchen floor under the beverage dispenser on 1/22/15 at 9:57 a.m. revealed the floor had brown and orange dried liquid stains.</p>	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SENER'S REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 40 RAWLS CLUB ROAD FUQUAY VARINA, NC 27526
--	--

(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) COMPLETE DATE
D 282	<p>Continued From page 2</p> <p>Observation of the wall by the hand sink on 1/22/15 at 10:00 a.m. revealed the white wall had a large brown stain coming from the top of the wall to the bottom of the wall.</p> <p>Interview with the Cook on 1/22/15 at 9:53 a.m. revealed: -The Cook and the Dietary Aide cleaned the kitchen as needed. -The reach-in cooler and the reach-in freezer was cleaned monthly and as needed. -The food was last taken out of the reach-in cooler and the reach-in freezer two weeks ago. -The kitchen floors are mopped after lunch and at the end of the day. -The walls in the kitchen are cleaned as needed and were last cleaned one month ago.</p> <p>Further interview with the Cook on 1/22/15 at 4:55 p.m. revealed: -The Cook was responsible for making sure the Dietary Aide cleaned the kitchen. -Dietary did not have a cleaning schedule.</p> <p>Interview with the Dietary Aide on 1/22/15 at 4:56 p.m. revealed: -The Dietary Aide cleaned the kitchen as needed. -If something needed to be cleaned inside the kitchen, the Dietary Aide left a note for the next Cook or Dietary Aide to what needed to be cleaned. -The Dietary Aide did not know the cleaning schedule. -The floors are cleaned after lunch and at night. -The reach-in refrigerator and the reach-in freezers are cleaned monthly.</p> <p>Interview with the Administrator on 1/23/15 at 11:40 a.m. revealed:</p>	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/23/2015
NAME OF PROVIDER OR SUPPLIER SENDER'S REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 40 RAWLS CLUB ROAD FUQUAY VARINA, NC 27526		
(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) COMPLETE DATE	
D 282	Continued From page 3 -The Administrator expected Dietary to follow the cleaning schedule and to clean the kitchen. -The Administrator had not seen the cleaning schedule inside of the kitchen. -Dietary staff should document on the cleaning schedule when the assignments are completed. The Administrator expected the Cooks to make sure the Dietary Aides cleaned the kitchen. -The Cook or Dietary Aides should clean the floor daily. -The assigned Cook should take the food out of the reach-in cooler and the reach-in freezers and clean the reach-in cooler and reach-in freezers weekly. -The Administrator did a walk through inside of the kitchen daily. -The Administrator had not observed the inside of the refrigerator. -The Administrator put in a request to corporate on 1/22/15 to have the walls inside of the kitchen painted.	D 282			

Herring, Belverly G

From: Gant, Kimberly
Sent: Friday, February 27, 2015 5:02 PM
To: ebass@harnett.org
Cc: Herring, Belverly G; Gibson, Cassandra
Subject: Senter's Rest Home 1-23-15 (Harnett County)
Attachments: Senter's Rest Home 2015-02-19 POC 56L111.pdf

Kimberly Gant, MS, RD, LDN
N.C. Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
Facility Survey Consultant I
805 Biggs Drive
Raleigh, NC 27603
Phone: 919 855-3765
Fax: 919 733-9379
Kimberly.Gant@dhhs.nc.gov
www.ncdhhs.gov/dhsr

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this e-mail in error, please notify the sender immediately and delete all records of this e-mail.