	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED 01/23/2015	
	HAL043024		B. WING		01.		
NAME OF F	PROVIDER OR SUPPLIER			TY, STATE, ZIP CODE			
SENTER	'S REST HOME	40 RAWL FUQUAY		ROAD NC 27526			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE 3-24-15	
D 000	Initial Comments		D 000	PLAN OF CORRECTION FOR Sent	er's Rest Home	9	
	The Adult Care Licensure Section conducted an annual survey on January 22-23, 2015.			Responses to the cited deficiency does not constitute an admission or agreement by the facility of the truth			
				of the facts alleged or conclusion			
D 282		04(a)(1) Nutrition and Food		Statement of Deficiencies or Cor			
	Service		the Plan of Correction is prepared solely as a matter of				
	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			compliance with State Law.		atter or	
				10A NCAC 13F .0904(a)(1) Nutrition and Food Service			
	contamination.	eny and protected from		 The kitchen was thorough 	ghly cleaned b	y the	
				Dietary and Housekeep	ing Staff on 🚺	1/23/15) to include	
	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		The Control of the Co	Inside the reach in coole	er and freezer.		
freezers and the walls and floors were clean in the kitchen.			Tops of the reach in coo	ler and freezer	·.		
	The findings are:			Air conditioner vent cov	er.		
		inside of the reach-in cooler en on 1/22/15 at 9:42 a.m.	:	Kitchen floors			
•	revealed:	•	÷	Walls			
	food in the corners.			 A Cleaning Schedule was and Dietary Staff have be 			
į	black substances o	ed orange food and multiple n the racks.		 The kitchen and Cleaning 			
	-The fan cover had	grease, dust and rust. ered near the rusted fan cover.		daily, and thoroughly ins staff monthly.			
		outside of the reach-in cooler ach-in freezer on 1/22/15 at		 Requisitions were submit broken tiles replaced and 			
	9:42 a.m. revealed: -All six door handle	s and the doors were greasy	,	Plan of Correction Date:		Herman Hard	
with dried brown and white food stainsThe top of the reach-in cooler and freezer had			rian of Correction Date:	O3/24/15			
	grease and dust.				y		
	()	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE	.~	(X6) DATE	
TE FORM	Mane	N We Samp	5899	Haministrator		113/15	
IL FORN	n	· #	JEN/si	56L111	II CONTINU	ation sheet 1 of 4	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL043024	B. WING		01/2	23/2015	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE				
SENTER	'S REST HOME		S CLUB RO VARINA, NO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 282	Continued From pa	ge 1	D 282				
·	freezer on 1/22/15 a	nside of the attached reach-in at 9:45 a.m. revealed the -in freezer had dried brown d liquid stains.					
	freezer located near a.m. revealed the be	nside of the second reach-in r the pantry on 1/22/15 at 9:47 ottom of the reach-in freezer d orange food and liquid					
	freezer on 1/22/15 a -The outside of both were greasy and ha behind the door har	outside of the same reach-in at 9:47 a.m. revealed; a doors and the door handles d dried food (unknown color) adles. h-in freezer had dust.			1 25,44	1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	at 9:50 a.m. reveale -The floor under the reach-in freezers ha -The floor located be	loors in the kitchen on 1/22/15 d: reach-in cooler and the d gray dirt and rust stains. ehind the stove had brown with black, orange and brown					
	door in the kitchen of	ile in front of the back exit on 1/22/15 at 9:50 a.m. three broken tiles in front of					
	located on the back	wo air conditioner vent covers wall above the hand sink on revealed both vents had					
	beverage dispenser	itchen floor under the on 1/22/15 at 9:57 a.m. ad brown and orange dried				. ,	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
		HAL043024	B. WING		04/	23/2015	
		The state of the s] 01/2	23/2015	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SENTER	SENTER'S REST HOME 40 RAWLS CLUB ROAD FUQUAY VARINA, NC 27526						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
D 282	Continued From pa	ge 2	D 282				
	1/22/15 at 10:00 a.r	wall by the hand sink on m. revealed the white wall had coming from the top of the fithe wall.					
	revealed:	ook on 1/22/15 at 9:53 a.m. Dietary Aide cleaned the	•				
	-The reach-in coole cleaned monthly an -The food was last t cooler and the reach-The kitchen floors at the end of the day.	aken out of the reach-in h-in freezer two weeks ago. are mopped after lunch and at the chen are cleaned as needed					
	p.m. revealed: -The Cook was resp Dietary Aide cleaned	th the Cook on 1/22/15 at 4:55 ponsible for making sure the d the kitchen. e a cleaning schedule.			·		
	p.m. revealed: -The Dietary Aide clIf something neede kitchen, the Dietary Aide Cook or Dietary Aide cleanedThe Dietary Aide di scheduleThe floors are clean	eaned the kitchen as needed. It to be cleaned inside the Aide left a note for the next e to what needed to be d not know the cleaning need after lunch and at night. Erator and the reach-in monthly.					
	Interview with the Ac 11:40 a.m. revealed	dministrator on 1/23/15 at					

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	S:	COMPLETED			
HAL043024		B. WING		01/23/2015			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SENTER'S REST HOME 40 RAWLS CLUB ROAD							
FUQUAY VARINA, NC 27526							
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE		
D 282	Continued From pa	ge 3	D 282				
	-The Administrator cleaning schedule a -The Administrator schedule inside of t-Dietary staff should schedule when the The Administrator e sure the Dietary Aid -The Cook or DietardailyThe assigned Cook the reach-in cooler clean the reach-in cooler clean the reach-in tweeklyThe Administrator the kitchen dailyThe Administrator the refrigeratorThe Administrator on 1/22/15 to have	expected Dietary to follow the and to clean the kitchen. had not seen the cleaning					
	painted.			·			
		Tr.					
	•	and the state of t					
		-					
			•				
i							

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.