STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL053026		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		B. WING		09/07/2018		
AME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		I CENTER	RTHAGE STREET			
		SANFO	RD, NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COM O THE APPROPRIATE D/	
{D 000}	Initial Comments		{D 000}			
	The Adult Care Licer follow up survey on (	nsure Section conducted a 09/05/18 - 09/07/18.				
{D 283}	10A NCAC 13F .090 Service	4(a)(2) Nutrition and Food	{D 283}			
	<ul><li>(a) Food Procureme Homes:</li><li>(2) All food and beve</li></ul>	4 Nutrition and Food Service ent and Safety in Adult Care erage being procured, stored, by the facility shall be umination.				
	reviews, the facility fa machine was free fro a build-up of wet bro	ns, interviews and record ailed to assure the ice om contamination, related to				
	The findings are:					
	09/05/18 at 2:52 p.m -There was a build-u and yellowish mold-l portion of the white s cube bin from the up machine. -The Dietary Manage cloth that was sitting counter top and place dirty water. -She walked over to to wipe the build-up and yellowish mold-l	e machine in the kitchen on a. revealed: p of wet brown, black, pink, ike substance on the lower shield that separated the ice per vaulted section of the ice er (DM) took a white dish on the stainless steel ed it into a plastic pan with the ice machine and began of wet brown, black, pink, ike substance from the ice ite dish cloth with the ice still				
		with the white dish cloth of				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053026		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		B. WING			09/07/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
MAGNOLI	A HOUSE RETIREMENT	CENTER	RTHAGE STREET RD, NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
{D 283}	Continued From page	e 1	{D 283}			
	the white shield that separated the ice cube bin from the upper vaulted section of the ice machine she placed the white dish cloth back into the plastic pan with dirty water.					
	Observation of the job assignment duties on 09/05/18 at 2:43 p.m. revealed: -On Wednesdays the Cooks clean refrigerator and freezer inside and outside. -The Aides cleaned big and little trash cans inside and outside. Wash with soap and water. -There were no instructions for cleaning the ice machine, or the inside of the ice machine on the job assignment duties list.					
	revealed: -The ice machine had days. -The Maintenance Di it on and off for the la -The ice machine wa -She never cleaned in -She would "just wipe sides." -There was no week! for the cleaning of the -She had not seen th pink, and yellowish m cube bin. -She did not have an	s cleaned monthly. nside the ice machine. e it down, the front and the y cleaning schedule provided e ice machine. e build-up of brown, black, nold-like substance in the ice explanation of why there wet brown, black, pink, and				
	revealed: -The ice machine in t working right for the l	c on 09/05/18 at 3:12 p.m. he kitchen had not been ast two weeks because g with the air compressor				

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If continuation sheet 2 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053026		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED R-C 09/07/2018	
		B. WING					
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1115 CA	RTHAGE STREET				
MAGNOL	A HOUSE RETIREMEN	SANFO	RD, NC 27330				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE DTHE APPROPRIATE DATE		
{D 283}	Continued From pag	e 2	{D 283}				
	machine's filter last F -She typically cleaner machine every other on weekends and the she worked her week -She cleaned the ice interior side walls an the opening of the ice pads that were appro- -She covered the stored aluminum foil one tim inside of the ice mac cover the stored ice the ice in the bin eac -She worked this pas however, did not cleas she was busy in the required duties for an that day. -The last time she cleas approximately the m -She did not rememb black build-up in the cleaned it. Interview with the Ad 3:40 p.m. revealed: -She thought the ice -She did not know of substance on the ice -She would be meeti Maintenance Director cleaning process and	irector replaced the ice Friday, (08/31/18). do the inside of the ice Sunday when she worked e other Cook cleaned it when kends. machine by wiping the d around the edges around e machine with large alcohol oximately 6 inches in width. ored ice in the bin with ne when she cleaned the hine but normally did not in the bin and did not empty th time she cleaned it. st Sunday (09/02/18), an the ice machine because kitchen performing other n activity for the residents eaned the ice machine was iddle of August 2018. Der seeing any brown or machine when she last Iministrator on 09/05/18 at machine was fairly new. if the build-up of a mold-like e machine. ng with her DM and or to review the ice machine d schedule. aintenance Director on					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL053026		(X2) MULTIPLE C		(X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	A. BUILDING:		COMF	COMPLETED	
		B. WING		R-C <b>09/07/2018</b>			
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	A HOUSE RETIREMENT	CENTER 1115 CA	RTHAGE STREET				
		SANFOR	RD, NC 27330				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE		
{D 283}	Continued From page	e 3	{D 283}				
	-He did not know if th	ere was a manufacturer's					
		vailable for the ice machine.					
	-The kitchen had thei	r own cleaning schedule for					
	the ice machine.						
	-	ible for the normal daily					
	cleaning of the ice machine.						
	-He was responsible for performing the						
	maintenance cleaning by running a self- cleaning						
	cycle of the ice machine monthly. -A sanitizer labeled for food service was poured						
	into a port located behind the front panel during						
	the cleaning cycle.						
		cycle, the removable internal					
	parts were placed in						
		e sink then through the					
	dishwashers cleaning	g cycle.					
		he maintenance cleaning, all					
		ad to be removed and					
	discarded.	d not been working properly					
		he was performing self-					
	cleaning cycles week	· •					
		nachine last week and he did					
		ored build-up at that time.					
		/ Aide (DA) on 09/06/18 at					
	11:29 a.m. revealed:						
	-She's never cleaned						
	received any training	aintenance Director clean it.					
	•	cleaning log for the first time					
	on yesterday afternoo						
	y y						

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