CENTE	RS FOR MEDICARE	I AND HUMAN SERVICES	1		OMB NO	APPROVEI 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345051			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED R 01/23/2015	
		B. WING				
NAME OF PROVIDER OR SUPPLIER ANSON HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CC		
			405 SOUTH GREENE STREET			
				WADESBORO, NC 28170		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
{F 371} SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY		{F 371	}		2/13/15
	considered satisfact authorities; and	om sources approved or ctory by Federal, State or local distribute and serve food ditions				
	by: Based on observa interviews, the facil single serving food opened sports drin	NT is not met as evidenced tions, record review and staff lity failed to date two opened items, date and label one k and discard an expired renal 2 resident nourishment ngs included:		Corrective Action For Reside To Be Affected Items that were opened and labeled were discarded by th Manager at the time of the se	not dated or le Dietary	
	Handling" indicated dated and sealed of must be discarded foods belonging to	d policy titled "Dietary/Food d opened containers must be or covered during storage and after twenty four hours. All residents must be labeled with used within seventy two		Corrective Action For Reside Potential To Be Affected Both nourishment room refrig were reviewed by the Dietary at the time of survey. No othe or un-labeled items were fou	gerators / Manager er opened	
	dietary manager la nourishment refrige no noted issues or In an observation or refrigerator at the r at 9:40 AM, an ope	lity audit records indicated the st checked the resident erators on 1/14/15. There were concerns documented. of the resident nourishment nain nursing station on 1/21/15 ened single serving of a liquid pened single serving of apple		Measures Put Into Place Or Changes Made The Dietary Manager has be re-educated by the Administr 1/22/15 regarding the policy for prope items placed in the nourishment re	en rator on erly dating	

Electronically Signed

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.

					MB NO. 0938-039 (X3) DATE SURVEY		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345051			-		COMPLETED		
					R 01/23/2015		
		B. WING					
NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	0.120.2010		
ANSON HEALTH AND REHABILITATION							
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	<			(X5) COMPLETIOI DATE	
sauce were observe the top shelf. The f opened lying over the container. On the s was a half full bottle had no resident nar interview on 1/21/19 the single serving it discarded and the s labeled with a resid opened. Nurse #1 resident nourishme daily, but the dietar weekly for content. In an observation of refrigerator at the n at 10:50 AM there was stated expired supp resident nourishme discarded. Nurse # checked the reside weekly to ensure al expired. In an interview on 1 manager stated sho the resident nourish weekly. She stated 1/19/15 and she dio undated items or th The dietary manage discarded the renal December but she	ed in the refrigerator door on foil tops were observed he surface of the top rim of the econd shelf in the refrigerator e of a sports drink. The bottle me or date opened. In an 5 at 9:40 AM, nurse # 1 stated rems should have been sports drink should have been ent's name and dated when stated the temperature of the nt refrigerator was checked y manager checked them f the resident nourishment ew nursing station on 1/21/15 was an observed unopened n the refrigerator door. The 6 December 2014. Nurse #2 olements should not be in the nt refrigerator but be 2 stated the dietary manager nt nourishment refrigerators I items were dated and not //22/15 at 9:55 AM, the dietary e was responsible for checking ment refrigerators content she lasted checked them d not see any opened and he expired renal supplement. er stated she should have supplement before the end of missed it.	{F 37	71}	 manager on duty will review the refrigerators to ensure compliance. On January 22,2015, the nurses and aides have been re-educated by the Director of Nursing regarding dating any item that is going into the nourishment room refrigerators. Monitoring The Dietary Manager will audit the refrigerators using an audit tool on a basis, and on the weekend, the wee on duty manager will audit the refrigeration. Results of the audits wi reported to the facilities monthly QAI meeting, by the Dietary Manager. The Dietary Manager will be responsible to follow on 	i daily kend tors II be PI ne v-up		
	Continued From paragram of the top shelf. The fill opened lying over the top shelf. The fill opened lying over the top shelf. The fill opened lying over the single serving it discarded and the salabeled with a resident nourishme daily, but the dietar weekly for content. In an observation of refrigerator at the nat 10:50 AM there were stated expired supplement in expiration date was stated expired supplement in expired. In an interview on 1 manager stated shows the resident nourish weekly. She stated 1/19/15 and she did undated items or the dietary manager stated shows the resident nourish weekly. She stated 1/19/15 and she did undated items or the dietary manager stated shows the resident nourish weekly. She stated 1/19/15 and she did undated items or the dietary manager stated shows the resident nourish weekly. She stated 1/19/15 and she did undated items or the dietary manager stated shows the resident nourish weekly. She stated 1/19/15 and she did undated items or the distary manager stated shows the resident nourish weekly. She stated 1/19/15 and	IDENTIFICATION NUMBER: 345051 PROVIDER OR SUPPLIER HEALTH AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 sauce were observed in the refrigerator door on the top shelf. The foil tops were observed opened lying over the surface of the top rim of the container. On the second shelf in the refrigerator was a half full bottle of a sports drink. The bottle had no resident name or date opened. In an interview on 1/21/15 at 9:40 AM, nurse # 1 stated the single serving items should have been labeled with a resident's name and dated when opened. Nurse #1 stated the temperature of the resident nourishment refrigerator was checked daily, but the dietary manager checked them weekly for content. In an observation of the resident nourishment refrigerator at the new nursing station on 1/21/15 at 10:50 AM there was an observed unopened renal supplement in the refrigerator door. The expiration date was December 2014. Nurse #2 stated expired supplements should not be in the resident nourishment refrigerator but be discarded. Nurse #2 stated the dietary manager checked the resident nourishment refrigerators weekly to ensure all items were dated and not	OF DEFICIENCIES FCORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MUL A. BUILDI 345051 B. WING PROVIDER OR SUPPLIER 345051 B. WING FEALTH AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFID TAG Continued From page 1 sauce were observed in the refrigerator door on the top shelf. The foil tops were observed opened lying over the surface of the top rim of the container. 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In an interview on 1/22/15 at 9:55 AM, the dietary manager stated she was responsible for checking the resident nourishment refrigerators content weekly. She stated she lasted checked them 1/19/15 and she did not see any opened and undated items or the expired renal supplement. The dietary manager stated she should have	OF DEFICIENCIES PF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPL A. BUILDING. 345051 B. WING *ROVIDER OR SUPPLIER *EALTH AND REHABILITATION B. WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 sauce were observed in the refrigerator door on the top shelf. The foil tops were observed opened lying over the surface of the top rim of the container. On the second shelf in the refrigerator was a half full bottle of a sports drink. The bottle had no resident name or date opened. 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The dietary manager stated she should have discarded the renal supplement. The dietary mana	OP EFFICIENCIES (X1) PROVIDERSUPPLIER(LIA, IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATA A BUILDING B WING (X3) DATA (X3) DATA PROVIDER OR SUPPLIER 345051 B WING (X3) DATA FEALTH AND REHABILITATION STREET ADDRESS, CITY, STATE, ZIP CODE 405 SOUTH GREENE STREET (X3) DATA VIDE CONTRUCTION NUMBER: ID PROVIDER SPEAN OF CORRECTION 10 IEALTH AND REHABILITATION STREET ADDRESS, CITY, STATE, ZIP CODE 405 SOUTH GREENE STREET 000000000000000000000000000000000000	

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		AND HUMAN SERVICES			FORM	: 03/03/2015 APPROVED . 0938-0391		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DAT CON	(X3) DATE SURVEY COMPLETED		
345051		345051	B. WING		R 01/23/2015			
NAME OF I	PROVIDER OR SUPPLIER	·	STREET ADDRESS, CITY, STATE, ZIP CODE					
ANSON	HEALTH AND REHAB	ILITATION	405 SOUTH GREENE STREET WADESBORO, NC 28170					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ULD BE	(X5) COMPLETION DATE		
{F 371}	nourishment refrige expected single use into the refrigerator securely covered a stated she expecte for resident consun nourishment refrige manager should ha	inge 2 ed items in the resident erators. She further stated she e items not to be placed back s since they could not be ind sealed. The administrator d there to be no expired items inption in the resident erators and the dietary we seen the renal supplement aber 2014 and discarded it a	{F 37	71}				

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