PRINTED: 05/19/2015 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DATE SURVEY COMPLETED
		345530	B. WING _		04/16/2015
NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET REIDSVILLE, NC 27320	
(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 371 SS=E	The facility must - (1) Procure food fro considered satisfac authorities; and	om sources approved or tory by Federal, State or local distribute and serve food	F 37	71	5/11/15
	by: Based on observate record review, the final sanitary conditions that fresh produce is spoiled/rotten produce from hot plate cart is products in 1 of 1 froclean floor surfaces clean and remove final silver trays stored of the conditions of the	uce in 1 of 1 walk in in the ice cream cooler 3) the food debris and grease warmer, 4) label and date food reezer and dry products, 5) s of refrigerator and freezer, 6) sood debris and grease from 9 on the dry storage rack and 7) the 32 domes were stored.		ProviderI s Plan of Correction  1)POC: "Spoiled/rotten tomatoes and lemons were disposed of immediately. Comple on 4/13/15. "Started staff education on 4/16/15 and staff will be educated on Receiving and Storing food. Completed on 5/11/15. "Dietary manager will perform daily inspection for, and remove any spoiled produce and vegetables immediately. Completed on 5/11/15.  Monitors:	all
<b>ABORATOR</b>	1. During an observed 4/13/15 at 10:00AM box of fresh tomato spoiled/rotten toma rotten lemons.  During an interview	vation of the kitchen on I, the walk in refrigerator had 1 es which contained toes, 1 ½ box of spoiled and on 4/28/14 at 8:05PM, the	NATI IDE	"Dietary manager will inspect the walk-refrigerator! s produce and vegetables daily, and sign a log to verify completion of inspection and note any findings as necessary. Completed on 5/11/15.  "Dietary director will perform weekly au of inspection log to ensure compliance 3 months. Completed on 5/11/15.  "All audits with findings will be reported	ndits

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

**Electronically Signed** 

05/07/2015

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.

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345530	B. WING _		04/1	6/2015
NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 618-A S MAIN STREET REIDSVILLE, NC 27320	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 371	produced should be the spoiled/rotten p  2. During an observation the ice cream coole on the inside and the ice cream and food.  During an interview interim DM indicates be cleaned and wip  3. During an observation outsides of the unit.  During an interview DM indicated the endaily after each use system for cleaning survey.  4. During an observation following items dated a 1/2 bag of cauliflower unlabeled was in a clear containing an interview.	ager (DM) indicated the fresh e checked when delivered and roduce should be discarded.  Vation on 4/13/15 at 10:00AM, er was dirty and filled with trash ne outside was dirty with dried debris on the surfaces.  Van 4/13/15 at 10:00AM, the ed the ice cream cooler should need down daily by staff.  Vation on 4/13/15 at 10:00AM, er had a large volume of uid build up on the inside and second and second and second at the time of the vation on 4/13/15 at 10:00AM, the equipment should be cleaned age. There was no identified a presented at the time of the vation on 4/13/15 at 10:00AM, were opened, unlabeled or opened exposed sausage, ed and a pan of black product ainer.	F 37	2)POC:  "All items were removed from the icream cooler and the cooler was defrosted, cleaned and sanitized ir and out. Completed on 4/13/15.  "Started staff education on 4/14/15 staff will be educated on Sanitizing Contact Surfaces. Completed on 5 "Started staff education on 4/16/15 staff will be educated on Receiving Storing food. Completed on 5/1 "Staff will check and clean ice creat cooler daily and sign cleaning log. Completed on 5/11/15.  Monitors:  "Dietary manager will audit the dail cleaning logs of the ice cream cootwice a week for compliance. Com on 5/11/15.  "Dietary director will perform week of manager! s log to ensure comp for 3 months. Completed on 5/11/1 "All audits with findings will be reported and re-evaluated in quarterly QA means an sanitized inside and outside. Comp	ce side and all Food /11/15. and all and 1/15. m  y er pleted y audits iance 5. orted neeting.	
	should be sealed p before stored in ref	ed that all food and produce roperly, labeled and dated rigerators, freezers or dry DM identified the each of the products.		on 4/13/15. "Started staff education on 4/14/15 staff will be educated on Handling Ware and Utensils. Completed on 5/11/15. "Dietary manager implemented a complete or start of the start o	Service	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED	
		345530	B. WING		04/16/2015
NAME OF PROVIDER OR SUPPLIER  PENN NURSING CENTER			6 F		
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F 371	Continued From pa	age 2	F 371		
	5. During an observable floor surfaces in had large volumes the floor.	vation on 4/13/15 at 10:00AM, on the refrigerator and freezer of trash and food products on a on 4/13/15 at 0:00AM, the		process to include daily cleaning of hot plate warmer and other areas for sanitizing and cleaning and all staff educated. Completed on 5/11/15.  "Staff will check, clean and sanitize plate warmer three times a day and	or will be hot
	interim DM, indicate	ed that staff was responsible leaning the refrigerator,		cleaning log. Completed on 5/11/15  Monitors: "Dietary manager will audit the daily	i
	9 silver serving tray food debris and gre	vation on 4/13/15 at 10:00AM, vs had a large volume of dried ease build up on the surface ay stored on the dry storage		cleaning logs of hot plate warmer to week for compliance. Completed of 5/11/15.  "Dietary director will perform weekly of manager! s logs to ensure completed on 5/11.	vice a n y audits
	interim DM indicate for ensuring all tray	on 4/13/15 at 10:00AM, the ed that staff was responsible as should be cleaned and free re storage on the dry storage		"All audits with findings will be repo and re-evaluated in quarterly QA m 4)POC:	
	7. During an observage clean domes we	vation on 4/23/15 at 10:00AM, ere stored on dirty counter top ion for usage the next meal.		"All opened and unlabeled food was properly closed, wrapped, labeled a dated. Completed on 4/13/15. "Started staff education on 4/14/15 staff will be educated on Preventing	and all
	During an interview on 4/13/15 at 10:00AM, the interim DM indicated that the domes should not be stored on dirty surfaces. The staff was responsible for cleaning surfaces before any domes or other kitchen equipment was stored.			Contamination of Food. Completed 5/11/15. "Started staff education on 4/16/15 staff will be educated on Receiving Storing food. Completed on 5/11	on and all and /15.
	11:40AM, rechecked box of white cheese and the freezer flootrash.	observation on 4/15/15 at ed the freezer and there was a e with green molded surface or surface remained dirty with		"All staff will be educated on Labelii Dating food products in freezers, refrigerators and dry storage areas Completed on 5/11/15. "Dietary manager will perform daily inspection of walk-in refrigerator, from and dry storage areas to ensure all	eezer food
	During an interview	on 4/15/15 at 11:40AM, the		items are properly closed, wrapped	. dated

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345530	B. WING		04/	16/2015	
NAME OF PROVIDER OR SUPPLIER PENN NURSING CENTER				STREET ADDRESS, CITY, STATE, 618-A S MAIN STREET REIDSVILLE, NC 27320	<b>.</b>	7 0-11 10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 371	indicated the items from the freezer an have been clean.  During an interview administrator indicakitchen manager st	nager and interim DM should have been discarded d the floor surfaces should on 4/16/15 at 8:30AM, the ated the expectation was the hould monitor and ensure the standards of cleanliness and	F3	and labeled. Completed  Monitors: "Dietary director will per of manager! s logs to e for 3 months. Comple "All audits with findings and re-evaluated in qua  5)POC: "The floors in the refrige were swept, deck brush Completed on 4/15/15. "Staff will inspect floors refrigerator and freezer necessary cleaning of a and spillage and sign a Completed on 5/11/15. "Staff will sweep, deck floors of the walk in refr freezer twice a week ar sign cleaning log. Completed on 5/11. "Dietary manager will a logs twice a week for co Completed on 5/11. "Dietary director will per of manager! s logs to e for 3 months. Complete "All audits with findings and re-evaluated in qua  6)POC: "All the silver trays were dry storage rack and wa and sanitized. Complete "Completed. Complete "Completed. Complete "Completed. Complete "Completed. Complete "Completed. Complete "Completed. Complete "Complete." Complet	form weekly audits ensure compliance eted on 5/11/15. will be reported arterly QA meeting.  erator and freezer ned and mopped.  in the walk in daily for any debris, trash cleaning log.  brush and mop the rigerator and nd as needed and pleted on 5/11/15.  udit the cleaning compliance. //15. rform weekly audit ensure compliance ed on 5/11/15. will be reported enterly QA meeting.		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		345530	B. WING			04/	16/2015	
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F 371	Continued From pa	ge 4	F3	"New trays were older trays. Con "Started staff ele staff will be edin Service Ware a 5/11/15." "All staff education and Storing silver the dishes. Completed on "Dietary manager! so for 3 months. On "The 32 domestic counter top; the were cleaned and domes were storage of the work surfaces." "All staff educations process to inclustorage of the work surfaces." "All staff educations process, and patorage of domestic completed on "Staff will ensured staff will ensured	ger implemented a cude cleaning and produced cleaning and produced completed on 5/11 ated on new cleaning proper thes when not in use.	and all of eted on initizing erving erving trays gance 5. y audit iance 5. orted heeting. It is the er top he eleaning oper of 1/15.		

345530 B. WING 04/1	16/2015
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F 371 Continued From page 5  F 371  Sanitized three times a day after meals, and initial a cleaning log. Completed on 5/11/15.  Monitors: "Dietary manager will audit cleaning logs twice a week for compliance. Completed on 5/11/15. "Dietary director will perform weekly audit of manager! s log to ensure compliance for 3 months. Completed on 5/11/15. "All audits with findings will be reported and re-evaluated in quarterly QA meeting.  7a) POC: "The package of cheese was discarded. Completed on 4/15/15. "Started staff education on 4/16/15 and all staff will be educated on Receiving and Storing food. Completed on 5/11/15. "Dietary manager will perform daily inspection of produce and vegetables for any spoilage, and remove any spoiled produce or vegetables. Completed on 5/11/15.  Monitors: "Dietary manager will inspect the walk-in cooler! s produce and vegetables daily, and sign a log to verify completion of inspection and note any findings as necessary. Completed on 5/11/15. "Dietary director will perform weekly audits of inspection log to ensure compliance for 3 months. Completed on 5/11/15. "All audits with findings will be reported	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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F 371	Continued From pa	ge 6	F 37	7b) POC: "The trash on the freezer floor was then deck brushed and mopped. Completed on 4/15/15. "Staff will inspect floors in the wal refrigerator and freezer daily for necessary cleaning of any debris, and spillage and sign a cleaning I Completed on 5/11/15. "Staff will sweep, deck brush and floors of the walk in refrigerator at freezer twice a week and sign cle log. Completed on 5/11/15.  Monitors: "Dietary manager will audit cleanit wice a week for compliance. Coron 5/11/15. "Dietary director will audit manage logs weekly for 3 months. Complete 5/11/15. "All audits with findings will be repand re-evaluated in quarterly QA." "Dietary director will complete a F Safety Walk-Through monthly, whinclude monitoring of food safety, temperatures of refrigerator and f labeling of food, cross contaminal sanitizing, receiving and storage, warmer and food contact surface sanitation. Completed on 4/15/15	k in trash og. mop the nd aning  ng logs npleted erl s eted on orted meeting. ood nich reezers, tion and plate		