**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**: WOODHAVEN NURS & ALZHEIMER'S C

**STREET ADDRESS, CITY, STATE, ZIP CODE**: 1150 PINE RUN DRIVE, LUMBERTON, NC 28358

**DATE SURVEY COMPLETED**: 09/17/2015

**PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER**: 345054

**DATE SURVEY COMPLETED**: 09/17/2015

**ID PREFIX TAG** | **SUMMARY STATEMENT OF DEFICIENCIES** | **ID PREFIX TAG** | **PROVIDER'S PLAN OF CORRECTION**
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F 000 | INITIAL COMMENTS | F 000 | **1. No Resident was found to be affected but all Residents had the potential to be affected by the deficiency.**
F 371 | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY | F 371 | **2. All refrigerators and freezers have been checked for opened and labeled items. No unlabeled-opened items were identified.**
SS=D | The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions | | **3. All staff are being educated. The education began the day the surveyor found the unlabeled items. A memo has been placed on all refrigerators for family members to give items to the staff to be properly labeled. The staff responsible for checking the refrigerator temperatures is also responsible for checking the freezers and refrigerators daily for unlabeled items.**
 | | | **4. This has been added to our Quality Assurance Program to be monitored weekly times 4 weeks then monthly.**

**FINDINGS INCLUDED:**

- During the initial tour of the kitchen on 09/14/2015 at 12:23 PM, a bag of cheese in the walk-in refrigerator was opened but without a label and date.
- Observation of the kitchen freezer on 09/16/2015 at 10:05 AM, revealed there were an opened bag of frozen biscuits and two opened bags of French toast without a label and date. Five bags of French toast were sealed but were out of the box,

**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

Electronically Signed

**DATE**

10/01/2015

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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.
Without labels or expiration dates.

During the nourishment tour on 09/16/2015 at 10:18 AM, in the 1600 hallway nourishment room freezer, plastic sealed frozen pizza and an open box of popsicles were not dated and labeled with any resident’s name.

At 1:07 PM on 09/17/2015, the dietary manager (DM) stated all kitchen employees who opened food items were responsible for resealing them and placing labels and dates on them. The kitchen staff assigned for stocking was responsible for monitoring storage areas to assure the food items were removed from the box and labeled with an expiration date. The DM also stated the kitchen staff was responsible for stocking the nourishment room, but nursing staff was responsible for labeling and dating any open food items, as well as food items brought by family members.

At 1:26 PM on 09/17/2015 the Director of Nursing (DON) stated nursing staff was responsible for labeling and dating any food items brought by family members before putting them in the nourishment room refrigerator or freezer.

At 1:52 PM on 09/17/2015, the Dietary Aid stated she was responsible for stocking the food items and if food items were removed out of the box, she was also responsible for placing labels and dates on them.