CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345054			(X2) MULTIP	LE CONSTRUCTION	(X3) DA	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING		со			
		B. WING		C 09/17/2015				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	•			
			1150 PINE RUN DRIVE					
WOODHA	VEN NURS & ALZHEIME	ER'S C		LUMBERTON, NC 28358	358			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF COF		(X5)		
PREFIX TAG	(	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)		COMPLETIOI DATE		
F 000	INITIAL COMMENTS		F 00	0				
	-	ited as a result of the on of 9/17/2015, intake #						
F 371 SS=D	483.35(i) FOOD PRO STORE/PREPARE/S		F 37	1		10/9/15		
	considered satisfactor authorities; and	n sources approved or ory by Federal, State or local stribute and serve food tions						
	by: Based on observation facility failed to label in the refrigerator and	Γ is not met as evidenced ons and staff interviews, the and date opened food items d freezer of the main kitchen protom in the powrighment		1. No Resident was found to but all Residents had the poter affected by the deficiency.	ntial to be			
	Findings included:	erators in the nourishment		<ol> <li>All refrigerators and freezers checked for opened and labele unlabeled-opened items were</li> <li>All staff are being educated education began the day the s</li> </ol>	ed items. No identified. . The			
	at 12:23 PM, a bag o	of the kitchen on 09/14/2015 If cheese in the walk-in ned but without a label and		found the unlabeled items. A r been placed on all refrigerator members to give items to the s properly labeled. The staff res	nemo has s for family staff to be ponsible for			
	at 10:05 AM, reveale of frozen biscuits and toast without a label	tchen freezer on 09/16/2015 d there were an opened bag d two opened bags of French and date. Five bags of ealed but were out of the box,		checking the refrigerator temp also responsible for checking f and refrigerators daily for unla 4. This has been added to our Assurance Program to be mor weekly times 4 weeks then mo	the freezers bled items. Quality hitored			

**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.

10/01/2015

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 10/23/2015 1 APPROVED 2: 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCTION         IDENTIFICATION NUMBER:       A. BUILDING		-	(X3) DATE SURVEY COMPLETED			
345054		345054	B. WING			C 09/17/2015		
NAME OF PI	ROVIDER OR SUPPLIER		- <b>·</b> [	STREET ADDRESS, CITY, S	TATE, ZIP CODE			
WOODHAVEN NURS & ALZHEIMER'S C				1150 PINE RUN DRIVE LUMBERTON, NC 28358				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 371	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 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 bought by family members. 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.		F 37					