	-	ID HUMAN SERVICES					M APPROVED D. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE					E CONSTRUCTION		SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ´	A. BUILDING			PLETED
						с	
		345186	B. WING	_		06	/08/2017
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
FIVE OAK	S MANOR				413 WINECOFF SCHOOL ROAD		
					CONCORD, NC 28027		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFI	Y	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA		DATE
					DEFICIENCY)		
			_				
F 371	483.60(i)(1)-(3) FOOI STORE/PREPARE/S		F	371			6/14/17
SS=F	STURE/FREFARE/S	ERVE - SANITART					
	(i)(1) - Procure food fi	rom sources approved or					
		ry by federal, state or local					
	authorities.						
		ood items obtained directly subject to applicable State					
	and local laws or regu						
		s not prohibit or prevent					
	facilities from using produce grown in facility						
		ompliance with applicable					
	safe growing and food	d-nandling practices.					
	(iii) This provision doe	es not preclude residents					
	from consuming foods not procured by the facility.						
	<ul> <li>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</li> </ul>						
	,						
		garding use and storage of					
		lents by family and other					
	handling, and consure	e and sanitary storage,					
	-	is not met as evidenced					
	by:						
	-	iew, observation, and staff			1. Corrective action will be accomplish	ned	
	-	failed to sanitize kitchen			for those residents found to have been		
		nd food processor used for			affected by the alleged deficient practic		
	food preparation according specifications.	braing to product			A. Cook #2 was immediately re-trained Nutritionist on 6/7/2017, including prop		
	specifications.				sanitizing procedures for utensils, pan		
	Findings included:				and other kitchen equipment.	-,	
					B. All cooks and aides are currently us	sing	
		tion document for Oasis 146			the correct procedures.		
	Multi-Quat Sanitizer v				C. No specific residents were identified	las	
	instructions read, in p	art: dilute to 150-400 parts			being affected by alleged deficient		
	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	F		TITLE		(X6) DATE

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

**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.

06/14/2017

PRINTED: 07/10/2017

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIF	(X2) MULTIPLE CONSTRUCTION			
	D PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	A. BUILDING		
						С
		345186	B. WING			06/08/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
				413 WINECOFF SCHOOL ROAD		
FIVE OAK	S MANOR			CONCORD, NC 28027		
(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	TION SHOULD BE	(X5) COMPLETIO DATE
IAG			IAG	DEFICIEN		
F 371	Continued From non	- 1				
F 37 I	Continued From page		F 37			
		ape and remove excess soil, in Oasis 146 Multi-Quat		practice		
		ites, drain and air dry.		2. Corrective action will be	e accomplished	
				for those residents having	potential to be	
		erved on 6/7/2017 from		affected by the same alleg	ged deficient	
		AM. The three compartment		practice		
		ith soapy water in the first		A. All residents have the p		
	compartment, clear w			affected by the alleged de		
		third compartment had		All cooks and dietary aide		
		Sanitizer with a hose		compliant with proper kitc	nen sanitation.	
	running water/sanitize compartment via a ho			3. Measures/systemic cha	indos put in	
		JSE.		place to ensure that the d		
	Cook #2 was observe	ed on 6/7/2017 at 10:55 AM		does not recur	encient practice	
		the sink, wash the pan in the		A. Training for dietary sta	ff was initiated	
		k, rinse in the second		by the facility Nutritionist of		
		ink and then in the 3rd		include kitchen sanitation		
		ink, used the hose from the		specifically the proper pro		
		that water/sanitizer mix over		sanitizing equipment and		
		e of the pan for less than 10		regulations and manufact		
		n observed to take the pan		recommendations. These		
	to the food preparation	on area and start to pour		continued on 6/8/2017.		
	collard greens into th	e pan for cooking. He was		B. Additional inservicing o	n dietary staff	
	stopped by the Dieta	ry Manager (DM) when she		was completed on 6/14/17		
		is surveyor regarding the		contracted Registered Die		
	correct use of the sar			inservice included proced		
	observed on 6/7/2017			instructions regarding pro		
		rewash and sanitize the		pots, pans, and all food pr	•	
		he DM tested the sanitizer		equipment in the 3-Compa		
		hird sink compartment and		well as proper food handli	ng	
		cceptable range (200 ppm).		requirements.		
		pan to the sink, washed,		C. No dietary staff will be		
		et the pan into the third sink		work until training receive		
	-	e sanitizer/water mix. He		employees will be instruct sanitizing and food handli		
	removed the pan alter rack to dry.	er 1 minute and set it on the		during the orientation proc		
				Nutritionist or Dietary Mar		
	Cook #2 was observe	ed on 6/7/2017 at 11:06 AM.			0 -	
		ssor bowl from the third sink		4. Monitoring of corrective	action to	

Facility ID: 953488

If continuation sheet Page 2 of 5

CENTERS FOR MEDICARE & MEDICAID SERVICES							OMB NO. 0938-03 (X3) DATE SURVEY		
IATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       ND PLAN OF CORRECTION     IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY _ETED			
						C	)		
		345186	B. WING				08/2017		
NAME OF P	ROVIDER OR SUPPLIER	·	- I	STR	REET ADDRESS, CITY, STATE, ZIP CODE				
	S MANOR			413	WINECOFF SCHOOL ROAD				
				CO	NCORD, NC 28027				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD E			(X5) COMPLETIC DATE		
F 371	Continued From page	e 2	F 37	71					
		ook off the extra water. He	1.07		ensure alleged practice will not recur				
		use a towel to dry the			A. The facility Nutritionist and/or Dietary	/			
	inside of the food pro			Manager will complete sanitation audits					
		the food processor motor			days per week for 2 months to ensure				
	and placed meat into			compliance with sanitation procedures					
	0 1 //0 1			and State and Federal regulations. The	ese				
	Cook #2 was observe			audits will include inspecting the					
	to retrieve a spatula f the sink. He shook th			cleanliness of kitchen equipment, surfaces, proper food handling					
	water and used a tow			techniques, and proper use of sanitation	n				
	dry. He used the spa			procedures via direct observation of sta					
	meat from the food p			After this 2 month period, the facility					
					Nutritionist and/or Dietary Manager will				
	Cook #2 was observe			continue to conduct weekly sanitation					
	to assemble the lid to			inspections on an ongoing basis. Any					
	He placed the lid on a assembled the lid me			identified areas of non-compliance will l corrected immediately.	be				
	lid from the dirty sink			conected inimediately.					
	mechanism, which he			B. As an additional layer of oversight, th	ne				
	processor bowl and u			facility's contracted Registered Dieticiar					
	puree food.			will complete kitchen sanitation and foo					
					handling audits twice monthly x 3 month	hs			
		ducted with Cook #1 on			to ensure in compliance with sanitation				
		1. She reported the three			procedures and state and federal				
		d one sink for washing dirty			regulations. After this 3 months period,				
		ompartment for rinsing the e last compartment was			these kitchen sanitation and food handl audits will continue to be conducted at	ing			
	used for sanitizing the	-			least monthly on an ongoing basis.				
	reported pots and par			C. Reports of audit findings will be					
		minute and then placed on			reported to the Quality Assurance and				
	-	efore the pots and pans were			Performance Improvement (QAPI)				
	stacked for storage.				committee monthly to review for continu				
	An intenviewers	ducted with Cook #2 ar			intervention of plan or amendment of pl	an.			
		ducted with Cook #2 on 1. He reported the correct			In the event corrections are needed a revised plan will be developed,				
		and pans: wash in sink			implemented and evaluated for its				
		ise in sink compartment two,			effectiveness				
		te in sink compartment							
	three, remove the pot	ts/pans and place on the							

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	-	D HUMAN SERVICES				FORM	07/10/2017 APPROVED
CENTERS FOR MEDICARE & M STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		345186	B. WING		_	06/0	C 08/2017
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	TATE, ZIP CODE		
FIVE OAK	S MANOR			13 WINECOFF SCHOOL F CONCORD, NC 28027	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371	rack to dry. He further that procedure with the spatula because he we preparing lunch. An interview was come 6/8/2017 at 10:28 AM aides and cooks had sanitation protocols d refresher in-service we Cook #1 was interview AM. She reported she dietary aides and inst procedures of pots an in the kitchen. She rep Cook #2 was not prop pans. A phone interview was 1:06 PM with the repr chemical supplier. He supplier provided the Sanitizer for the facilit reported that using a sanitizing was a violat specifications and wo the towel transferred to sanitized and render to The Administrator was 1:30 PM. She reporte kitchen followed sanit equipment. An interview was come DM on 6/8/2017 at 1:27	er stated he did not follow he food processor or the vas rushing to finish ducted with the DM on . She reported the dietary been in-serviced on uring orientation and a as presented on 6/7/2017. Wed on 6/8/2017 at 11:09 e supervised new cooks and ructed them on sanitizing hd pans, among other tasks ported she was not aware berly sanitizing pots and s conducted on 6/8/2017 at esentative from the reported the chemical Oasis 146 Multi-Quat by to use. He further towel to dry dishes after tion of the product uld result in bacteria from to the object that was the object contaminated. s interviewed on 6/8/2017 at d it was her expectation the izing protocols for all ducted with Cook #2 and 40 PM. He reported he had e on 6/7/2017 regarding cedure of pots and pans.	F 371				

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		ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 07/10/20 FORM APPROV OMB NO. 0938-03	'ED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345186	B. WING		_	C 06/08/2017	
NAME OF PI	ROVIDER OR SUPPLIER		· [	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
FIVE OAK	S MANOR			413 WINECOFF SCHOOL F CONCORD, NC 28027	ROAD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		S PLAN OF CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRE CROSS-REFERE	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	COMPLETIC	NC
E 074							
F 371	Continued From page	2 4 7 regarding sanitizing	F 3	(1			
		use of gloves and air drying					
	pots/pans after sanitiz	zing.					

Facility ID: 953488

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