DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/18/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	345212		B. WING _	B. WING		06/14/2017		
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE FACILITY					STREET ADDRESS, CITY, STATE, ZIP CODE 3532 DUNN ROAD EASTOVER, NC 28301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		BE COMPLETION		
F 371 SS=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY		F 37				6/30/17	
	(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.							
	(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.							
	(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.							
	(iii) This provision does not preclude residents from consuming foods not procured by the facility.							
		e, distribute and serve food in essional standards for food						
	foods brought to residusitors to ensure safthandling, and consur	egarding use and storage of dents by family and other e and sanitary storage, nption. T is not met as evidenced						
	Based on observation and staff interview, the facility failed to store 5 of 5 items in the walk-in freezer, to allow for adequate air circulation and to label and date 4 of 4 opened and resealed				The Administrator and Director of Nursing will conduct an in-service with t Dietary manager by 6/30/17 regarding the proper storage and sanitation of food in	he		
	bags of dry pasta. Findings Included:				accordance with professional standards for food safety. That all containers of for are stored above the floor in such a manner to protect splash or other			
	Procedures: Dietary	y's General Sanitation Services dated 6/5/86, itation in Food Storage: (1)			contamination and to permit cleaning. Also, that all opened packages are securely fastened by a tie or other closu	ıre		
	showed in part, "Sanitation in Food Storage: (1)				securely lasteried by a fie of other close		(Y6) DATE	

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

(X6) DATE

Electronically Signed 06/29/2017

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.

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F 371	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO		g ming sg	