PRINTED: 06/29/2018 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	
		345070	B. WING		C 05/17/2018	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/11/2010	
DURHAM	NURSING & REHABILITA	ATION CENTER		411 S LASALLE STREET DURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 812 SS=F	CFR(s): 483.60(i)(1)(2) §483.60(i) Food safet The facility must - §483.60(i)(1) - Procur approved or consider state or local authoriti (i) This may include for from local producers, and local laws or regu (ii) This provision doe facilities from using pr gardens, subject to co	y requirements. e food from sources ed satisfactory by federal, es. ood items obtained directly subject to applicable State ulations. s not prohibit or prevent roduce grown in facility pmpliance with applicable	F 81:	2	6/14/18	
	from consuming foods §483.60(i)(2) - Store, serve food in accorda standards for food set This REQUIREMENT by: Based on observation record review, the fact clean the oven, steam facility failed to maintate of 1 walk in freezer. The findings included 1 During initial kitcher 2:00 PM, the oven ha foods, liquids, brown on the inside and outs oven walls had burnt encrusted into the sur	es not preclude residents is not procured by the facility. prepare, distribute and noce with professional revice safety. It is not met as evidenced illity failed to maintain and in table, meal carts and the pain proper temperatures in 1 in observation on 5/14/18 at in d a large volume of dried matter and grease buildup side. The inside racks and food particles and liquids faces. The outside handles ge volume of encrusted		The process that lead to the deficient practice was the Dietary Manager failer ensure that temperature logs were checked daily to ensure proper temperature in the walk in freezer. The Dietary Manager also failed to check cleaning schedule and ensure staff was cleaning equipment after each meal an as needed. Deficient practice cited; hig temp in walk in freezer, temperature registered at 45 degrees. During initial observation the oven had a large volun of dried foods, liquids, brown matter an grease build up on the inside and outsi The inside racks and oven walls had be	s d h ne d de.	
ARODATORY		SUPPLIER REPRESENTATIVE'S SIGNATURE		food particles and liquids encrusted interest and services and liquids food particles and liquids encrusted into		

06/07/2018

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.

Electronically Signed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTII IDENTIFICATION NUMBER: A. BUILDIN		JULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILDI	_			_
		345070	B. WING				17/2018
NAME OF P	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
DUDUAM	NUIDOINO & DELLADILI	ITATION CENTED		4	11 S LASALLE STREET		
DURHAM	NURSING & REHABIL	HATION CENTER		D	OURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	Continued From pa	ge 1	F	812			
	During an interview	on 5/14/18 at 2:10 PM, the			the surface. The outside handles and		
	Dietary Manager sta	ated the oven was expected to			surface had a large volume of encruste	ed be	
	be cleaned and wip	ed down daily and deep			build up grease, dried foods and liquids	s.	
	cleaned weekly in a	ccordance to the kitchen			The 5-compartment steam table had		
	checklist. The check	klist was incomplete for			encrusted brown matter and leftover		
	several weeks.				breakfast of oatmeal, eggs and bacon		
					floating in the water. The lunch meal w	as	
		observation on 5/16/18 at			placed on top with floating food in the		
		surfaces inside and outside			water and dirty lids that was encrusted		
	remained unchange	ed.			with dried food and liquids drippings all	on	
					the surfaces and edges were used to		
	During an interview on 5/16/18 at 11:40 AM, the cover the lunch meal. The five meal of						
		etary Manager(RDDM) stated			located in the kitchen and one cart left		
		s the oven should be cleaned			from lunch and breakfast in the dining		
		er each meal and deep			room that had a large volume of dried		
	_	e RDDM confirmed the oven			foods and liquids encrusted on the		
	needed additional o	cleaning.			surface where food and clean trays we		
	0 D				stored. The enclosed carts had dried for		
	_	vation on 5/14/18 at 2:00 PM,			and liquids from breakfast and lunch or	1	
	1	steam table had a large			the floor of the cart and surfaces. The	4.	
		from breakfast and lunch in the inside surfaces as well as			open and enclosed carts were delivere		
	_				the units and dining room. The open m		
		had large volumes of dried own matter encrusted with the			carts had dried food and liquids from two previous meals encrusted on the surface.		
	surfaces.	own matter enclusied with the			and on the floor base of the carts. The	263	
	Surfaces.				enclosed carts also had remaining food	۱	
	During an interview	on 5/14/18 at 2:10 PM, the			on the inside from previous meals on the		
		ectation was for staff to empty			floor base of the cart. The leftover mea		
	-	ntable inside and out prior to			particles were hanging over onto the tr		
		hould be no food left in the			of the meal being served. The opened	/	
		hould be thoroughly cleaned			and enclosed meal carts were being		
	prior to placement of				delivered to the halls with the resident's	s	
	· ·	observation on 5/16/18 at			lunch in them. The inside and outside		
		e of the 5-compartment			surfaces of the carts had not been		
	l '	crusted brown matter and			cleaned from previous meals. The		
		of oatmeal, eggs and bacon			breakfast leftovers could be seen on th	ı e	
		The lunch meal was placed			surface and floor base of the cart as we	ell	
	_	food in the water and the dirty			as dried liquids.		
		sted with dried food and liquid				ļ	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						c	
		345070	B. WING _		05/	17/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI			
				411 S LASALLE STREET			
DURHAM	NURSING & REHABI	LITATION CENTER		DURHAM, NC 27705			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)	
PREFIX TAG	,	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLETION DATE	
F 812	Continued From p	age 2	F8	312			
	drippings all on the	e surfaces and edges were		The freezer was repaired	d on 5/14/18 temp		
	used to cover the	——————————————————————————————————————		went back to zero, frozer			
				ice cream was discarded	d, the meat was		
	During an interview	w on 5/16/18 at 11:40 AM, the		put in the refrigerator to	completely thaw		
	RDDM confirmed	the condition of the inside		and used for lunch and o			
		s that were placed over the		the oven was cleaned in			
		ds were removed immediately		the inside racks were cle			
		RDDM stated there should be		handles were cleaned, th			
		left in the water of the		5-compartmment steam			
		teamtable should be emptied		cleaned and repaired, th			
		each meal and deep cleaned		were cleaned. All meal c			
	and scrubbed out	weekiy.		washed. Meal carts, steatable lids, inside and out			
	3 a During an obs	servation on 5/14/18 at 2:00 PM,		oven handles will be clea			
	_	carts located in the kitchen and		each meal.	alled daily after		
		ch and breakfast in the dining		Caci meai.			
		rge volume of dried foods and		The Cook will be respons	sible for checking		
		on the surfaces where food and		temperature in freezer a	_		
		tored. The enclosed carts had		log sheet. Ensure that th			
		uids from breakfast and lunch		and Maintenance Directo			
	on the floor of the			immediately if the temp of	goes above zero		
				degrees. place food on it	ce until a rental		
	b. During an obse	rvation on 5/14/18 at 5:00 PM to		freezer on wheels from T	·Temperature		
		ed and enclosed meal carts		Control Solution arrives.	Dietary Manager		
		the units and dining area. The		to ensure cleaning assig			
	-	ad dried foods and liquids from		checked daily, include ov			
		neals encrusted on the surfaces		and lids, food carts, over			
		ase of the carts. The enclosed		sign off on cleaning log of	daily.		
		naining food on the inside from					
		s and on the floor base of the		Dietary manager will Inse			
		meal particles were hanging		staff on new cleaning scl			
	_	of the meal being served.		accountability, ensure th	-		
		meal cart left from breakfast		will be checked daily for	completion by		
	and lunch in the di	illing room.		Dietary manager.			
	c. During an on 5/	15/18 at 12:00 PM to 1:10 PM,		The outcome of the mon	itoring tools will		
	_	nclosed meal carts were being		be reviewed monthly at t			
	-	alls with the resident 's lunch in		for three months.	•		
	them. The inside a	and outside surfaces of the					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,			(X3) DATE SURVEY COMPLETED	
		345070	B. WING		,	C 05/17/2018	
	ROVIDER OR SUPPLIER NURSING & REHABILIT			STREET ADDRESS, CITY, STATE, ZIP CODE 411 S LASALLE STREET DURHAM, NC 27705		33/1//2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 812	carts had not been of The breakfast leftove surfaces and floor be dried liquids. d. During an observe to 9:00 AM, the open were delivered to the the previous meal visoutside surfaces. During an interview of RDDM stated the expensure the meal cart each meal and deep staff were expected to the dining room after clean cart. The DM stollowing the cleaning cleaning schedule. 4. During initial kitch PM, the walk-in freezer adding 45 degrees at the inside was also rowas several boxes of and ice cream that he puddle of water on the meat juices were drip other boxes and the were soft to touch an boxes and in 2 large was very soft. Staff were the maintained. During an interview of Dietary Manager(DM)	leaned from previous meals. Pers could be seen on the lase of the cart as well as action on 5/16/18 at 8:05 AM led and enclosed meal carts with a hall and dining room with sible on the inside and replace with thould ensure all staff were go checklist and deep sible of the two thermometers on leading 45 degrees. There is meats, frozen vegetables and the two thermometers on leading 45 degrees. There is meats, frozen vegetables are floor of the freezer. The oping from the boxes onto floor. The frozen vegetables and the ice cream located in silver bowls had thawed and were observed in and out of the temperature could not silver 5/14/18 at 2:00 PM, the	F8	12			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER NURSING & REHABILI	TATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 411 S LASALLE STREET DURHAM, NC 27705	1 03/17/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 812	between 7:30 AM/8: not working or holding. The DM stated that the maintenance directly and completed a working he was informed by someone would be a freezer, however it was unaware of what in place was to secut than to keep the freed buring an interview. Maintenance Directly informed early in the manager about the Maintenance Directly informed early in the manager about the Maintenance Directly informed early in the manager (RDDM) state be discard placed of ice tubs until repairs stated staff have be discard all food item make a list of the ite vendor for reimburse there was no system proper procedures wand/or refrigerator was to ensure the temper correctly. The RDDM correctly. The RDDM correctly. The RDDM correctly.	ng the proper temperatures. The reported the problem to ector and the administrator with order. The DM indicated maintenance director contacted to repair the was unaware of when the face. The DM added that he fat the backup plan or system with the remaining food other exer door closed. on 5/14/18 at 2:25 PM, the per indicated that he had been a morning by the dietary broken freezer. The per stated and had made to local repair companies and esponse.	F 81		

		ATE SURVEY OMPLETED				
		345070	B. WING			C 05/17/2018
	ROVIDER OR SUPPLIER	TATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 411 S LASALLE STREET DURHAM, NC 27705		03/1//2010
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F 812	Administrator indicate aware of the freezer maintenance directors several attempts were person to repair the stated the expectation kitchen staff to place and/or refrigerate or until the freezer was there was no system procedures were in putimely or staff unders protecting the food wit failures. During an observation freezer had not been the process of remove foods and transferring refrigerator and/or place and the process of remove foods and transferring and follow-up in AM, the RDDM states Maintenance Director ensuring that all kitch refrigerator were chemaintenance and regiment. He indicate would be implement.	on 5/14/18 at 3:04 PM, the ed she had been made not working by the r and dietary manager and re made locally to find a freezer. The Administrator on was for the DM and the frozen foods on ice take foods to another facility repaired. She confirmed in place to ensure proper place to repair equipment stood the procedures for when there were equipment wing/discarding unusable as aved items to the aced on ice. Iterview on 5/16/18 at 11:40 and the Dietary Manager and or was responsible for the equipment freezer and ecked and proper pairs were done in a timely do a new program and system ed to ensure all things in the early. The freezer was	F 8	12		
F 908 SS=F	Essential Equipment CFR(s): 483.90(d)(2	, Safe Operating Condition	F 90	08		6/14/18

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 50 5	_		(С
		345070	B. WING			05/	17/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DURHAM	NURSING & REHABILIT	ATION CENTER			11 S LASALLE STREET		
				D	URHAM, NC 27705		
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F 908	condition. This REQUIREMENT by: Based on observatio	e 6 pment in safe operating is not met as evidenced ins, staff interviews and bility failed to maintain and	F	908	The process that lead to the deficient practice was the Dietary Manager faile	d to	
	clean the oven, stear facility failed to maint of 1 walk in freezer. The findings included	n table, meal carts and the ain proper temperatures in 1			ensure that temperature logs were checked daily to ensure proper temperature in the walk in freezer. The Dietary Manager also failed to check cleaning schedule and ensure staff wa	s S	
	2:00 PM, the oven hat foods, liquids, brown on the inside and out oven walls had burnt encrusted into the su	en observation on 5/14/18 at a large volume of dried matter and grease buildup side. The inside racks and food particles and liquids rfaces. The outside handles ge volume of encrusted foods and liquids.			cleaning equipment after each meal ar as needed. Deficient practice cited; hig temp in walk in freezer,temperature registered at 45 degreess. During initial observation the oven had a large volur of dried foods, liquids, brown matter ar grease build up on the inside and outs. The inside racks and oven walls had b food particles and liquids encrusted into	gh ne nd ide. urnt	
	Dietary Manager stat be cleaned and wiped cleaned weekly in ac-	on 5/14/18 at 2:10 PM, the ed the oven was expected to down daily and deep cordance to the kitchen ist was incomplete for			the surface. The outside handles and surface had a large volume of encrusted build up grease, dried foods and liquid. The 5-compartment steam table had encrusted brown matter and leftover breakfast of oatmeal, eggs and bacon floating in the water. The lunch meal w	ed s.	
	11:38 AM, the oven s remained unchanged				placed on top with floating food in the water and dirty lids that was encrusted with dried food and liquids drippings al the surfaces and edges were used to	l on	
	Regional District Diet the expectation was t and wiped down after cleaned weekly. The needed additional cle	an 5/16/18 at 11:40 AM, the ary Manager(RDDM) stated the oven should be cleaned ar each meal and deep RDDM confirmed the oven eaning.			cover the lunch meal. The five meal callocated in the kitchen and one cart left from lunch and breakfast in the dining room that had a large volume of dried foods and liquids encrusted on the surface where food and clean trays we stored. The enclosed carts had dried for and liquids from breakfast and lunch or	ere pod	

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		345070	B. WING			05/	17/2018
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
B				4	11 S LASALLE STREET		
DURHAM	NURSING & REHABILITA	ATION CENTER		D	URHAM, NC 27705		
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					,		
F 908	volume of food left fro	eam table had a large om breakfast and lunch in	F	908	the floor of the cart and surfaces. The open and enclosed carts were delivered		
	the steam table lids h	ne inside surfaces as well as ad large volumes of dried with the			the units and dining room. The open money carts had dried food and liquids from two previous meals encrusted on the surfact and on the floor base of the carts. The	/ 0	
	DM stated the expect	n 5/14/18 at 2:10 PM, the attack to empty able inside and out prior to			enclosed carts also had remaining food on the inside from previous meals on the floor base of the cart. The leftover mea	ne I	
	each meal. There sho	ould be no food left in the ould be thoroughly cleaned			particles were hanging over onto the tra of the meal being served. The opened and enclosed meal carts were being delivered to the halls with the resident's		
	During a follow-up ob	servation on 5/16/18 at			lunch in them. The inside and outside surfaces of the carts had not been		
	steamtable had encru	of the 5-compartment usted brown matter and oatmeal, eggs and bacon			cleaned from previous meals. The breakfast leftovers could be seen on the surface and floor base of the cart as we		
	floating in the water.	The lunch meal was placed od in the water and the dirty			as dried liquids.		
		ed with dried food and liquid urfaces and edges were ch meal.			The freezer was repaired on 5/14/18 te went back to zero, frozen vegetables a ice cream was discarded, the meat was put in the refrigerator to completely that	nd s	
	RDDM confirmed the	n 5/16/18 at 11:40 AM, the condition of the inside nat were placed over the			and used for lunch and dinner. the oven was cleaned inside and outside the inside racks were cleaned, the outside the inside racks were cleaned.	de,	
	lunch meal. The lids v	were removed immediately DDM stated there should be			handles were cleaned, the 5-compartmment steam table was cleaned and repaired, the steam table		
	steamtable. The stea	mtable should be emptied ch meal and deep cleaned			were cleaned. All meal carts were pow washed. Meal carts, steam table, stean table lids, inside and outside of oven ar	er n	
	-	vation on 5/14/18 at 2:00 PM, rts located in the kitchen and			oven handles will be cleaned daily after each meal.	r	
	room that had a large	and breakfast in the dining volume of dried foods and the surfaces where food and			The Cook will be responsible for check temperature in freezer and document o log sheet. Ensure that the Administrato	n	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345070	B. WING _			C 05/17/2018	
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE,	ZIP CODE	00/11/2010	
				411 S LASALLE STREET			
DURHAM	NURSING & REHABIL	ITATION CENTER		DURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)		
F 908	dried food and liqui on the floor of the control of	ored. The enclosed carts had ds from breakfast and lunch	F	and Maintenance Direct immediately if the temp degrees. place food or freezer on wheels from Control Solution arrives to ensure cleaning ass checked daily, include and lids, food carts, ow sign off on cleaning log Dietary manager will Instaff on new cleaning seaccountability, ensure will be checked daily for Dietary manager.	o goes above zer in ice until a rental in Temperature s. Dietary Manag ignments are oven, steam well en racks. staff to g daily.	l ger ls	
	and lunch in the dir c. During an on 5/1 the opened and endelivered to the hall them. The inside ar carts had not been The breakfast leftor surfaces and floor to dried liquids. d. During an obser to 9:00 AM, the open were delivered to the the previous meal to outside surfaces. During an interview RDDM stated the ensure the meal can each meal and dee staff were expected the dining room after			The outcome of the mobe reviewed monthly a for three months.	-	l l	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NURSING & REHABI	I ITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C		5/11/2010	
DUKHAW	NUKSING & REHADI	LITATION CENTER		DURHAM, NC 27705			
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F 908	4. During initial ki PM, the walk-in from reading 45 degree the inside was als was several boxes and ice cream that puddle of water or meat juices were other boxes and in 2 lar was very soft. State freezer, therefore maintained. During an intervier Dietary Manager (I informed by the kill between 7:30 AM/ not working or hold The DM stated that the maintenance of and completed a vibrate was informed by the was unaware of win place was to see than to keep the fill During an intervier Maintenance Direction of the province of the manager about the manager	ning checklist and deep	FS	908			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NURSING & REHABILI	TATION CENTER	,	STREET ADDRESS, CITY, STATE, 411 S LASALLE STREET DURHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 908	there had been no red During an interview of 4:45 PM, the Region Manager (RDDM) state DM to call the misomeone repair the The food should have freezer and placed of ice tubs until repairs stated staff have been discard all food item make a list of the item was no system proper procedures with an analysis of the item was no system proper procedures with an analysis of the item was no system proper procedures with an analysis of the item was no system proper procedures with an analysis of the freezer maintenance directors and an analysis of the freezer maintenance directors and/or refrigerate or until the freezer was there was no system procedures were in putimely or staff unders	to local repair companies and esponse. on 5/14/18 at 2:50 PM and hal Dietary District ated the expectation was for aintenance director and have freezer sooner than later. The been removed from the on ice in the refrigerator or in could be made. She further en instructed to remove and as that could not be saved and ms to be submitted to the ement. The RDDM stated in place to ensure the vere in place when the freezer has not working properly and ratures were being monitored of acknowledged it should not an a full day to get the repair	F	908			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345070	B. WING _			05/	C 17/2018	
	ROVIDER OR SUPPLIER NURSING & REHABILITA	ATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 411 S LASALLE STREET DURHAM, NC 27705)E	, ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE	
F 908	freezer had not been the process of remov foods and transferring refrigerator and/or plate During a follow-up int AM, the RDDM stated Maintenance Director ensuring that all kitch refrigerator were chemaintenance and repmanner. He indicated	n on 5/14/18 at 6:00 PM, the repaired and staff were in ing/discarding unusable g saved items to the aced on ice. erview on 5/16/18 at 11:40 d the Dietary Manager and was responsible for en equipment freezer and cked and proper airs were done in a timely I a new program and system d to ensure all things in the erly. The freezer was	FS	108				