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

PRINTED: 12/04/2018 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   |  | IDENTIFICATION NUMBER:   | A. BUILDIN          | NG _ | PLE CONSTRUCTION  G  |   | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|--|---------------------|------|--|---|-------------------------------|--|
|  |  | 345175   | B. WING _           |      |  | 1   | C<br>25/2018                  |  |
| NAME OF PROVIDER OR S  | JPPLIER  |  | '                   | S    | TREET ADDRESS, CITY, STATE, ZIP CODE   | 1   | 20/2010                       |  |
| SMITHFIELD MANOR N   | IURSING A  | ND REHAB   |                     |      | 02 BERKSHIRE ROAD<br>MITHFIELD, NC 27577   |   |                               |  |
| PREFIX (EAC  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID<br>PREFIX<br>TAG | (    | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  |   | (X5)<br>COMPLETION<br>DATE    |  |
| SS=E   CFR(s): 48  | · · · · · · · · · · · · · · · · ·  |  | F 8                 | 312  |  |   | 11/11/18                      |  |
| §483.60(i)(approved of state or local particles from local late (ii) This profacilities from gardens, so safe growing (iii) This profrom consumers from cons | must -  1) - Procupar consider all authority include for conducers, aws or region does and foo covision does a | re food from sources red satisfactory by federal, ries. red sod items obtained directly subject to applicable State culations. res not prohibit or prevent roduce grown in facility compliance with applicable d-handling practices. res not preclude residents res not procured by the facility.  I prepare, distribute and rece with professional rvice safety. The is not met as evidenced  In, staff interviews, and religitly failed to hold milk at 41 relower during meal service res observed.  In 10/23/18 at 11:58 AM the reserved to take the holding religitly failed prior to the religible to the first reading was religitly serviced the |                     |      | Corrective action for those residents found to have been affected by, or hav the potential to be affected by the defic practice shall be completed by ensuring milk is stored at appropriate temperature through ongoing measuring and record of stored milk prior to each meal. Milk temperature shall be measured with the appropriate thermometer in Fahrenheit the dietary aide/cook and recorded on "Food Temperature Record." Measuring and recording shall take place prior to each meal. Any milk measured outside | ient<br>g<br>re<br>ling<br>e<br>by<br>the |                               |  |
| temperatur<br>thermomet  | e of anoth<br>er read 7 o  | in Celsius and took the<br>er milk carton. The<br>degrees Celsius which is 44<br>SUPPLIER REPRESENTATIVE'S SIGNATUR  |                     |      | temperature range from policy entitled "Food Storage" shall be re-chilled and brought to appropriate serving   |   | (X6) DATE                     |  |

11/10/2018

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** 

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING |   | (X3) DATE SURVEY<br>COMPLETED  |  |
|---|--|--|--|---|--|--|
|   |  | 345175   | B. WING                                |   | C  |  |
| NAME OF D   | DOVIDED OD CLIDDLIED   | 343173   |  | STREET ADDRESS, CITY, STATE, ZIP CODE   | 10/25/2018   |  |
| NAME OF P   | ROVIDER OR SUPPLIER  |  |  | , , ,   |  |  |
| SMITHFIE  | LD MANOR NURSING AI  | ND REHAB   |  | 902 BERKSHIRE ROAD  |  |  |
|   |  |  |  | SMITHFIELD, NC 27577  |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID<br>PREFIX<br>TAG                    | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDE DEFICIENCY)  | D BE COMPLETION  |  |
| F 812   | Continued From page  | e 1  | F 812                                  | 2   |  |  |
|   | degrees Fahrenheit.  |  |  | temperature prior to being served.  |  |  |
|   | 10/23/18 revealed the documented to be he During an interview or Dietary Cook stated of to be taken in Celsius holding temperature for were to be under 15 of degrees Fahrenheit) of Fahrenheit. She furth degrees Celsius, so that and the milk was read During an interview or Dietary Director state should be held at 40 of below. She further state any staff checking the foods in Celsius. The was her expectation rith had not been held a concluded by saying that had not been held a concluded by saying that had not been held at the milk was held at 40 of the milk | view of the food temperature record for 123/18 revealed the milk for lunch service was cumented to be held at 43 degrees Fahrenheit.  Iring an interview on 10/23/18 at 12:10 PM the etary Cook stated cold item temperatures were be taken in Celsius. She further stated the ding temperature for cold items, such as milk, are to be under 15 degrees Celsius (which is 59 grees Fahrenheit) or under 41 degrees have heit. She further stated the milk was at 7 grees Celsius, so the temperature was good, at the milk was ready to be served.  Iring an interview on 10/23/18 at 12:27 PM the etary Director stated cold items such as milk bould be held at 40 degrees Fahrenheit or ow. She further stated she was not aware of a vistaff checking the temperatures of the cold dids in Celsius. The Dietary Director stated it is her expectation milk not be sent to the floor if and not been held at the right temperature. She included by saying the Dietary Cook should not be plated the milk on the trays after she noted in milk was held at 43 degrees Fahrenheit.  Iring an interview on 10/25/18 at 8:13 AM the ministrator stated it was his expectation the tary staff knew what the correct holding in peratures was for cold foods. He concluded if a holding temperature of milk was recorded out range, the dietary staff should not have started |  | Dietary Cook observed to have inaccurately measure milk temperative 10/23/18 at 11:58am shall receive we counseling and education regarding "Food Storage."  All dietary staff shall receive in-servity by Dietary Director regarding policy entitled "Food Storage" and Food Temperature Record." No milk shall served if discovered to be measured above 41 degrees Fahrenheit.  Audits entitled "Food Temperature Reduit" shall be completed by Dietary Director to ensure compliance of polentitled "Food Storage" as to ensure deficient practice will not recur. Auditivall be completed weekly X 1 mont monthly X 1 quarter and quarterly thereafter.  Facility shall include and review "Food Temperature Record Audit" findings Quarterly Quality Assurance Commitmeetings so as to ensure ongoing monitoring of performance and solut for the deficient practice are sustained. | ritten policy  cing  be decord dicy the its h,  od in the ttee dions |  |