STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345311			. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		B. WING		C 05/23/2019		
NAME OF PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
			9	01 RIDGE ROAD		
ROXBORC) HEALTHCARE & REHA	AB CENTER	F	ROXBORO, NC 27573		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
E 000	Initial Comments		E 000			
F 812 SS=E	conducted on 5/20/19 facility was found in c requirement CFR 483 Preparedness. Even	3.73, Emergency t ID# 332811. tore/Prepare/Serve-Sanitary	F 812		6/17/19	
	§483.60(i) Food safet The facility must -	ty requirements.				
	state or local authoriti (i) This may include for from local producers, and local laws or regu (ii) This provision doe facilities from using p gardens, subject to co safe growing and food (iii) This provision doe	ed satisfactory by federal, ies. bod items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility pompliance with applicable				
	serve food in accorda standards for food se	prepare, distribute and ance with professional rvice safety. is not met as evidenced				
				The grease build-up on the stove burn and walls/front of the stove was remove The burnt food around the stove area v cleaned. The dried liquid that was encrusted/splattered throughout the sto	ed. vas	
	The findings included	: ation on 5/20/19 at 7:30 AM,		area was cleaned. The trash in the dishwashing machine area (near the drain), including old cups, plates,		

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.

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					NO. 0938-039
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345311		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE			(X3) DATE SURVEY COMPLETED C 05/23/2019		
							NAME OF PROVIDER OR SUPPLIER
ROXBOR	O HEALTHCARE & REH						AB CENTER
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETIOI DATE
F 812	Continued From page	91	F 81	12			
	the stove had a large build up on the stove the stove. There were foods, dried liquid en- throughout the stove During an interview o			silverware, and straws, was removed. dried food and build-up of dirt on the fl near the drainage area by the dishwas was cleaned. A sanitation inspection, which included areas of the kitchen, was completed a	loor sher d all		
	Dietary Manger (DM) for the kitchen staff to checklist.			corrective action was taken for any are of concern that were identified during inspection.			
	During a follow-up ob 11:15 AM, the stove of burners with heavy gr debris.			The Food and Nutrition Services staff be in-serviced on facility policies regar the disposal of garbage and refuse, fo safety requirements, food preparation guidelines, and sanitation inspections.	rding od		
	the oven had a large dried food and liquids The grease buildup w doors/shelves where There was a large vo	tion on 5/20/19 at 7:30 AM, volume greasy buildup, on the inside and outside. vas encrusted on foods were being cooked. lume of dried grease buildup fronts of the ovens and on			The Food and Nutrition Services staff also be in-serviced on accurate completion of the cleaning schedules used in the department. The Administr or designated member of the QAA tea will complete sanitation inspections weekly for six weeks then monthly for three months to ensure compliance wi	rator m	
	DM stated the expect	n 5/20/19 at 7:35 AM, the ation was for the kitchen hen cleaning checklist.			sanitation requirements in F-812. Item identified as needing corrective action be addressed as soon as possible and reported to the QAA Committee.	will	
	AM, the ovens had no the heavy grease bui and stove area. The I	ervation on 5/22/19 at 11:15 ot been deep cleaned and ld up remained on the oven DM stated the oven outside n and the stove was wipe			The Food and Nutrition Services Direct will provide the QAA Committee with updates and performance measures a least monthly. The QAA Committee with assess the information to determine if compliance is being maintained and with make any changes or updates to the F	at ill vill	
	the dishwashing mac	tion on 5/20/19 at 7:30 AM, hine area had a lot of trash, erware under the sink			of Correction as needed. The Food an Nutrition Services Director will in-servi staff on facility policies regarding the	nd	

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Facility ID: 923437

If continuation sheet Page 2 of 3

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345311			(X2) MULTIP	· · ·	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED			
		DERTH IONICITIONIDEIN.	A. BUILDING	i		C		
		B. WING		05	/23/2019			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP	CODE			
ROXBOR	O HEALTHCARE & REH	AB CENTER		901 RIDGE ROAD ROXBORO, NC 27573				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 812	Continued From page	e 2	F 81	2				
	embedded in the dra dried food and thick I the floor in the draina During a follow-up ob 11:15 AM, the dishwa cleaned. The old cup and thick buildup of c	inage area. The floor had buildup of dirt underneath on		disposal of garbage and re safety requirements, food guidelines, and sanitation quarterly until the next DH Recertification Survey.	preparation inspections -			
		on 5/22/19 at 11:15 AM, the I have staff clean up the						
	During an interview on 05/23/2019 at 2:01 PM, Dietary Aide #1(DA) and DA#2 stated they were informed today of the kitchen checklist and the requirements of cleaning process and when to clean kitchen equipment. Dietary Aide #3 stated he was informed of the requirements and expectations to clean and maintain a clean and orderly dishwashing area. The dishwashing area floors and drains should be free and clean of debris.							

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 923437

If continuation sheet Page 3 of 3