STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345369			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345369	B. WING		06/06/2019		
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	TE, ZIP CODE		
REX REHA	AB & NSG CARE CENTE	R		420 LAKE BOONE TRAIL RALEIGH, NC 27607			
(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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	DATE		
E 000	Initial Comments		E 000				
F 812 SS=D	conducted from 6/3/2 was found to be in co requirement CFR 483 Preparedness. Event	3.73 Emergency ID #FWT211. core/Prepare/Serve-Sanitary	F 812		7/3/19		
	§483.60(i) Food safe The facility must -	y requirements.					
	state or local authorit (i) This may include from local producers, and local laws or regu (ii) This provision doe facilities from using p gardens, subject to co safe growing and foo (iii) This provision doe	ed satisfactory by federal, ies. bod items obtained directly subject to applicable State ulations. is not prohibit or prevent roduce grown in facility ompliance with applicable					
	serve food in accorda standards for food se This REQUIREMENT by:	is not met as evidenced					
		ns and staff interviews the and date opened food items n coolers.		F812 Food Procurement/Store/Prepare/Serve/San y	itar		
	The findings included	:		Upon notification of food items not beir labeled properly in one of our walk-in	Ig		
		policy titled "Food supply es" read in part; "unused		coolers we immediately checked all ite in our walk-in coolers and discarded ar			

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.

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM OMB NO	D: 07/15/2019 MAPPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345369	B. WING			06/06/2019	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
REX REH	AB & NSG CARE CENTE	R	4420 LAKE BOONE TRAIL				
				R	ALEIGH, NC 27607		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 812	2 Continued From page 1		F	812			
F 812	Continued From page 1 portions: cover, label, date and store above raw foods" On 06/03/2019 at 11:00am an observation of the walk-in cooler revealed the following items not labeled and dated when opened: 1. A container of mayonnaise 2. A glass jar of pickles 3. A glass jar of maraschino cherries 4. A gallon of milk. 5. A repackaged sliced cheese 6. A bag of boiled eggs 7. A pack of hotdogs Additionally, the following food items were observed to be in metal containers wrapped in plastic with no label or date: 1. A metal container of sausage gravy 2. A metal container of ground sausage 4. A metal container of pureed eggs 3. A metal container of pureed sausage 4. A metal container of pureed sausage 5. On 06/03/2019 at 11:14 AM an interview with the food and nutrition coordinator revealed it was facility policy that all food items removed from original packaging would be labeled and dated and leftover food would be clearly labeled and dated before being refrigerated.		F	F 812         items found without proper labels. residents taking a PO diet could ha potentially been affected by consum foods that were not properly labeled dated.         Education will be provided to all Fo Service staff by a Certified Dietary Manager on how to properly label a date items in our walk-in coolers. The education will be completed before day on Wednesday July 3, 2019. Optian of correction will include one of food service technicians checking of walk-in coolers daily to verify that a are properly labeled and dated. The checks will be recorded on a form be outside the walk-in cooler. Our foo services Manager or a food service Supervisor will review the daily che weekly times 4 weeks, bi-monthly time The results of these checks of our of coolers will be reviewed in our Qua Assurance Performance meetings of the checks are completed.		g nd d of ur bods laily ated ses 1 h. k-in	

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

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If continuation sheet Page 2 of 2