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

PRINTED: 07/14/2021 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	
		345311	B. WING			С	
NAME OF PROVIDER OR SUPPLIER			1	QTDEET A	DDRESS, CITY, STATE, ZIP CODE	06/	/10/2021
NAIVIE OF FI	NOVIDER OR SUFFLIER			901 RIDG			
ROXBORG	HEALTHCARE & REHA	AB CENTER					
				ROXBORO, NC 27573			T
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	EFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
E 000	Initial Comments		E	00			
	conducted on 6/7/21 was found in complia	ertification survey was through 6/10/21. The facility nce with the requirement ency Preparedness. Event					
F 000			F	00			
	A recertification survey investigation survey 06/7/21-6/10/21 for E allegations was unsu	was conducted on vent # 8ZSR11 . 14 0f 14					
F 812 SS=E		tore/Prepare/Serve-Sanitary 2)	F 8	12			6/30/21
	§483.60(i) Food safe The facility must -	ty requirements.					
	§483.60(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, and local laws or regi (ii) This provision doe	subject to applicable State ulations. es not prohibit or prevent					
	gardens, subject to co						
	. , .	es not preclude residents s not procured by the facility.					
	serve food in accorda standards for food se This REQUIREMENT	prepare, distribute and ance with professional rvice safety. is not met as evidenced					
	by: Based on record rev interviews, the facility	iew, observation and r failed to label and date food		I	statements made on this plan of ection are not an admission to and	do	
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Electronically Signed 06/30/2021

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.

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

PRINTED: 07/14/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345311		L LIDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345311	B. WING			C 06/10/2021		
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	10/2021	
					01 RIDGE ROAD			
ROXBORG	HEALTHCARE & REHA	AB CENTER			OXBORO, NC 27573			
				· · · · · · · · · · · · · · · · · · ·				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 812	Continued From page	2 1	F 8	312				
		nents in 2 of 2 nourishment If for food storage (station 1 If ment refrigerators).			not constitute an agreement with the alleged deficiencies.			
	Findings included:				To remain in compliance with all federa and state regulations the facility has ta or will take the actions set forth in this			
room refrigerator may be us brought to residents by famileft in a refrigerator should be it was made/ purchased, co date and the resident's name should be discarded within made/purchased."		ead in part "the nourishment y be used to store food by family and visitors. Food nould be dated with the date ed, content, discard/ use by 's name. Perishable foods within 7 days after it is safety, Date marking" policy part " A commercial edy to eat), PHF (potential bened and held under in 24 hours, then mark the late the container was iscard product by tion date or 7 days			plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F812/483.60 1. Corrective action for resident(s) affected by the alleged deficient practice. All refrigerators were carefully inspected for any improperly dated items on 06/07/2021 by the Administrator and Dietary Manager. Items not dated were immediately discarded. Beginning on 06/07/2021, each refrigerator has beer inspected daily by the Dietary Manager proper dating. Any items not properly marked have been discarded.	ce: ed		
	for nutritional suppler part "MED PASS promedication cart as low refrigerated temperates". Cover, label and recontainers of MED Pafter 4 days as long at proper refrigerated product is not kept rehours."	ure range (34 - 40 degrees			2. Corrective action for residents with t potential to be affected by the alleged deficient practice: Beginning 06/24/202 thru 6/30/2021, all dietary staff, nursing staff, and environmental services staff were educated by the Dietary Manager Environmental Service Director, Administrator and the Director of Nursi on the "Food safety and date marking" policy as well as the policy on "Food brought in by Visitors." The Dietary Manager and Environmental services	21 9 r,		

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

PRINTED: 07/14/2021 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES CORRECTION	I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	3/5311	B WING	c.			С	
			06/10/20				
ROVIDER OR SUPPLIER				, , ,			
O HEALTHCARE & REH	IAB CENTER						
			RO	DXBORO, NC 27573			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD E		(X5) COMPLETION DATE	
Continued From pag	ge 2	F 8	312				
the refrigerator contapproximately 5- 6 clabel. The nourishm contained one - 46 f juice bottle, two- 60	ained a plastic bag with bunces (oz) yogurt cup with no nent refrigerator also luid ounces (fl oz.) orange fl. oz bottles cranberry juice			all nourishment refrigerators daily for proper dating. 3. Measures/Systemic changes to pre-	vent		
Med Pass 2.0", that were opened. There was no label indicating the open date or use by date on them.				Education: Beginning 06/24/2021 thru 6/30/2021, all dietary staff, nursing sta and environmental services staff were educated by Dietary Manager,			
nourishment refriger plastic container with no label indicating retrieved for the nourishment refused for two- 60 fl. oz cranbe emptied and four - 3 Med Pass 2.0", that label indicating the container with the container of the second second for the second for th	rator #2 (station 1) revealed a th homemade food, which had esident's name or date on it. frigerator also contained two - the bottle that were opened, erry juice bottles that were half in it is in the contained that it is in t			Administrator, and Director of Nursing the "Food safety and date marking" po and "Food brought in from Visitors" po Education includes the following: dating and discarding "ready to eaitems, potentially hazardous foods" proper labeling of food brought in from visitors	licy licy.		
During an interview Dietary Manager sta responsible to label resident's family pric refrigerator. The nur responsible to label an open date. The D nursing staff had a p opened food/ nutritic labelled with an ope of opening. During an interview #1 indicated all the I	any food brought in by or to be placed in the rising staff were also any ready to use juices with Dietary Manager indicated the policy which indicated that all on supplements should be n date and used within 3 days on 6/7/21 at 11:03 AM, Nurse Med Pass (nutritional			conducted by the Dietary Manager and the Administrator This information has been integrated in the standard orientation training and in required in-service refresher courses fall staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. The facility specific in-service will be provided to all agenc Nurses and CNA's. Any nursing staff does not receive scheduled in-service training will not be allowed to work until	nto n the or y who		
	ROVIDER OR SUPPLIER O HEALTHCARE & REF SUMMARY S (EACH DEFICIEN REGULATORY OF REGULATORY OF REGULATORY OF REGULATORY) Continued From page nourishment refriger the refrigerator contapproximately 5-6 collabel. The nourishment contained one - 46 figuice bottle, two-60 bottles and two - 32 Med Pass 2.0", that label indicating the container with no label indicating refrigerator container with no label indicating refrigerator and four - 3 Med Pass 2.0", that label indicating the container with no label indicating the conta	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 nourishment refrigerator #1 (station 2), revealed the refrigerator contained a plastic bag with approximately 5- 6 ounces (oz) yogurt cup with no label. The nourishment refrigerator also contained one - 46 fluid ounces (fl oz.) orange juice bottle, two- 60 fl. oz bottles cranberry juice bottles and two - 32 fl. oz nutrition supplement "Med Pass 2.0", that were opened. There was no label indicating the open date or use by date on them. On 6/7/21 at 10:50 AM, an observation of the nourishment refrigerator #2 (station 1) revealed a plastic container with homemade food, which had no label indicating resident's name or date on it. The nourishment refrigerator also contained two - 46 fl oz. orange juice bottle that were opened, two- 60 fl. oz cranberry juice bottles that were half emptied and four - 32 fl. oz nutrition supplement "Med Pass 2.0", that were opened. There was no label indicating the open date or use by date on them. During an interview on 6/7/21 at 10:47 AM, the Dietary Manager stated the nurses were responsible to label any food brought in by resident's family prior to be placed in the refrigerator. The nursing staff were also responsible to label any ready to use juices with an open date. The Dietary Manager indicated the nursing staff had a policy which indicated that all opened food/ nutrition supplements should be labelled with an open date and used within 3 days	ROVIDER OR SUPPLIER D HEALTHCARE & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 nourishment refrigerator #1 (station 2), revealed the refrigerator contained a plastic bag with approximately 5- 6 ounces (oz) yogurt cup with no label. The nourishment refrigerator also contained one - 46 fluid ounces (fl oz.) orange juice bottle, two- 60 fl. oz bottles cranberry juice bottles and two - 32 fl. oz nutrition supplement "Med Pass 2.0", that were opened. There was no label indicating the open date or use by date on them. On 6/7/21 at 10:50 AM, an observation of the nourishment refrigerator #2 (station 1) revealed a plastic container with homemade food, which had no label indicating resident's name or date on it. The nourishment refrigerator also contained two - 46 fl oz. orange juice bottle that were opened, two- 60 fl. oz cranberry juice bottles that were half emptied and four - 32 fl. oz nutrition supplement "Med Pass 2.0", that were opened. There was no label indicating the open date or use by date on them. During an interview on 6/7/21 at 10:47 AM, the Dietary Manager stated the nurses were responsible to label any food brought in by resident's family prior to be placed in the refrigerator. The nursing staff were also responsible to label any ready to use juices with an open date. The Dietary Manager indicated the nursing staff had a policy which indicated that all opened food/ nutrition supplements should be labelled with an open date and used within 3 days of opening. During an interview on 6/7/21 at 11:03 AM, Nurse #1 indicated all the Med Pass (nutritional supplement) should be dated when opened and	ROVIDER OR SUPPLIER D HEALTHCARE & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 nourishment refrigerator #1 (station 2), revealed the refrigerator contained a plastic bag with approximately 5- 6 ounces (oz) yogurt cup with no label. The nourishment refrigerator also contained one - 46 fluid ounces (fl oz.) orange juice bottle, two- 60 fl. oz bottles cranberry juice bottles and two - 32 fl. oz nutrition supplement " Med Pass 2.0", that were opened. There was no label indicating the open date or use by date on them. On 6/7/21 at 10:50 AM, an observation of the nourishment refrigerator also contained two-46 fl oz. orange juice bottle that were opened, two-60 fl. oz cranberry juice bottles that were half emptied and four - 32 fl. oz nutrition supplement " Med Pass 2.0", that were opened. There was no label indicating resident's name or date on it. The nourishment refrigerator also contained two-46 fl oz. orange juice bottle that were opened, two-60 fl. oz cranberry juice bottles that were half emptied and four - 32 fl. oz nutrition supplement " Med Pass 2.0", that were opened. There was no label indicating the open date or use by date on them. During an interview on 6/7/21 at 10:47 AM, the Dietary Manager stated the nurses were responsible to label any ready to use juices with an open date. The Dietary Manager indicated the nursing staff had a policy which indicated that all opened food/ nutrition supplements should be labelled with an open date and used within 3 days of opening. During an interview on 6/7/21 at 11:03 AM, Nurse #1 indicated all the Med Pass (nutritional supplement) should be dated when opened and	ROWIDER OR SUPPLIER 345311 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573 SUMMARY STATEMENT OF DEFICIENCES ((RACH DEPICIENCY WIS TREE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Director and Administrator are checkin all nourishment refrigerator (22) yogunt cup with no label. The nourishment refrigerator is contained on e - 46 fluid ounces (fl 0.2.) orange juice bottle, wo- 60 fl. oz ottles cranberry juice bottles and two - 32 fl. oz nutrition supplement " Med Pass 2.0", that were opened. There was no label indicating resident's name or date on it. The nourishment refrigerator also contained two - 46 fl oz, orange juice bottle that were opened. The container with homemade food, which had no label indicating resident's name or date on it. The nourishment refrigerator also contained two - 46 fl oz, orange juice bottle that were opened. There was no label indicating the open date or use by date on them. During an interview on 6/7/21 at 10:47 AM, the Dietary Manager stated the nurses were responsible to label any ready to use juices with an open date. The Dietary Manager indicated the nurses were responsible to label any ready to use juices with an open date and used within 3 days of opening. During an interview on 6/7/21 at 11:03 AM, Nurse #1 indicated all the Med Pass (nutritional supplements) should be labelled with an open date within 3 days of opening. During an interview on 6/7/21 at 11:03 AM, Nurse #1 indicated dat all the Med Pass (nutritional supplements) should be dated when opened and Terrory or he designee.	A BUILDING 345311 B. WING DEALTHCARE & REHAB CENTER DHEALTHCARE & REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 nourishment refrigerator #11 (station 2), revealed the refrigerator contained a plastic bag with approximately 5-6 ounces (c2) yogurt cup with no label. The nourishment refrigerator also contained no - 46 fluid ounces (fl oz.) orange juice bottle, two- 60 fl. oz borened. There was no label indicating the open date or use by date on them. On 6/7/21 at 10:50 AM, an observation of the nourishment refrigerator also contained wo- 46 fl oz. orange juice bottle in the were opened. There was no label indicating resident's name or date on it. The nourishment refrigerator also contained two- 46 fl oz. orange juice bottle that were opened, two- 60 fl. oz buttlifon supplement the mourishment refrigerator also contained two- 46 fl oz. orange juice bottle that were opened, two- 60 fl. oz cranberry juice bottles from the mourishment refrigerator also contained two- 46 fl oz. orange juice bottle that were opened, two- 60 fl. oz cranberry juice bottles from the mourishment refrigerator also contained two- 46 fl oz. orange juice bottle that were opened, two- 60 fl. oz cranberry juice bottles that were half emptied and flour- 32 fl. oz nutrition supplement the flourishment refrigerator also contained two- 46 flourishment refrigerator also contained two- 46 flourishment refrigerator also contained two- 48 flourishment refrigerator also contained two- 46 flourishment refrig	

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

PRINTED: 07/14/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
345311			B. WING			C 06/10/2021			
NAME OF PROVIDER OR SUPPLIER ROXBORO HEALTHCARE & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 901 RIDGE ROAD ROXBORO, NC 27573					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILIENCY)			(X5) COMPLETION DATE		
F 812	juice and cranberry jumedication administration administration should medication administration should medication administration should not be refriger During an interview or Director of Nursing (Eshould label any production administration with an should be placed in the discarded within 24 h further stated that the any food brought in be placing them in the new production administration with an should be placed in the further stated that the any food brought in be placing them in the new production administration within any food brought in the new place and production administration within the new place and production administration within the new place and place an	ation should be labelled and 48 hours. Any applesauce uring medication be discarded once ation was completed and rated. In 6/10/21 at 2:30 PM, the DON) stated all nurses lucts (Juices or nutrition bened during medication in open date. These products he refrigerator after use and ours of opening. DON enursing staff should label by family for residents prior to ourishment refrigerator. Farded within 7 days. No hould be placed in the	F	812	4. Monitoring Procedure to ensure that plan of correction is effective and that specific deficiency cited remains correct and/or in compliance with regulatory requirements. This Food Safety and date marking QA Audit Tool will be completed by the Die Manager. This above audit will be completed twice weekly times two wee once weekly times three weeks and monthly times 3 months or until resolve by Quality Assurance (QA) Committee. Reports will be presented to the month QA committee by the Administrator or Dietary Manager to ensure corrective action was initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at monthly QA Meeting. The monthly QA Meeting is attended by the Administrate Director of Nursing, MDS Coordinator, Support Nurses, Therapy, HIM, and Dietary Manager. Date of Compliance: 06/30/2021	cted tary ks, ed			