PRINTED: 09/08/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ľ	(X3) DATE SURVEY COMPLETED	
345491		345491	B. WING			C 08/10/2022	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP	CODE I	00/10/2022	
CROATAN RIDGE NURSING AND REHABILITATION CENTER				210 FOXHALL ROAD NEWPORT, NC 28570			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
E 000) Initial Comments		EC	000			
F 000	An unannounced recertification and complaint investigation survey was conducted on 8/07/22 through 8/10/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #E5FZ11 INITIAL COMMENTS		FC	000			
	survey was conducted						
F 812 SS=E		ore/Prepare/Serve-Sanitary	F 8	312		9/5/22	
	§483.60(i) Food safet The facility must -	y requirements.					
	state or local authoriti (i) This may include for from local producers, and local laws or regulii) This provision doe facilities from using progradens, subject to consafe growing and food (iii) This provision doe from consuming foods §483.60(i)(2) - Store,	ed satisfactory by federal, es. bod items obtained directly subject to applicable State ulations. s not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents is not procured by the facility.					
ARODATORY	standards for food se	Ince with professional rvice safety. SUPPLIER REPRESENTATIVE'S SIGNATURE	:	TITLE		(X6) DATE	

Electronically Signed 09/02/2022

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.

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	101.52.1.01.100.1.2.2.1				10 FOXHALL ROAD			
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F 812	Continued From page 1		F 8	312				
	l <u>-</u>	is not met as evidenced						
	facility failed to ensur use in the walk-in ref	n and staff interviews, the e perishable items stored for igerator, walk-in freezer and vere labeled and dated.			F812 Food Procurement, Store/Prepare/Serve- Sanitary Croatan Ridge Nursing and Rehabilitat	tion		
	The Findings Include			Center acknowledges receipt of the				
	A tour was conducted with Cook #1 of the k walk-in freezer and re following items were			Statement of Deficiencies and propose this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain				
	* Walk-in Refrigerator Tortilla shells Stainless steel co	ontainer of beets			compliance with applicable rules and provisions of quality of care of resident The Plan of Correction is submitted as written allegation of compliance.			
	2 packages of sa 2 packages of ha 2 packages of ch			Croatan Ridge Nursing and Rehabilitat Center response to this Statement of				
	plastic wrap Lettuce wrapped in plastic wrap Stainless steel container of sliced onions				Deficiencies does not denote agreeme with the Statement of Deficiencies nor does it constitute an admission that an			
	Stainless steel of in foil which had been Stainless steel of			deficiency is accurate. Further, Croatar Ridge Nursing and Rehabilitation Cent- reserves the right to refute any of the				
	covered with plastic v Hushpuppies in p 2 bags of hambu			deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure				
	Stainless steel container of cooked sausage patties covered with plastic wrap				and/or any other administrative or legal proceeding.			
	opened to air	nal brown bag which was n fries in original brown bag air			On 8/7/22, the Dietary Manager discard all items in the Walk-in Refrigerator that were not dated when opened or had a by date" when indicated to include Tor shells, a stainless steel container of be 2 packages of salami wrapped in plastit wrap, 2 packages of ham wrapped in plastic wrap, 2 packages of cheese sli	at "up tilla eets, ic		
	3 bowls of peaches				wrapped in plastic wrap, lettuce wrapped			

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			7 50125114	<u> </u>			
		345491	B. WING		ns ns	3/10/2022	
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				210 FOXHALL ROAD			
CROATAN	I RIDGE NURSING AND	REHABILITATION CENTER		NEWPORT, NC 28570			
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F 812	Continued From pag	e 2	F 8	12			
	Pitcher of tomate			in plastic wrap, a stainless steel c	ontainer		
	1 cup containing			of sliced onions, a stainless steel	ornamio.		
	1 cup of a clear	·		container of peaches covered in fo	oil. a		
	'	·		stainless steel container of pinear			
	A second tour was co	onducted on 08/10/22 at 8:39		tidbits covered with plastic wrap,	•		
	a.m. with Dietary Manager of the kitchen's			hushpuppies in plastic zippered b	ag, 2		
	reach-in refrigerator.	The following items were		bags of hamburger buns, and a st	ainless		
	found to not be label			steel container of cooked sausage	patties		
		ofoam container, wrapped in		covered with plastic wrap.			
	1 .	gle-compartment Styrofoam					
	container; one opene	ed bottle of Gatorade.		On 8/7/22, the Dietary Manager d all items in the Walk-in Freezer th			
	During an interview v	vith Cook #1 on 08/07/22 at		not dated when opened or had a '	up by		
		explained all opened foods		date" when indicated to include or			
	I .	refrigerator, walk-in freezer		a plastic zippered bag, tater tots i	-		
	and reach-in refrigerator should be labeled and dated once they have been opened. Cook #1			brown bag which was opened to a			
				waffle cut french fries in original b	rown		
	I .	ow why opened foods were		bag which was opened to air			
	not labeled and date	a.		On 9/7/22 the Dietory Manager d	iccorded		
	During an interview v	vith the Dietary Manager		On 8/7/22, the Dietary Manager d all items in the Reach-in Refrigera			
		9:10 a.m., the DM explained		were not dated when opened or h			
		ners and opened Gatorade		by date" when indicated to include	-		
	1	oyee and should not have		of peaches, a pitcher of tomato so			
		refrigerator. The DM		cup containing a brown liquid and	•		
	explained it was "on him" for the opened			a clear thickened liquid.	•		
	l .	nd during the first tour of the		·			
	kitchen, for not payin	g better attention to what the		On 8/10/22, the Dietary Manager			
	kitchen staff were/were not doing after having			discarded all items in the reach-in			
	trained them. He further explained he did not go			refrigerator that were not dated w			
	back and follow-up after training to make sure			opened or had a "up by date" whe			
	dietary staff were doing as they were supposed to			indicated to include one 3- compa			
	have been doing.			Styrofoam container wrapped in p			
	Duning a grant to the state of	with the a A durain inter-t		wrap; one single-compartment Sty			
		with the Administrator on		container; one opened bottle of G	atorage.		
		., the Administrator stated he		On 8/12/22 the Administrator are	nloted		
	I .	employees are trained e of hire and stated he did		On 8/12/22, the Administrator con an audit of all items in the Walk in	•		
	1	tion as to why the employees		Freezer. Walk in Refrigerator and			

AND PLAN OF CORRECTION IDENTIFICATIO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NI IMPED:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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