

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345370</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/27/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PINEHURST HEALTHCARE &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 BLAKE BOULEVARD</b> <b>PINEHURST, NC 28374</b>
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F 000	INITIAL COMMENTS  A complaint investigation survey was conducted on 3/26/24 through 3/27/24. Event ID# 9TTN11. The following intakes were investigated: NC00212241,NC00209305,NC00214772,NC0211633. 1 of the 6 complaint allegations resulted in deficiency.	F 000		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §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, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews, the facility failed to maintain a walk-in cooler that was clean and in good repair for 1 of 1 walk-in cooler and failed to store food off the floor in the walk-in cooler. These practices had the potential to affect food served to 100 of 104 residents.	F 812	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this	4/18/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>04/20/2024</b>
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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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F 812	<p>Continued From page 1</p> <p>The findings included:</p> <p>1. An observation of the walk-in cooler on 3/26/24 at 11:31 am revealed a black and brown substance on the walls in the form of drip marks that appeared to be dry. There was also dust buildup on the ceiling of the walk-in cooler and to the vents in the walk-in cooler. A vent that contained 3 fans had dust build up. When the ceiling was touched the hanging dust was observed to fall to the cooler floor. The cooler storage rack had dust and had a color of black, white and green. Food items in the walk-in cooler were observed to be covered.</p> <p>An observation and interview with the Dietary Manager on 3/26/24 at 11:34 am revealed it was his second day of employment and he was unaware of any issues involving cleanliness in the walk-in cooler. Upon observation the Dietary Manager indicated the walk-in cooler needed to be cleaned and it appeared to have dust buildup.</p> <p>An observation and interview were conducted with the Administrator and Maintenance Director on 3/26/24 at 11:44 am. The Administrator was observed to rub the ceiling of the walk-in cooler and dust was observed to fall to the ground. Dust was observed to the walk-in cooler vents. The walls were observed to have dried brown and black substance. The Administrator indicated the kitchen had been deep cleaned previously. The Administrator revealed she was aware the walk-in cooler fans created dust per the previous Maintenance Director which indicated the dust was coming from the fans.</p> <p>2. An observation of the walk-in cooler on 3/26/24</p>	F 812	<p>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.</p> <p>F812 1.For dietary services, a corrective action was obtained 3/26/2024 through 3/27/2024.</p> <p>During walk through of the kitchen it was noted dietary services had failed to maintain sanitary conditions and store food properly in walk-in cooler; black/brown dried substance on walls, broken tile, crumbling tile wall (wall adjust to freezer), dust build-up on walls, dust build up on racks, and food stored on floor. The Dietary Service Director discarded items found to be stored on the floor (4 cases of milk, bag of onions, case of lettuce, case of eggplant, and case of mushrooms).The walk in was professionally power washed on 3/29/2024. Quotes by Charles Coleman Construction Company obtained immediately to address wall tile and tile floor repairs as well as any moisture issues; contractor began work on 3/29/2024 with project completion date of 4/18/2024.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice.</p>		

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F 812	<p>Continued From page 2</p> <p>at 11:31 am revealed the floor had 3 tiles not affixed to the floor. The wall to the rear of the walk-in cooler was black, yellow, and brown in color and was crumbling.</p> <p>An observation and interview with the Dietary Manager on 3/26/24 at 11:34 am revealed it was his second day of employment and he was unaware of any issues involving loose tile or moisture in the walk-in cooler.</p> <p>An observation and interview with the Administrator and Maintenance Director on 3/26/24 at 11:44 am revealed they were unaware of the loose tile in the walk-in cooler.</p> <p>Review of maintenance request from January 2024 through March 2024 revealed no maintenance request for the walk-In cooler.</p> <p>An interview with Dietary Staff #2 on 3/27/24 at 1:43 pm indicated the walk-in cooler needed a good cleaning. He indicated he had told the previous Dietary Manager about concerns with cleanliness and needed repairs. He stated the previous Dietary Manager had indicated the walk-in cooler was in the process of being repaired. He stated the substance on the walls was possibly a combination of mold, dust and dirt. He stated a couple of months ago the kitchen had been deep cleaned but not in the walk-in cooler. He stated he believed it was moisture. The previous Dietary Manager had been gone for 2 months.</p> <p>3. An observation and interview with the Dietary Manager on 3/27/24 at 10:44 am revealed boxes of food items on the floor of the walk-in cooler that included 4 boxes of milk, a bag of onions, a box of lettuce, a box of eggplant and a box of</p>	F 812	<p>All residents have the potential to be affected by the alleged deficient practice. On 4/8/2024, the Dietary Service Director and Senior Nutrition Service Coordinator completed a kitchen walk through to ensure all sanitary conditions and storage regulations met. Further professional power washing and cleaning planned for kitchen and walk in after new tile floor has cured on 4/25/2024. Maintenance completed walk through of kitchen with dietary manager and administrator on 4/10/2024 to review and address any further maintenance needs; repairs to completed by compliance date of 4/18/2024.</p> <p>3. Systemic changes</p> <p>In-service education was provided to all full time, part time, and as needed dietary, environmental, and other staff on 4/08/2024 by Dietary Service Director.</p> <p>Topics included:</p> <ul style="list-style-type: none"> <li>• Sanitation regulations of food storage.</li> <li>• Policies and practices for scheduled cleaning.</li> <li>• Process and procedures for identifying issues/concerns, communicating issues to leadership team, and completing maintenance work orders.</li> </ul> <p>This information has been integrated into the standard orientation training and in the</p>		

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F 812	Continued From page 3 mushrooms. The Dietary Manager stated the food items should not have been stored on the floor. The food items were observed as covered.  Interview with the Administrator on 3/27/24 at 3:00 pm revealed there should not be any food items stored on the floor in the walk-in cooler.	F 812	required in-service refresher courses for all staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained.  Dietary staff will monitor proper food storage during AM and PM shifts with the Safe and Sanitary Food Storage Quality Assurance Monitoring Tool.  Maintenance Director or designee will maintain and address work orders per TELS system.  4. Quality Assurance monitoring procedure.  The Dietary Service Director or assignee will monitor procedures for proper sanitation and storage weekly x 4 weeks then monthly x 3 months using the Dietary QA Monitoring Tool for Safe and Sanitary Food Storage which will include inspections on both AM and PM shifts to ensure that sanitary and storage conditions are maintained in the kitchen. The maintenance director or designee will monitor maintenance service needs in the kitchen weekly x 4 weeks then monthly x 3 months using TELS. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate and substantial compliance is maintained. Compliance will be monitored and ongoing using the Quality Assurance monitoring program reviewed at the weekly Quality Assurance meeting. The weekly QA Meeting is attended by the		

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

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F 812	Continued From page 4	F 812	Administrator, Director of Nursing, MDS Coordinator, Therapy Director, Health Information Manager, Maintenance Director, Social Work Director, and the Dietary Manager.		