

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

PRINTED: 10/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345479	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/12/2024
NAME OF PROVIDER OR SUPPLIER SALEMTOWNE			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 BABCOCK DRIVE WINSTON SALEM, NC 27106		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey was conducted on 9/9/24 through 9/12/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #G8S311. INITIAL COMMENTS	F 000			
F 812 SS=F	A recertification and complaint investigation survey was conducted from 9/9/24 through 9/12/24. Event ID# G8S311. The following intake was investigated NC00221264. 3 of the 3 complaint allegations did not result in deficiency. 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	F 812	10/18/24		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/04/2024

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>by: Based on observations and dietary staff interviews, the facility failed to maintain sanitary conditions in the central kitchen and in 1 of 4 satellite kitchens (Garden/Mill kitchen) by not ensuring staff covered their facial hair during food preparations, by not ensuring pots and pans were stacked clean on the storage rack, and by not ensuring pots, pans, and utensils were sanitized with a chemical sanitizing solution. These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>1a. During a follow-up tour of the central kitchen on 9/11/24 at 10:43 a.m. accompanied by the Assistant General Manager of Culinary Services and the facility's Chef, the dietary cook was observed transferring pans of baked chicken from the ovens to the bulk transport containers for delivery to the satellite kitchens. The facility's Chef and the dietary cook were observed without covering their facial hair which was approximately half an inch to one inch in length on their faces.</p> <p>1b. During an observation of the Garden/Mill satellite kitchen on 9/11/24 at 10:58 a.m., the facility's Chef and one dietary staff member were observed in the food preparation area without covering of their facial hair which was approximately half an inch to one inch in length on the lower faces.</p> <p>2. The observation of the clean and dried pots/pans storage rack on 9/11/24 at 10:50 a.m. in the central kitchen revealed 8 stainless-steel</p>	F 812	<p>1A/B. 1. Staff failed to cover facial hair (wear beard guards). 2. Beard guards were donned same day. Additional supply ordered. 3. All dietary staff were re-educated on properly covering facial hair while in the kitchens or food prep areas. 4. Beard guards will be stocked and available in all kitchens. Staff will be monitored for proper use of beard guards and compliance of covering facial hair. The Dietary Manager or designee will conduct random daily audits for proper use of beard guards daily for four (4) weeks. Then, weekly for four (4) weeks and then monthly for four (4) consecutive months. The findings will be reported monthly to the QAPI Committee by the Dietary Manager for review and approval. 5. Date of compliance, 10/18/2024</p> <p>2. 1. Staff failed to store clean and dirty pans separately. 2. All dirty pans were removed same day. 3. All dietary staff were re-educated on the procedure to clean and store pans appropriately. 4. Pans will be cleaned and stored per separately per policy. Rounds will be conducted by dietary leadership to ensure procedures are being followed for cleaning and storing pans. The Dietary Manager or designee will conduct random daily audits for proper cleaning procedures daily for four (4) weeks auditing a minimum of 10 pans per kitchen. Then, weekly for four (4) weeks and then monthly for four (4) consecutive</p>		

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F 812	<p>Continued From page 2</p> <p>pans with dried, dark brown debris on the inside, were stacked on the racks for use.</p> <p>3. On 9/11/24 at 12:01 p.m. the three-compartment sink in the Garden/Mill satellite kitchen was observed with pots, pans, and serving utensils immersed in a clear liquid in the sanitizing section of the sink. The dietary staff indicated the pots, pans and utensils observed were immersed in water with sanitizing agent (Quaternary) and it read 200 ppm (parts per million) earlier that day. However, when requested, the dietary staff tested the concentration of the sanitizer in the sink using a sanitizing testing strip. The testing strip did not change color indicating there was no sanitizing agent in the sink containing the pots, pans, and utensils.</p> <p>On 9/11/24 at 12:10 p.m., the Assistant General Manager of Culinary Services directed the dietary staff to discontinue using the three-compartment sink, and wash and sanitize the pots, pans, and utensils in the dishwashing machine.</p> <p>During an interview on 9/11/24 at 12:20 p.m., the Assistant General Manager of Culinary Services revealed that after the demonstration after the three-compartment sink, she contacted the provider for the sanitizing device and a service technician would arrive soon.</p>	F 812	<p>months. The findings will be reported monthly to the QAPI Committee by the Dietary Manager for review and approval.</p> <p>5. Date of compliance, 10/18/2024</p> <p>3. 1. Staff failed to have sanitizing agent in the three-compartment sink. 2. All items in the three-compartment sink were removed and cleaned by the dishwashing machine. A service technician came out same day to service the dispenser. 3. All dietary staff were re-educated on the operating, testing of sanitizer and use of the three-compartment sink. 4. The three-compartment sink will be used with Quaternary (sanitizing agent) testing at 150-400 ppm. Rounds will be conducted in each kitchen by dietary leadership to ensure ppm is at the correct level and the tracking logs are completed accurately and timely. The Dietary Manager or designee will conduct random daily audits of the three-compartment sink ppm and logs daily for four (4) weeks. Then, weekly for four (4) weeks and then monthly for four (4) consecutive months. The findings will be reported monthly to the QAPI Committee by the Dietary Manager for review and approval. 5. Date of compliance, 10/18/2024</p>		