

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

PRINTED: 04/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345416	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/25/2011
NAME OF PROVIDER OR SUPPLIER BERMUDA VILLAGE RETIREMENT CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 142 BERMUDA VILLAGE DR ADVANCE, NC 27006	
(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
F 371	Continued From page 1 On 4/25/11 at 11:05 a.m. the kitchen ' s dry goods storage was observed and revealed canned good items stored ready for use. Included in the canned good items stored ready for use were nine (9) twelve (12) ounce cans of evaporated milk with a stamped manufacturer ' s expiration date of 1/3/11. Additionally, there was one (1) twelve (12) ounce can of evaporated milk with the manufacturer ' s expiration date of 6/5/10. The FSD was present for the observation and reported there was no assigned staff member to check for outdated or expired food items in the dry goods storage area. He explained that stock was orderly minimally to avoid overage. He stated this was to ensure items were used before the expiration date. The FSD confirmed evaporated milk was used occasionally for recipes and offered no explanation why the items were stored ready for use past the date of expiration.	F 371	The outdated evaporated milk was immediately discarded 4/25/11. The FSD will reinstate a rotation protocol enforced to ensure utilization of product in a timely manner for the dry storage area. Bermuda Village will continue to order minimumally to avoid overage of stock. The opening cook will check in food orders and make sure to observe dates on any canned goods or dry storage bi-weekly (on current shipment schedule). Outdated items will be refused Our staff will continue to use the FiFo (first in first out) method for proper food storage, preparation and distribution. A dry storage check list is kept in the dry storage area The FSD/representative will monitor this practice weekly. All practices will be integrated into the QA system to ensure effectiveness and presented by the dietary representative to the QA committee on a quarterly basis.	5-6-11



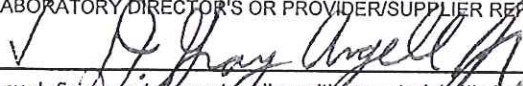
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F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to keep an ice machine clean and ensure canned goods were not stored past the manufacturer ' s expiration date.</p> <p>The findings include:</p> <p>A tour of the facility ' s kitchen was made on 4/25/11 at 10:45 a.m. with the Food Service Director (FSD). Included in the tour were observations of the kitchen ' s ice machine made at 10:52 a.m. and at 11:00 a.m. that revealed the machine was filled with ice. The interior rim of the ice machine had black debris accumulated along the ice dispensing mechanism. Water droplets were observed to hang from the black debris directly over the ice. The FSD was present for the observation and was able to wipe off the black debris. He was interviewed and reported the machine was last cleaned a month ago. He added that the ice machine was cleaned monthly by assigned staff members. The FSD requested a staff member clean the ice machine.</p>	F 371	<p>Bermuda Village will store, prepare, distribute and serve food under sanitary conditions evidenced by the immediate attention to the ice machine on 4/25/11.</p> <p>Monitoring of immediate cleanliness of the ice machine will be done on a daily basis by the closing dietary staff and rectified as needed. This practice will be included on the PM check list posted in the kitchen and overseen by the FSD.</p> <p>The dismantling and disinfection will be done every month by maintenance personnel.</p> <p>Record of the ice machine monthly sanitation will be posted at the machine.</p> <p>Our practices will be integrated into the QA system to ensure effectiveness and presented by the dietary representative to the QA.</p>	5-6-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE 5-6-11
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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.