

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

PRINTED: 12/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/02/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ZEBULON REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>509 WEST GANNON AVENUE ZEBULON, NC 27597</b>
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(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
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F 000	INITIAL COMMENTS	F 000		
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, the facility failed to: 1. Dispose of outdated dry cereal in 2 of 2 containers of dry cereal stored in the dry storage area, and 2. Clean the kitchen 's deep fat fryer.</p> <p>Findings included:</p> <p>1.) An observation was made of the dry storage area on 11/30/15 at 9:10 AM during the initial tour of the kitchen. The dry storage area contained 2 plastic tubs of dry cereal labeled with ' opened ' and ' use by ' dates placed by facility staff. Each of the tubs revealed ' use by ' dates of 11/26/15. Additional observations of the kitchen ' s dry storage area were made on 12/1/15 at 9:45 AM and 12/1/15 at 2:45 PM which revealed 2 of 2 plastic tubs of dry cereal stored in the dry storage area and labeled with ' use by ' dates of 11/26/15.</p> <p>On 12/1/15 at 2:45 PM, an interview was</p>	F 371		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Electronically Signed

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 371	<p>Continued From page 1</p> <p>conducted with the dietary manager. She stated all kitchen staff were responsible for insuring outdated foods were disposed of by the ' use by ' dates. She could not state the reason why the 2 plastic cereal tubs were not emptied by the ' use by ' date.</p> <p>2.) An initial observation was made of the kitchen on 11/30/15 at 9:10 AM. A deep fat fryer was observed with an accumulation of debris on the perimeter of the oil reservoir which resembled dried food particles.</p> <p>Additional observations of the deep fat fryer were made on 12/1/15 at 9:45 AM and 2:45 PM which revealed an accumulation of debris on the perimeter of the oil reservoir which resembled dried food particles.</p> <p>A review of the weekly dietary cleaning schedule dated 11/23/15 through 11/30/15 revealed no entries related to the deep fat fryer being cleaned. On 12/1/15 at 2:45 PM, an interview was conducted with the dietary manager. She stated the deep fat fryer was last used on 11/25/15 and all the cooks were responsible for cleaning the kitchen equipment. She also stated they did not fry many foods and just recently purchased the deep fat fryer but, " It should still be clean. I told one of the cooks to clean this yesterday, but it ' s still dirty. "</p>	F 371			