STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345210	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETHTOWN HEALTHCARE & REHAB CENTER	208 MERCER ROAD ELIZABETHTOWN, NC 28337

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation. Event ID# IKIO11.	F 000		
F 371 SS=F	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3) (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. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to air dry pieces of kitchenware before stacking them on top of one another in storage and failed to clean the interior top of the microwave. Findings included:	F 371	This Plan of Correction is prepared as a necessary requirement for the continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of	12/13/17

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

Electronically Signed | 12/04/2017

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F 371	Continued From page 1 1. During initial tour of the kitchen, beginning at 11:05 AM on 11/13/17, 9 of 12 tray pans stacked on top of one another had moisture trapped inside, 6 of 8 large baking pans stacked on top of one another had moisture trapped inside, and 1 of 1 small baking pans stacked on top of other kitchenware was wet. When these pieces of kitchenware were unstacked and separated water ran onto the floor. The acting dietary manager (DM) stated she was unsure if the kitchenware was stacked wet the night before or the morning of the observation. At 9:23 AM on 11/15/17 2 of 15 clear plastic bowls stacked on top of one another in storage had moisture trapped inside. At 10:50 AM on 11/16/17 the acting DM stated she was unsure if staff had been trained recently about the need to air dry pieces of kitchenware before stacking them on top of one another. However, she reported it was her expectation that kitchenware be dry and free from food particles before being stacked in storage. She explained the facility had two separate racks in the kitchen, one for air drying wet kitchenware and one for stacking clean and dry kitchenware in storage. The acting DM stated she still had not figured out who stacked the kitchenware when it was found wet on the morning of 11/13/17. According to the acting DM, moisture trapped between pieces of kitchenware could lead to the development of bacteria which could cause cross-contamination and possibly result in residents getting sick. At 2:38 PM on 11/16/17 a dietary employee stated she was taught to wash, rinse, sanitize, and air-dry pieces of kitchenware used in cooking	F 371	the alleged deficient practice(s). F 0371 No specific residents were identified as being affected by the alleged deficiency. For residents that have the potential to be affected by the alleged deficient practice; 1. The facility is to ensure that all kitchenware will be allowed to air dry before stacking them in storage. Compliance will be monitored by the Dietary Manager. 2. The facility is to ensure that dietary staff will properly clean all areas of the kitchen and all equipment is cleaned and sanitized as appropriate. Compliance will be monitored by the Dietary Manager. Systemic Changes: 1. The kitchenware found by the surveyor during the initial tour was rewashed and allowed to air dry properly. The acting Dietary Manager re-educated dietary staff on the proper drying technique of kitchenware on 11-14-2017 (Attachment #1). An Audit tool was put into place to monitor compliance with this procedure on 11/17/17. A completed copy of the first form completed on 11/17/17 is included for review (Attachment #2 entitled "Sanitation Form"). This form guides the reviewer through an extensive listing of our kitchen equipment, housekeeping	

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F 371	Continued From page 2 before stacking them in storage. She reported moisture trapped between pieces of kitchenware could grow bacteria that was dangerous to the health of residents. 2. During initial tour of the kitchen, beginning at 11:05 AM on 11/13/17, yellow and tan dried food particles were found on the top interior surface of the microwave. At 9:19 AM on 11/15/17, during a follow-up tour of the kitchen, yellow and tan dried food particles were found on the top interior surface of the microwave. At 10:50 AM on 11/16/17 the acting dietary manager (DM) stated the dietary staff was supposed to clean all of the interior surfaces of the microwave after every use. As a double check she also reported staff were supposed to check the microwave for cleanliness at closing each night and as each day began in the mornings. She commented not cleaning the interior top of the microwave could cause bacteria to grow and cross-contaminate foods being heated in the microwave. At 2:38 PM on 11/16/17 a dietary employee stated the interior roof, back, sides, bottom, and door of the microwave were supposed to be cleaned nightly. She reported if dried food particles were not removed from the interior roof of the microwave they could fall into fresh food that was being heated and possibly make residents sick.	F 371	items, stored food and personnel sanitation issues, scoring each item for appropriate or inappropriate to help the Quality Assurance / Performance Improvement Committee identify concerns and comply with Tag F371. 2. The microwave was cleaned and sanitized on 11-16-17. The acting Dietary Manager re-educated dietary staff that all equipment in the kitchen has to be maintained, cleaned and sanitized, stored appropriately and in good repair on 11-15-17 (Attachment #1). As a dietary employee stated during interview, there is a cleaning schedule for each employee. Corrective actions will be initiated as appropriate. Quality Assurance: The Dietary Manager will monitor using the Dietary Audit Tool. The audit tool will be completed 5 days a week for 3 months or until resolved by the QAPI Committee. The Dietary Manager will report to the QAPI Committee weekly and any corrective action will be initiated as appropriate. The QAPI meeting is attended by the Administrator, Director of Nursing, SDC, Wound Nurse, MDS Nurse and Dietary Manager. The Medical Director will review during the Quarterly QAPI Meeting.	