

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

PRINTED: 04/26/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345383	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/31/2022
NAME OF PROVIDER OR SUPPLIER SCOTTISH PINES REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 620 JOHNS ROAD LAURINBURG, NC 28352	
(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 was conducted on site from 03/28/22 through 03/31/22. The facility was found to be in compliance with CFR 483.73, Emergency Preparedness. Event ID# R7M11 INITIAL COMMENTS	F 000		
F 812 SS=E	An unannounced recertification and complaint investigation was conducted on site from 03/28/22 through 03/31/22. 3 out of 16 allegations were substantiated without deficiency. Event ID # R7M11. NC0018462, NC00183569, NC00179489, NC00181767, NC00175879, NC00184142, NC00182506. 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	4/17/22	

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

TITLE

(X6) DATE

Electronically Signed

04/15/2022

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:</p> <p>Based on observations and staff interviews the facility failed to remove food items stored ready for use by the use by date in 1 of 1 reach-in cooler, 1of 1 dry goods storage area and 1 of 1 walk-in refrigerator. This practice had the potential to affect the food served to the residents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> A. Initial observation of the kitchen reach in cooler on 3/28/22 at 11:57 AM revealed: <ul style="list-style-type: none"> a 46-ounce bottle of nectar thick water with a sticker labeled use by 3/15/22. A 46-ounce bottle of honey thick water with a sticker labeled use by 3/22/22. Initial observation of the dry storage on 3/28/22 at 12:00 PM revealed: <ul style="list-style-type: none"> a case of 1.5-ounce packages of raisins with an expiration date of 3/2/22 Initial observation of the walk-in refrigerator on 3/28/22 at 12:03 PM revealed: <ul style="list-style-type: none"> a plastic bag with an opened package of sliced turkey breast with a sticker labelled use by 3/27/22 a case of gelatin cups with an expiration date of 3/5/22 An opened plastic bag containing rolls with no label and no opened date <p>Interview with the Dietary Manager (DM) on 3/28/22 at 12:05 PM revealed that all items in the kitchen were checked weekly by the kitchen staff and that the dates were checked as the items were used. DM further stated that the expired items should have been noted during the weekly check and discarded then and that the rolls should have been labelled with an opened date</p>	F 812	<p>F812</p> <p>Scottish Pines Rehabilitation and Nursing acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents.</p> <ol style="list-style-type: none"> On 3/28/2022, facility food Service director, disposed of a 46-ounce bottle of nectar thick water, a 46-ounce bottle of honey thick water, a case of 1.5 ounce packages of raisins, a plastic bag of sliced turkey, a case of gelatin cups and an opened plastic bag containing rolls. On 4/5/2022, 100% of dietary staff were re-in-serviced on proper label and date standards for food items. Facility dietary staff were re-in-serviced to remove food items not properly stored ready for use by the use by date. Facility dietary closing manager or designee will perform daily audits at the closing of the kitchen each day. Facility dietary closing manager or designee will utilize a monitoring tool named, "Nightly Final Walk Thru" to document findings. On 4/5/2022, 100% of dietary staff were in-serviced by facility food service director on discard procedure to be used at the closing of the kitchen each day and audit tool, "Nightly Final Walk Thru" to be used to document findings. Facility dietary cook supervisor or designee will perform daily audits at the 		

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F 812	Continued From page 2 and expiration date. Interview with the Administrator on 3/31/22 at 3:50 PM indicated that her expectation was that the dietary department ensured that there were no expired items served and that all expired items were discarded immediately.	F 812	start of the opening of the kitchen each day. Facility dietary cook supervisor will utilize a monitoring tool name, "F-812 Daily Check" to document findings. 6) On 4/5/2022, 100% of dietary staff were in-serviced by facility food service director on ensuring all food is labeled, dated, and stored properly. Facility dietary cook supervisor or designee will utilize a monitoring tool named, "F-812 Daily Check" to document findings. 7) Facility dietary area director or designee will perform weekly inspections for expired items weekly times one month, bi-weekly times one month and monthly thereafter. Facility dietary area director of designee will utilize audit tool "Facility Visitation Report" to be used to document findings. 8) All newly hired dietary employees will be trained using Employee Training Program (TLMS) which will ensure dietary employees are trained appropriately on proper dating, proper labeling and discarding of expired items. 9) All dietary employees will be re-in-serviced annually using dietary workstation modules on proper dating, proper labeling and discarding of expired items. 10) Results of compliance with plan will be discussed and minutes recorded times four months during the facility's monthly QAPI meeting, with adjustments to plan made as needed, followed by: 11) Results of audits and compliance with plan will be discussed and minutes recorded quarterly times three quarters during the facility's quarterly QAPI		

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F 812	Continued From page 3	F 812	committee meeting, with adjustments to plan made as needed followed by: 12) Should revisions be necessary, appropriate staff will be re-in-serviced by food services director or appropriate designee. 13) Any revisions to plan will require monitoring steps to begin again at step 10.		