

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

PRINTED: 06/12/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER FAIR HAVEN HOME INC			STREET ADDRESS, CITY, STATE, ZIP CODE 149 FAIR HAVEN DRIVE BOSTIC, NC 28018		
(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	INITIAL COMMENTS	F 000			
F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§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 by: Based on observations, record review and staff interviews, the facility failed to: 1) ensure items stored ready for use were labeled and dated in</p>	F 812		5/31/24	
			The corrective action was accomplished for all the residents found to have been affected by this alleged deficient practice		

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

TITLE

(X6) DATE

Electronically Signed

05/31/2024

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>the walk-in freezer; 2) remove expired food items in 1 of 2 coolers. These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>a.. An observation and interview conducted with the Dietary Manager (DM) on 05/06/24 at 10:00 AM revealed there were two bags of hash browns (20 each) that were not labeled or dated in the walk-in freezer. The DM could not recall when they had been placed in the freezer and indicated the bags should labeled and dated.</p> <p>b. An observation conducted on 05/06/24 at 10:05 AM revealed two packages of ten pounds of ground beef on a tray with thaw date 05/03/24. The observation further revealed the ground beef to be turning a gray like color.</p> <p>An observation and interview conducted with the DM on 05/06/24 at 11:05 AM revealed the ground beef to be a gray color and thaw date labeled 05/03/024. The DM stated the ground beef was planned for use on 05/07/24 for sloppy joes and 05/08/24 for meat loaf for resident meals. The DM indicated she had been educated from the prior DM ground beef could be thawed and used after 3 to 5 days.</p> <p>An interview with the DM on 05/08/24 at 1:25 PM revealed she had newer staff and felt like there was a need for education and training for labeling and guidelines for different type of meats.</p> <p>An interview conducted with the Administrator on 05/08/24 at 2:25 PM revealed he understood the concerns and believed the staff were newer and needed more education and training and</p>	F 812	<p>by completing education for the dietary department. The staff were educated regarding labeling and storage procedures for items once unloaded from the vendor and proper regulations for thawing and handling frozen items from freezer to refrigerator. The dietary staff were educated and instructed to use the proper guidelines for how long food can be thawed in the refrigerator and when to use it. All this education took place in person on 05/08/24, then additional training was utilized on Relias. They have also been educated to take the ten-pound ground beef and split it into two five-pound packages prior to placing it in freezer from the delivery truck on 05/08/24.</p> <p>The facility identified no other residents having the potential for this same alleged deficient practice. The facility assessed all other frozen products for time of thawing to use time and educated dietary staff on the proper guidelines for use.</p> <p>The following measures have been put into place for systematic changes to ensure the deficient practice does not reoccur:</p> <p>- Education was provided to all the dietary staff regarding storage and labeling through in person education on 05/08/24 and Relias. Relias is an education portal where staff can go on and read the education and attest understanding. Education was documented using the tool "Storage and Labeling" which has the staff show new stock check-in, the date of</p>		

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F 812	Continued From page 2 expected staff to follow rules and regulations .	F 812	<p>arrival, when it <input type="checkbox"/>s been labeled and stored, then signed by the staff member, checked by the kitchen supervisor, and reviewed by the dietary manager <input type="checkbox"/> completion date 5/31/24.</p> <p>- Education was provided to all the dietary cook staff regarding proper storing, preparing, distributing, and serving food in accordance with the professional standards for food service safety through in person education on 05/08/24 and Relias. Education was documented using the tool Thawing Use Time which tells the item being taken from the freezer, the date taken from the freezer, date of planned usage, date of use, cook doing these activities, and check off by dietary manager <input type="checkbox"/> completion date 5/31/24.</p> <p>The Dietary Manager or designee will audit all tools put into place weekly to ensure proper completion of both forms and proper handling of food. Auditing tools will be reviewed for accuracy by interdisciplinary team at QA meetings. This will be completed weekly times 4 weeks; then, bi-weekly x 1 month and at monthly QA meetings x 2 months to ensure that interventions are current and appropriate. Documentation of reviews completed at QA meetings will be recorded using the Storage and Labeling and Thawing Use Time audit tool. Audits will be reviewed and monitored in the facility <input type="checkbox"/>s quality assurance meetings by the Dietary Manager or appointed designee for the next 2 months to ensure that compliance is maintained.</p>		

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F 812	Continued From page 3	F 812	The corrective action will be completed by 05/31/24.		