

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2016
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MYRTLE GROVE			STREET ADDRESS, CITY, STATE, ZIP CODE 5725 CAROLINA BEACH ROAD WILMINGTON, NC 28412		
(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 SS=F	<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 observation and staff interview, the facility failed to maintain one of one sanitary racks for steam table pans in the kitchen. Findings included:</p> <p>On a tour of the kitchen on 4/25/2016 at 6:30 PM, a rack holding pans for the steam table was observed. The rack had a greasy film and was greasy when touched. The rack also had brown particles that were gritty attached to the grease. The grease and gritty particles were all over the rack. Eighteen pans were observed turned upside down and stacked on the racks. A fan was blowing on the rack.</p> <p>On 4/28/2016 at 2:40 PM, in an interview, the Dietary Manager stated the rack is cleaned once per month. When shown the rack, the Dietary Manager stated the rack should have been cleaned whenever it was dirty.</p>	F 371	<ol style="list-style-type: none"> 1. Identified rack on 4/25/16 holding steam pans for steam table. Rack was thoroughly cleaned and steam pans were all cleaned on 4-25-16. 2. All shelves visually reviewed to ensure compliance on 4-25-16. 3. 100% in-service completed with all dietary staff on 5/5/16 related to proper cleaning of shelves and visual inspections for cleanliness. 4. Audits done for shelving throughout the week for four weeks. Audits began on 5-1-16. Audits reviewed with CDM, Administrator and DON weekly x 4 weeks. 5. Results to be presented and reviewed by QAPI team at next QAPI meeting. 	5/13/16	

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

TITLE

(X6) DATE

Electronically Signed

05/13/2016

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.