STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345503	A. BUILDING _____ B. WING _____	01/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMONS NSG & REH ROWA	4412 SOUTH MAIN STREET SALISBURY, NC 28147

(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=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (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 staff interview and document review the facility failed to have dietary staff keep their hair completely covered in the food preparation and serving area and failed to store hamburger meat in the proper location and at the proper temperature. The findings included: 1. Review of the facility policy titled Food Safety: Employee Personal Hygiene dated 2/19/09 revealed, in part: " All food service workers, male and female, are to wear hairnets covering all of	F 371	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged	2/9/17

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

Electronically Signed | 02/02/2017

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F 371	Continued From page 1 their hair while in the production, service and ware washing areas. " On 1/9/17 at 11:15 AM Cook #1 was observed at the steam table getting food ready for service. She had a hairnet on but had bangs that were completely exposed and not under the hairnet. Dietary Aide #1 was observed in the food preparation and serving area at this time. She was wearing a hair net but had parts of her hair hanging out at the bottom of each side of her hair net. On 1/12/17 at 11:45 AM Dietary Aide #1 was observed handling completed meal trays during the tray line and placing a cover over the lunch plates before the completed tray was put on the meal cart. She was wearing a hair net but had parts of her hair hanging out at the bottom of each side of her hair net. On 1/12/17 at 11:45 AM Dietary Aide #2 was observed in the food preparation and serving area. She had a hairnet on but had bangs that were completely exposed and not under the hairnet. On 1/12/17 at 12:05 PM the Dietary Manager was interviewed. He stated that he had to occasionally remind staff to completely cover their hair with the hairnet and his expectation was that hair was completely covered when in areas requiring a hairnet. He acknowledged both Dietary Aide #1 and Dietary Aide #2 were in areas requiring a hairnet and instructed them to completely cover their hair at that time. 2. Review of the facility policy titled Administration, Receiving and Storage dated	F 371	deficiencies cited have been or will be corrected by the dates indicated. F371 SS=E 1. Corrective Action for Resident Affected No specific resident is identified. Corrective Action for Resident Potentially Affected All residents residing in the facility have potential to be affected. The facility is to ensure that all dietary staff keep their hair completely covered while working in production, service and ware washing areas. Compliance will be monitored by Dietary Management. Systemic Changes The Dietary Services Director instructed Dietary Aides #1 and #2 as well as Cook #1 to correctly cover their hair at the time of the incident. Facility policy titled Food Safety: Employee Personal Hygiene was reviewed with all staff working 1/12/17 and an in-service on Food Safety and Personal Hygiene was conducted 2/1/2017 by the Registered Dietician and Nutritionist for all Dietary Staff. An audit tool was put into place to monitor compliance with this policy 1/30/17. Quality Assurance	

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F 371	Continued From page 2 2/1/04 revealed, in part: " Items will be stored quickly, especially TCS food. " (TCS food is time and temperature controlled for safety). " All food is to be stored away from the wall, 6 inches from the floor and 18 inches from sprinkler heads. " On 1/9/17 at 11:15 AM two stacked boxes of hamburger meat were observed on the floor in the hallway near the walk in refrigerator. On 1/9/17 at 1:25 PM the hamburger was observed in the walk in refrigerator on the bottom shelf. One box was full and the other box was no longer present. The single package of hamburger that had been inside it was in a dated zip lock bag sitting in a metal pan. The Dietary Manager acknowledged this was the hamburger that had been outside the refrigerator earlier. He stated that it had been thawing in the refrigerator but was taken out, to make room temporarily, when a delivery had been made earlier that day at approximately 10:30 AM. The Dietary Manager acknowledged hamburger meat should be stored in the refrigerator or freezer, above 41 degrees. He further indicated the hamburger should not be sitting outside the refrigerator in the hall, on the floor at room temperature, for 45 minutes. He stated that things had gotten busy that morning and since the boxes were heavy his staff often wait for him to lift them.	F 371	The Dietary Services Director will monitor this issue using the Dietary QA Audit Tool. This will be done 5 days per week for one month and then weekly for two additional months or until resolved by QOL/QA committee. Reports will be given to the weekly QOL/QA committee and Corrective Action initiated as appropriate. The QOL/QA committee is the main Quality Assurance Committee. This regularly scheduled weekly meeting is attended by The Administrator, Director of Nursing, Dietary Services Director, Nurse Supervisor. Rehab Director, and Health Information Manager. The Medical Director will review during the Quarterly QA Meeting. 2. Corrective Action for Resident Affected No specific resident is identified. Corrective Action for Resident Potentially Affected All residents residing in the facility have potential to be affected. The facility properly receive and store refrigerated TCS food. Items are to be stored as quickly as possible in appropriate storage areas. All food is to be stored away from the wall, 6 inches from the floor and 18 inches from sprinkler heads. Compliance will be monitored by Dietary Management. Systemic Changes The ground meat was properly stored. An in-service was held 1/10 and 1/11/17 for all dietary staff regarding proper food	

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F 371	Continued From page 3	F 371	storage. The Facility policy titled Administration, Receiving and Storage was reviewed with staff. The Dietary Service Manager also modified staff work schedules to ensure that there would be sufficient staff on hand on delivery days to ensure that food items are inspected upon receipt and stored appropriately as quickly as possible. An inservice on Receiving and Storage was conducted 2/1/2017 by the Registered Dietician and Nutritionist. An audit tool was put into place to monitor compliance with this policy 1/30/17. Quality Assurance The Dietary Services Director will monitor this issue using the Dietary QA Audit Tool. This will be done 5 days per week for one month and then weekly for two additional months or until resolved by QOL/QA committee. Reports will be given to the weekly QOL/QA committee and Corrective Action initiated as appropriate. The QOL/QA committee is the main Quality Assurance Committee. This regularly scheduled weekly meeting is attended by The Administrator, Director of Nursing, Dietary Services Director, Nurse Supervisor, Rehab Director, and Health Information Manager. The Medical Director will review during the Quarterly QA Meeting	