

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

PRINTED: 02/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/11/2022
NAME OF PROVIDER OR SUPPLIER NORTHAMPTON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 305 NORTH JACKSON, NC 27845	
(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 A complaint investigation survey was completed from 2/10/2022 to 2/11/2022. One of the five complaint allegations was substantiated resulting in a deficiency.	F 000		
F 812 SS=E	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 by: Based on observation, staff interview, dietary consultant interview, and record review the facility failed to dispose of a food product stored past the use by date in the side-by-side freezer, failed to label and date food items in the walk-in refrigerator and freezer, failed to close food items that had been opened in the walk-in freezer, failed to store foods off the floor in the dry storage area, and refrigerate a perishable cheese item	F 812	Northampton Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a	2/17/22

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

TITLE

(X6) DATE

Electronically Signed

02/16/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/11/2022
NAME OF PROVIDER OR SUPPLIER NORTHAMPTON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 305 NORTH JACKSON, NC 27845		
(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 812	<p>Continued From page 1</p> <p>found in dry storage for 4 of 5 observed kitchen areas were food was stored. Findings included:</p> <p>The following observations and interviews were made in the facility kitchen on 2/10/2022 beginning at 9:57 AM.</p> <p>a. The side-by-side freezer had a food product labeled "chicken rice" with the date 1/21/2022. An interview was conducted with the dietary manager at the time of the observation. The dietary manager stated the chicken rice should have been thrown away after 7 days in the freezer.</p> <p>b. Observations of the walk-in refrigerator revealed two trays with small dishes of mixed fruit. The two trays did not have a label or date of preparation. An interview was conducted with the kitchen manager at the time of the observation. The kitchen manager confirmed the trays of mixed fruit did not have a label or date of preparation.</p> <p>c. Observations of the walk-in freezer revealed an unsealed opened bag of what appeared to be waffle fries and an unsealed open bag of what appeared to be potato wedges. Both the waffle fries and the potato wedges were unlabeled or dated. The walk-in freezer also contained an opened package of Polska Kielbasa sausage with no date. An open unsealed bag of frosty looking crab cakes was observed in the walk-in freezer with a date of 1/26/2022. An interview was conducted at the time of the observation with the dietary manager. The dietary manager stated with no labels or dates the food had to be thrown out although she thought the sausages were on the menu last week. The dietary manager stated the crab cakes needed to be in a sealed container in</p>	F 812	<p>written allegation of compliance.</p> <p>Northampton Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Northampton Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F812</p> <p>On 2/11/22, the Dietary Manager discarded the following items: the food products stored past the use by date in the side-by-side freezer, the unlabeled and undated food items in the walk in refrigerator and freezer, the opened unsealed items in the walk in freezer, the box of potatoes, and the perishable cheese item found in the dry storage area. The can goods were removed from the closed boxes stored on the floors and placed on the shelves. The Administrator provided oversight to ensure all items were discarded.</p> <p>On 2/16/22, a Dietary Manager from a sister facility completed a full kitchen audit to ensure all food items were within date, all food items were labeled and dated, all open food items were sealed, perishable items were refrigerated, items were stored</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/11/2022
NAME OF PROVIDER OR SUPPLIER NORTHAMPTON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 305 NORTH JACKSON, NC 27845		
(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 812	<p>Continued From page 2</p> <p>the freezer for storage. The dietary manager was observed to throw away the waffle fries, potato wedges, sausage, and the crab cakes in the garbage.</p> <p>d. Observations were made in the dry storage revealed several cases of food were on the floor in dry storage. The cases of canned food on the floor contained fruit cocktail, diced peaches, green beans, and mixed vegetable. One #10 can of green beans was on the floor underneath a storage shelf. A cardboard box with potatoes on top and sweet potatoes inside was on the floor. On a shelf in dry storage a container of grated parmesan cheese opened and dated 11/10/2021 was stored unrefrigerated. Observation of the label on the grated parmesan revealed the product had to be refrigerated after opening. An interview was conducted with the kitchen manager at the time of the observation of the dry storage area. The kitchen manager revealed the facility received an order of new stock yesterday and the staff were doing the best they could to get the stock stored on the shelves where it belonged.</p> <p>e. A box of potatoes dated 1/19/2022 was observed on the floor directly outside the door of the dry storage in the corner next to the ice machine. Observation of the potatoes revealed they were starting to sprout with long pale shoots. Sprouts are a sign of imminent spoilage in potatoes. An interview was conducted with the kitchen manager at the time of the observation who acknowledged the potatoes should not have been on the floor and needed to be disposed of.</p> <p>An interview was conducted with the facility dietary consultant on 2/11/2022 at 10:53 AM. The</p>	F 812	<p>on the shelves and not on the floor, and that potatoes were stored appropriately without signs of imminent spoilage. There were no additional concerns identified.</p> <p>On 2/16/22, the Dietary Manager from a sister facility initiated an in-service with the Dietary Manager and dietary staff regarding Food safety procedures with emphasis on storing items within use date, labeling items, not storing food items on the floor, sealing opened food items, storing perishable food items in the refrigerator, and signs of imminent potato spoilage. The in-service will be completed by 2/17/22. All newly hired Dietary Staff will be in-serviced during orientation regarding food safety procedures.</p> <p>The Social Worker and Business Office Manager will complete an audit of the kitchen areas weekly x 4 weeks utilizing the Kitchen Audit Tool. This audit is to ensure all items in the kitchen are stored within use date and off the floor, labeled and dated, sealed, refrigerated as necessary, and no signs of spoilage to include potatoes. The Dietary Manager will address all concerns identified during the audit to include discarding items per facility protocol and re-education of staff. The Administrator will review the Kitchen Audit Tool weekly x 4 weeks to ensure all concerns are addressed.</p> <p>The Administrator will present the findings of the Kitchen Audit Tool to the Executive Quality Assurance (QA) committee monthly for 1 month. The Executive QA</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/11/2022
NAME OF PROVIDER OR SUPPLIER NORTHAMPTON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE HWY 305 NORTH JACKSON, NC 27845		
(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 812	Continued From page 3 dietary consultant confirmed opened food items needed to be labeled and dated. The dietary consultant stated it was an incorrect time frame to throw away opened food items in the freezer after 7 days but confirmed the chicken rice dated 1/21/2022 was past the date of use. The dietary consultant stated food items in the freezer should be sealed and not left open to prevent freezer burn. The dietary consultant confirmed food items should not be stored on the floor and the worst place to store potatoes was in the warm moist environment next to the ice machine. The dietary consultant provided invoices revealing potatoes and sweet potatoes were received on 1/26/2022 and an eighty-count box of potatoes was received on 1/19/2022. The dietary consultant stated she visited the facility frequently but could not be at the facility daily. The dietary consultant indicated the dietary manager and kitchen manager needed to monitor the food storage areas for proper storage and expired food.	F 812	Committee will meet monthly for 1 months and review the Kitchen Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.		