

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

PRINTED: 11/07/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>PIEDMONT CROSSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 HEDRICK DRIVE</b> <b>THOMASVILLE, NC 27360</b>		
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E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey were conducted on 10/8/23 through 10/13/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# YHBE11. INITIAL COMMENTS	F 000			
F 812 SS=E	An unannounced recertification survey and complaint investigation were conducted 10/8/23 through 10/13/23. See Event # YHBE11. 5 of the 5 complaint allegations did not result in deficient practice.  The following intakes were investigated: NC00201893 and NC00203171. 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.	F 812		10/31/23	

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

TITLE

(X6) DATE

Electronically Signed

11/01/2023

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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews, the facility failed to label, date, and/or remove expired food items stored for use in 1 of 1 reach-in prep coolers, 1 of 1 reach-in storage coolers and 1 of 1 walk-in freezer units. The facility failed to prevent the potential for cross-contamination when soiled dishware was stored on a shelf designated for clean dishware and failed to ensure plastic storage containers were dry before stacking. These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>During the initial tour of the kitchen on 10/9/23 at 11:27 am through 12:05 pm, the Director of Dining Service was present during the inspection, the following was observed:</p> <p>a. The food prep cooler was observed with a covered container of diced pimentos dated 10/1/23.</p> <p>b. The food prep cooler was observed with a covered container of sauerkraut dated 10/2/23.</p> <p>c. The food storage cooler was observed with 3 unopened ½ gallon containers of buttermilk with an expiration date of 10/7/23.</p> <p>d. The walk-in freezer was observed with an opened, partially full, re-sealed package of ground pepperoni that had an illegible date written on the package in black marker. The date was smeared and only the number 10 could be read.</p> <p>e. A clean dish storage shelf was observed with 3 stacked serving trays with crumb like particles scattered over the tray surfaces and one plate cover with dried food product on the edges.</p>	F 812	<p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Piedmont Crossing of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the survey date and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance.</p> <p>Prefix Tag: 812 It is the intent of this facility to procure, store, prepare, distribute, and serve food in accordance with professional standards for food safety.</p> <p>1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice</p>		

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F 812	<p>Continued From page 2</p> <p>The Director of Dining Services was interviewed during the initial tour on 10/9/23 from 11:27 am through 12:05 pm. He stated that staff were trained on food storage to include dating, labeling, and discarding outdated foods. He further stated that the refrigerated coolers were checked daily for outdated foods and outdated foods should be discarded at that time. Opened foods were to be marked with the date opened and should have been discarded 3 days after that date and expired foods should have been discarded on the expiration date. In response to the frozen ground pepperoni, he indicated that that if staff could not read the date that they could ask a supervisor to read it. He stated that he could not definitively read the date on the package. He stated that dirty dishes or containers should not have been placed on the storage rack with the clean dishes. He disposed of the food items listed above and removed the dirty dishes from the clean storage rack.</p> <p>A follow-up kitchen inspection on 10/12/23 at 3:00 pm revealed:</p> <p>a. Four (4) 3.5 qt plastic food storage containers nested and stacked together on a metal dish storage shelf. All 4 were observed to be wet on the inside.</p> <p>10/12/23 at 3:00 pm An interview with the Director of Dining Services, who was present during the inspection, indicated that the food storage containers should not have been stacked together to dry. He then separated the containers.</p> <p>Interview with facility Administrator on 10/12/23 at 3:28 pm revealed she was unaware of the</p>	F 812	<p>On 10/9/2023, the Dietary Manager inspected all main kitchen refrigerators and freezers to determine that all stored foods were within date. On 10/9/2023, the Dietary Manager inspected all Household remote service area refrigerators and freezers to determine that all stored foods were within date. No additional items were found to be out of date.</p> <p>On 10/9/2023, the Dietary Manager removed the dirty dishes from the clean storage rack.</p> <p>On 10/12/2023, the Dietary Manager separated the wet food storage containers.</p> <p>2) How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Since all residents are served from the main kitchen, on 10/25/2023, the QAPI committee performed a Root Cause Analysis to determine what part of our process failed to prevent the findings listed in our 2567. The Root Cause Analysis determined that newly hired employees, both line staff and supervisors, required additional training.</p> <p>On 10/16/2023, our Dining Room Manager began education with all dietary staff regarding proper storage, labelling and dating of all food items utilized in the kitchen. Education also involved proper discard date of all stored food items.</p>		

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F 812	Continued From page 3 concerns in the kitchen and would address them with the Director of Dining Services. She further stated that she believed the discard date for opened refrigerated foods was 7 days beyond the opened date.	F 812	<p>On 10/24/2023, the Dining Room Manager began education with all dietary staff regarding proper separation of clean and dirty dishes as well as air drying of wet dishes prior to nesting the dishes.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>All education about proper storage, labelling and dating food items will be added to our new hire orientation. Education regarding proper air drying prior to nesting dishes and separation of dirty and clean dishes will be added to our new hire orientation.</p> <p>Food labels will be standardized to eliminate confusion.</p> <p>An audit form will be utilized for all food storage areas, and dietary staff will inspect daily to discard food items approaching discard date. Dietary staff will initial daily that all areas have been inspected. Dietary Supervisors will inspect all food storage areas daily to validate that all food storage areas are free from expired food items and will initial the audit form.</p> <p>The Dietary Manager or designee will perform weekly audits for a total of six (6) months in all food storage areas for compliance and sign the audit forms.</p> <p>An audit form will be utilized daily in all areas that dishes are washed and air</p>		

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F 812	Continued From page 4	F 812	<p>dried. Dining staff responsible for air drying dishes will sign the audit form that all dishes are dry prior to storage. The Dining Services Supervisors will be responsible for auditing after each meal and initialing the form indicating that all dishes were air dried prior to storage. Investigation revealed that the serving trays and dirty dish located on a clean dish storage shelf were brought into the kitchen from the Residential Living Dining Room and not from health care dietary staff. Dietary staff that work in that area were educated to place all dirty dishware in the dish room area.</p> <p>Clean dish areas will be audited three (3) times a day after each meal and initialed by dietary staff that all areas are clean. The Dietary Manager or designee will perform weekly audits for compliance for a total of six (6) months.</p> <p>4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed.</p> <p>These corrective measures will be monitored by the Dietary Manager with oversight by the Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Dietary Manager or designee will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness for a</p>		

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F 812	Continued From page 5	F 812	minimum of 6 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner.		