

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/16/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER WAYNE COUNTY REST VILLA NO. 1	STREET ADDRESS, CITY, STATE, ZIP CODE 305 VANCE STREET FREMONT, NC 27830
--	--

(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) COMPLETE DATE
--------------------------	--	---------------------	--	--------------------------

D 000 Initial Comments

The Adult Care Licensure Section conducted an annual and follow-up survey on March 16, 2023.

D 282 10A NCAC 13F .0904(a)(1) Nutrition and Food Service

10A NCAC 13F .0904 Nutrition and Food Service
(a) Food Procurement and Safety in Adult Care Homes:
(1) Facilities with a licensed capacity of 7 to 12 residents shall ensure food services comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food and beverage under sanitary conditions.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews the facility failed to ensure food stored and served to residents was protected from contamination related to observations of foods that were removed from original packaging being stored in unlabeled and undated slide closure storage bags.

The findings are:

Review of the facility's environmental health sanitation inspection report dated 11/16/22 revealed:

- There was a demerit score of 11.
- There was documentation demerits were issued

I agreed with the finding.
In service was completed with staff on what procedure to follow when food is taken out.

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

B8GQ11

If continuation sheet 1 of 4

Reviewed and Acknowledged 04/10/23

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/16/2023
NAME OF PROVIDER OR SUPPLIER WAYNE COUNTY REST VILLA NO. 1			STREET ADDRESS, CITY, STATE, ZIP CODE 305 VANCE STREET FREMONT, NC 27830		
(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) COMPLETE DATE	
D 282	Continued From page 1 for violations that included kitchen counter top damage that exposed the particle board underneath, a gap in the kitchen door where light was visible from the outside that needed to be sealed to prevent entrance of pests, accumulated dust, cobwebs and debris on closet floors and water damage to the floor underneath the washing machine. Observation of the chest freezer on 03/16/23 at 8:45am revealed: -There were 2 bags of frozen meat patties stored in a slide closure storage bag that was labeled as hamburger patties and was not dated. -There were 10 bags of frozen smaller meat patties stored in a slide closure storage bag that was not labeled or dated. Observation of the side by side refrigerator in the residents' dining room on 03/16/23 at 8:50am revealed there was sliced lunch meat that was not in the original package stored in a slide closure storage bag that was not dated or labeled in the refrigerator. Observation of the over and under refrigerator freezer located in the kitchen on 03/16/23 at 8:50am revealed: -There were 2 bags of meat patties in a slide closure storage bag that was not dated or labeled in the refrigerator. -There was 1 bag of fish and 2 bags of meat patties in slide closure storage bags that were not dated or labeled in the the freezer. Interview with the Personal Care Aide (PCA) on 03/16/23 at 9:00am revealed: -The staff on duty were responsible for preparing the residents' meals each day. -The meat patties in the refrigerator were	D 282	of the original Box. Staff has been Retrained on how to relabel and date all food that's taken out of the original packing. Any food that comes into the facility will be labeled and dated. Managen and Secretary will Be monitoring this once a week for accuracy.		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL096003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/16/2023
NAME OF PROVIDER OR SUPPLIER WAYNE COUNTY REST VILLA NO. 1		STREET ADDRESS, CITY, STATE, ZIP CODE 305 VANCE STREET FREMONT, NC 27830			
(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) COMPLETE DATE	
D 282	Continued From page 2 sausage and placed in the refrigerator by the prior shift and she prepared and served the sausage to residents as part of the breakfast meal service that morning. -She did not know why the storage bags were not labeled or dated. -She knew food items that were not in the original package needed to be labeled and dated when it was stored. -It was the responsibility of the staff opening and storing the food item to date and label the packaging at the time of storage. Interview with the Resident Care Manager on 03/16/23 at 2:10pm revealed: -The small meat patties in the chest freezer were sausage that was delivered and stored on 03/15/23. -The sausage was delivered in a box too large for storing so she removed the sausage patties from the box, divided them and placed them in the storage bags. -She was aware the food storage bags should have been dated and labeled. -She was busy with many tasks and it was an oversight that she did not date and label the sausage patties when she stored them on 03/15/23. -She could not say why the other items were not dated or labeled and did not know when they were stored. Telephone interview with the Administrator on 03/15/23 at 2:40pm revealed: -She thought food that was not in the original packaging be placed in see-through wrap or bags when prepared for storage so that the food item could be identified. -The facility purchased its food from the grocery store up until a month prior when they contracted	D 282	Any concerns will be corrected at that time.	3/24/23	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/16/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WAYNE COUNTY REST VILLA NO. 1

**305 VANCE STREET
FREMONT, NC 27830**

(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) COMPLETE DATE
D 282	Continued From page 3 with a food service vendor and was not aware food should be dated and labeled when it was not stored in the original package.	D 282		