

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  Fair Haven Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  149 Fair Haven Drive Bostic, NC 28018	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43643</p> <p>Based on observations, record review and staff interviews, the facility failed to: 1) ensure items stored ready for use were labeled and dated in the walk-in freezer; 2) remove expired food items in 1 of 2 coolers. These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>a An observation and interview conducted with the Dietary Manager (DM) on [DATE] at 10:00 AM revealed there were two bags of hash browns (20 each) that were not labeled or dated in the walk-in freezer. The DM could not recall when they had been placed in the freezer and indicated the bags should labeled and dated.</p> <p>b. An observation conducted on [DATE] at 10:05 AM revealed two packages of ten pounds of ground beef on a tray with thaw date [DATE]. The observation further revealed the ground beef to be turning a gray like color.</p> <p>An observation and interview conducted with the DM on [DATE] at 11:05 AM revealed the ground beef to be a gray color and thaw date labeled [DATE]. The DM stated the ground beef was planned for use on [DATE] for sloppy joes and [DATE] for meat loaf for resident meals. The DM indicated she had been educated from the prior DM ground beef could be thawed and used after 3 to 5 days.</p> <p>An interview with the DM on [DATE] at 1:25 PM revealed she had newer staff and felt like there was a need for education and training for labeling and guidelines for different type of meats.</p> <p>An interview conducted with the Administrator on [DATE] at 2:25 PM revealed he understood the concerns and believed the staff were newer and needed more education and training and expected staff to follow rules and regulations.</p>

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.

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