

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Salemtowne		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 Babcock Drive Winston Salem, NC 27106	

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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>20670</p> <p>Based on observations and dietary staff interviews, the facility failed to maintain sanitary conditions in the central kitchen and in 1 of 4 satellite kitchens (Garden/Mill kitchen) by not ensuring staff covered their facial hair during food preparations, by not ensuring pots and pans were stacked clean on the storage rack, and by not ensuring pots, pans, and utensils were sanitized with a chemical sanitizing solution. These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>1a. During a follow-up tour of the central kitchen on 9/11/24 at 10:43 a.m. accompanied by the Assistant General Manager of Culinary Services and the facility's Chef, the dietary cook was observed transferring pans of baked chicken from the ovens to the bulk transport containers for delivery to the satellite kitchens. The facility's Chef and the dietary cook were observed without covering their facial hair which was approximately half an inch to one inch in length on their faces.</p> <p>1b. During an observation of the Garden/Mill satellite kitchen on 9/11/24 at 10:58 a.m., the facility's Chef and one dietary staff member were observed in the food preparation area without covering of their facial hair which was approximately half an inch to one inch in length on the lower faces.</p> <p>2. The observation of the clean and dried pots/pans storage rack on 9/11/24 at 10:50 a.m. in the central kitchen revealed 8 stainless-steel pans with dried, dark brown debris on the inside, were stacked on the racks for use.</p> <p>3. On 9/11/24 at 12:01 p.m. the three-compartment sink in the Garden/Mill satellite kitchen was observed with pots, pans, and serving utensils immersed in a clear liquid in the sanitizing section of the sink. The dietary staff indicated the pots, pans and utensils observed were immersed in water with sanitizing agent (Quaternary) and it read 200 ppm (parts per million) earlier that day. However, when requested, the dietary staff tested the concentration of the sanitizer in the sink using a sanitizing testing strip. The testing strip did not change color indicating there was no sanitizing agent in the sink containing the pots, pans, and utensils.</p> <p>On 9/11/24 at 12:10 p.m., the Assistant General Manager of Culinary Services directed the dietary staff to discontinue using the three-compartment sink, and wash and sanitize the pots, pans, and utensils in the dishwashing machine.</p> <p>(continued on next page)</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 9/11/24 at 12:20 p.m., the Assistant General Manager of Culinary Services revealed that after the demonstration after the three-compartment sink, she contacted the provider for the sanitizing device and a service technician would arrive soon.</p>