

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

PRINTED: 12/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SC CTR AT TRYON ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 619 LAUREL LAKE DRIVE COLUMBUS, NC 28722		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§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 observations and staff interviews, the facility failed to discard food items with signs of spoilage and liquid nutritional supplements that</p>	F 812	<p>Out of date supplements immediately discarded. The bag of parsley was immediately discarded.</p>	12/17/24	

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

TITLE

(X6) DATE

Electronically Signed

12/09/2024

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>were past the expiration date in 1 of 1 walk-in cooler and label and date prepared food items in 1 of 1 reach-in cooler. These practices had the potential to affect food and drink items served to the residents.</p> <p>Findings included:</p> <p>a. An initial observation of the walk-in cooler on 11/18/24 at 8:50 AM revealed the following:</p> <p>a) A bag of fresh parsley dated 10/2024 that had a dark brown, slimy substance on some of the parsley leaves.</p> <p>b) A tray containing 30, eight-ounce cartons of liquid nutritional supplements with an expiration date of 11/01/24.</p> <p>During an interview on 11/18/24 at 8:50 AM, the Nutrition Services Manager confirmed the bag of fresh parsley had visible signs of spoilage on some of the leaves, the nutritional supplements were past the expiration date and stated both should have been removed from the cooler and discarded. The Nutrition Services Manager stated that all dietary staff were responsible for checking the cooler and discarding any food items with signs of spoilage or past the expiration date.</p> <p>During an interview on 11/19/24 at 4:54 PM, the Administrator revealed she expected dietary staff to check the coolers and discard any items that were expired or had visible signs of spoilage.</p> <p>b. An initial observation of the reach-in cooler on 11/18/24 at 8:57 AM revealed an unlabeled and undated clear storage container with plastic wrap covering the top that was half-way filled with a</p>	F 812	<p>Audit conducted by the culinary manager to identify any other food items that could be expired or within date, but less than fresh. Completed at 10am on 11/18/2024, with no other items identified.</p> <p>Culinary team to be re-educated on the process to monitor dates and freshness of food items. Education provided to the culinary leadership team, executive chef, sous chefs, line cooks, and food preparation team members. Re-education to be conducted by the Culinary Director and to be completed by 12/17/2024. Team members will not be allowed to work after this date until the education is completed. New hires will receive this education during their orientation period.</p> <p>Three random food items will be audited for freshness and expiration date three times weekly for 2 weeks, then weekly for 4 weeks, then randomly. The audit will be conducted by the culinary director or nursing home administrator. Results of the audits will be reviewed in the January 2025 and April 2025 quality assurance meetings.</p> <p>Completion date 12/17/2024.</p>		

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F 812	Continued From page 2 white liquid mixture with brown specks throughout the liquid. During an interview on 11/18/24 at 8:57 AM, the Nutrition Services Manager revealed the liquid in the container was a mixture for making French Toast. She was unsure when the mixture was prepared and stated the container should have been labeled with the name of the product, date prepared and use by date. During an interview on 11/19/24 at 4:54 PM, the Administrator revealed she expected dietary staff to label and date all prepared food items stored in the kitchen coolers and/or refrigerators.	F 812		