STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345505	A. BUILDING _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306

(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 The survey team entered the facility on 06/23/2025 to conduct a recertification and complaint investigation survey. The survey team was onsite 06/23/2025 through 06/27/2025. Additional information was obtained offsite on 07/01/2025 and 07/02/2025. Therefore, the exit date was changed to 07/02/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #CSGG11.	E 000		
F 000	INITIAL COMMENTS The survey team entered the facility on 06/23/2025 to conduct a recertification and complaint investigation survey. The survey team was onsite 06/23/2025 through 06/27/2025. Additional information was obtained offsite on 07/01/2025 and 07/02/2025. Therefore, the exit date was changed to 07/02/2025. Event ID#CSGG11. The following intakes were investigated: NC00228881, NC00229559, NC00229857, NC00230918, NC00231049, NC00231348, NC00231776, NC00231836, NC00231858, and NC00232127. 17 of the 17 complaint allegations did not result in deficiency.	F 000		
F 812 SS=E	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,	F 812		7/10/25

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

Electronically Signed | 07/03/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345505	A. BUILDING _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306

(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
F 812	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to discard expired food items stored in 3 of 4 nourishment room refrigerators (Unit 1, Unit 2 and Unit 3) . This practice had the potential to cause foodborne illnesses. Findings included: Observations of the nourishment room refrigerators with the facility's Dietary Manager (DM) on 6/25/25 revealed the following: a. An unopened pack of chicken breast strips and green beans with the use by date of 5/13/25 was observed in the freezer of Unit 1 nourishment refrigerator at 11:53 AM. The DM placed the food item in the trashcan. b. A 10-pack box of prepacked store-bought sandwiches with the best if used by date of 4/27/25 was observed in the freezer of Unit 3 nourishment refrigerator at 12:01 PM. The box was approximately half full. The DM placed the	F 812	The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility□s allegation of compliance. All deficiencies cited have been or will be corrected by the date or dates indicated. F812 1. How corrective action will be accomplished for those residents found to have been affected: The facility staff failed to discard foods by the expiration date in 3 nourishment rooms. The items were discarded during observation. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345505	A. BUILDING _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306

(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
F 812	Continued From page 2 food items in the trashcan. c. Two bottles of nutritional shake with the expiration date of 5/6/25 were observed in Unit 2 nourishment refrigerator at 12:10 PM. The DM placed the food items in the trashcan. The Dietary Manager, who was present during the observations, stated that dietary and nursing staff were supposed to ensure that expired food items in the nourishment refrigerator were discarded. During an interview on 6/25/25 at 2:30 PM with the Director of Nursing (DON), she stated that she expected dietary and nursing staff to inspect the nourishment room refrigerators to ensure expired food items were not left in the refrigerator or freezer. During an interview with the facility Administrator on 6/27/25 at 8:25 AM she indicated her expectation was to have no outdated food items in the refrigerator or freezer and that any expired food items should have been thrown out.	F 812	All residents have the potential to be affected by the practice 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur Nursing staff were in-serviced on discarding all expired items in fridge or freezer in the nourishment room refrigerator by the administrator. These were completed on 7/9/2025. Any nursing staff who have not received the education will be removed from the schedule until completed. New nursing staff will be educated by the staff development coordinator during orientation. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained A sanitation inspection will be conducted by the administrator or designee weekly x 4 weeks, twice-monthly x 4 weeks, and monthly X 1 to ensure compliance with corrective action. Any deficient practice identified through the sanitation inspections will result in reeducation or disciplinary action as indicated. Findings from sanitation inspections will be reviewed at the Quarterly Quality Assurance meeting x1 for any further problem resolution if needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345505	A. BUILDING _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA REHAB CENTER OF CUMBERLAND	**4600 CUMBERLAND ROAD FAYETTEVILLE, NC 28306**

(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
F 812	Continued From page 3	F 812	5. Completion date 7/10/2025	