PRINTED: 08/21/2025 FORM APPROVED OMB NO. 0938-0391

	IENT OF DEFICIENCIES LAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345091 (X2) MULTIPLE CONSTRUCTION A. BUILDING D. WING (X3) DATE SUR O7/24/2025		(X3) DATE SURVE 07/24/2025	VEY COMPLETED		
	DF PROVIDER OR SUPPLIER  OOD PLACE AT THE VILLAGE	EAT BROOKWOOD		REET ADDRESS, CITY, STATE, ZIP COE 20 BROOKWOOD AVENUE , BURLINGT 215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	NT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED APPROPRIATE DEFICI	I SHOULD BE TO THE	(X5) COMPLETION DATE
E0000	7/21/25 through 7/24/25. The	nents CFR.487.73, Emergency	E0000			08/15/2025
F0000	INITIAL COMMENTS  A recertification survey was of through 7/24/25. Event ID #1		F0000			08/15/2025
F0812 SS = F	Food Procurement, Store/Prec CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirement. The facility must -  §483.60(i)(1) - Procure food to considered satisfactory by feauthorities.  (i) This may include food item local producers, subject to applicate to a plaws or regulations.  (ii) This provision does not procure gardens, subject to complian growing and food-handling proving and food-handling procurements.  §483.60(i)(2) - Store, prepare food in accordance with profeservice safety.  This REQUIREMENT is NOT Based on observations, recointerviews, the facility failed to preparation areas and food services.	from sources approved or deral, state or local  as obtained directly from oplicable State and local  rohibit or prevent grown in facility ce with applicable safe ractices.  reclude residents from ad by the facility.  e, distribute and serve essional standards for food  MET as evidenced by:  rd review, and staff o keep food ervice equipment clean,	F0812	Director of Dining reviewed and assess established cleaning schedules and per of the kitchen and coinciding cleaning is Immediate action was taken to deep cleareas in addition to identifying areas the further cleaning. On 7/21/25 all ceiling I were vacuumed and scrubbed. On 7/21 were detailed (deep cleaned) inside an eliminate all old grease build up, coincid their weekly scheduled deep cleaning. It wo plate warmers were empty and det out eliminating any old debris and dried On 7/22/25 the hot food warming box wand out to comply with its weekly clean 7/24/25 stove #1 was detailed to includ burners, back, exterior, interior of oven, pan. On 7/25/25 stove #2 was detailed stove burners, back, exterior, interior of pan, attached shelf, and attached broile 7/28/25 and 8/3/25 all equipment was refloors of kitchen were detailed.  On 7/29/25 Dining Director did a thorouk itchen surfaces, equipment and floors. cleaning schedules were updated accodirector provided an initial training with Supervisors and Managers on 7/31/25 updated cleaning schedules, revised extraining protocol, and subsequent audit On 8/6/25 HC Dietary Supervisor trainer Kitchen Assistants to establish new expreview revised cleaning schedules. On titution may be excused from correcting p	rformed an audit schedule. Sean the stated at needed HVAC vents 1/25 both deep fryers dout to ding with On 7/21/25 the ailed inside and don splatter. Fass detailed inside ing schedule. On the the 6 stove and catch to include the 10 oven, catch to include the 10 oven, catch the inglight and all with the first detailed in the firs	08/15/2025

safeguards provide sufficient protection to the patients. (See reverse for further 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS  (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 345091		(X2) MULTIPLE CONSTRUCTION (X3) DATE S A. BUILDING 07/24/2025 B. WING		, ,	URVEY COMPLETED	
	DF PROVIDER OR SUPPLIER  OOD PLACE AT THE VILLAGE	E AT BROOKWOOD		REET ADDRESS, CITY, STATE, ZIP COD 20 BROOKWOOD AVENUE , BURLINGT 215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F0812 SS = F	Continued from page 1 free from debris, grease build during two kitchen observation facility failed to clean the ceil the food preparation and food practices had the potential to residents.	dup, and/or dried spills ons. In addition, the ing vents located over d service areas. These	F0812	Continued from page 1 Kitchen Managers trained the Cooks to expectations and review revised cleanir Cleaning schedules will be reviewed an quarterly by Dining Director and Kitchel determine any adjustments that should	ng schedules. Id updated In Managers to	
	The findings included:  During a kitchen tour on 7/21 following observations were supervisor and Dining Service  a. Stove #1 had six (6) burners build-up on the stove burners and front of the stove. There burnt food, dried, encrusted, throughout the stove area.	made with the kitchen ce Director: ers that had heavy grease s, walls behind the stove, were large amounts of		Beginning 8/17/25, Kitchen Managers a will perform weekly audits of cleaning s compliance and physical cleaning comp for two months, then monthly for two months for four months. Dining Direct audits for accuracy and completion months. Dining Director will report on the audits in the QAPI Meetings to ensure the QAPI committee is responsible for compliance.	chedule bliance once a week boths, and or will review hthly for eight he findings of ure compliance.	
	b. Stove #2 had twelve (12) be grease build-up on the stove stove, and front of the stove. of burnt foods, dried, encrust throughout the stove area.	burners, walls behind the There were large amounts		Corrective action will be completed by 8	3/15/2025.	
	stored inside the warmer. The dried liquid spills and food pa	ate warmers had two rows of clean plates the warmer. The inside of warmer had spills and food particles inside and dried on the outside. The inside also had old all around.				
	d. The deep fryer had dried be encrusted on the inside and had heavy grease and food be the unit and food particles we fryer.	outside edges. The fryer build-up inside and outside				
	e. The 15 ceiling vents had la dust/debris blowing over blow clean dry dishware storage ra preparation surfaces.	ving over the steam table,				
	f. The inside and outside of the and liquids.	ne hot box had dried food				
	g. The floors under the stove steam tables were dirty, stick					
	An interview was conducted Kitchen Supervisor and Dinir the kitchen staff were require equipment after each meal a accordance with the kitchen Dining Service Director and I	ng Service Director stated ed to wipe down kitchen nd deep cleaned weekly in cleaning checklist. The				

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NAME OF PROVIDER OR SUPPLIER  EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE  1820 BROOKWOOD AVENUE , BURLINGTON, North Carolina, 27215				
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F0812 SS = F	by the Kitchen Supervisor an was discarded. He stated he documentation for the cleaning weeks. The Dining Service Didentified observations of the the ceiling vents needed to be the staff were expected to clean accordance with the kitches the current kitchen checklists no specific areas for staff to see responsibilities were completed further stated there should not grease or dried debris on kitch Service Director further stated ensuring the kitchen staff key orderly. He indicated he would of the kitchen vents to the neand maintaining records week A follow-up observation in co	an and orderly. The Dining ervisor acknowledged the ceiling vents had not with the checklist. The cleaning checklists and lated and available for all en checklist provided on adwiping down steam tables, caning refrigerators and lication on the checklist uipment was deep cleaned on 7/22/25 at 12:27 PM with did the cleaning checklist dule which included a variety nen equipment. He stated was completed and checked and himself the information did not have any ng checklist for the past 5 director confirmed the existence equipment, and he cleaned. He also stated ean the kitchen equipment en checklist. He reviewed and confirmed there were sign off and the leter after each shift. He of the any heavy buildup of chen equipment. The Dining and he was responsible for the equipment clean and do be adding the cleaning likely.  Injunction with an 7/24/25 at 11:25 AM with the no stated all the leter currently being worked exhibit for kitchen equipment leter currently being worked leter curr	F0812	AFFROFINAL BELLION	LNCT)		

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F0812 SS = F	Continued from page 3 in accordance with kitchen sanitation guidelines.		F0812				