

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Glenflora			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 Fayetteville Road , Lumberton, North Carolina, 28360	
(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
E0000	Initial Comments A recertification and complaint investigation survey was conducted on 02/09/26 through 02/12/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 11E3290-H1.	E0000		02/22/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 02/09/26 through 02/12/26. Event ID# 1E3290-H1. The following intake was investigated: 2718116. 1 of the 1 complaint allegation did not result in deficiency.	F0000		02/22/2026
F0812 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, 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.	F0812	The facility failed to maintain hot pureed food at 135 degrees Fahrenheit (F) or higher for 1 of 1 tray line observation. When the dietary manager (DM) became aware that the pureed food was not at the required temperature, he immediately re-heated the items prior to serving. After reheating the food items, the DM checked the temperatures of all other food items, and all were found to be above the minimum requirement prior to serving. On 2/19/26, the Registered Dietitian in-serviced all cooks on time and temperature control measures, as well as food safety. This training included the minimum food temperatures for various meats, vegetables, and grains, including pasta. Any cooks who did not attend the in-service will be educated prior to their next scheduled shift. Any newly hired cooks will also be educated during the orientation process on time/ temperature control measures and food safety. The DM or assistant dietary manager will audit the temperatures of meats, vegetables, or pureed foods prior to serving to ensure they are above the regulatory temperature minimums. The audits will occur for 10 meals per week for 4 weeks, 5 meals per week for 4 weeks, and 3 meals per week for 4 weeks. Any identified issues will be immediately corrected.	02/23/2026

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 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
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F0812 SS = E	<p>Continued from page 1</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to maintain hot pureed food at 135 degrees Fahrenheit (F) or higher for 1 of 1 tray line observation. This practice has the potential to affect residents on a pureed diet.</p> <p>The findings included:</p> <p>An observation of the lunch meal tray line in progress was conducted in the main kitchen on 02/09/26 at 11:30 AM, with three lunch trays plated, covered and ready to be placed into the tray carts. Temperature monitoring was requested and performed by the Dietary Manager (DM) on 02/09/26 at 11:30 AM. The following temperatures were obtained: pureed chicken alfredo 128 degrees F and pureed spinach 130 degrees F. The temperatures of these items were taken using the facility's electronic food thermometer. The pureed items were taken off the steam table by the DM and re-heated.</p> <p>An interview was conducted with the DM on 02/09/26 at 11:45 AM. He stated that he expected dietary staff to serve hot foods at 135 degrees F or higher, and if temperatures of hot foods was below 135-degrees F the food items should be discarded or re-heated to 165 F prior to serving. The DM said the kitchen staff should have checked temperatures of all foods on the steam table to ensure hot food items were above 135 degrees F prior to the start of tray line and before serving them on the lunch tray line. He stated the cook responsible for taking tray line temperatures had called out and no one who was filling in for the cook thought of checking food temperatures on the steam table.</p> <p>An interview was conducted on 02/12/26 at 10:00 AM with the Administrator. He stated it was his expectation for the facility's kitchen to follow all regulatory guidelines for food and kitchen sanitation safety, which included daily monitoring hot food temperatures on the steam table and document temperatures in the temperature log, and for temperatures to be above 135 F, prior to plating.</p>	F0812	<p>Continued from page 1</p> <p>The executive director will report the audit results to the Quality Assurance Performance Improvement (QAPI) committee quarterly and make changes to the plan of correction as necessary to ensure compliance with the plan is sustained.</p> <p>The compliance date is 2/23/26.</p>	