		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _				
		HAL053026	B. WING		R 09/07	/2018	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
MAGNOLI	A HOUSE RETIREMENT	CENTER	HAGE STREE , NC 27330	Т			
(X4) ID PREFIX TAG	4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE	
{D 000}	Initial Comments		{D 000}				
	The Adult Care Licens follow up survey on 0	sure Section conducted a 9/05/18 - 09/07/18.					
{D 283}	10A NCAC 13F .0904 Service	4(a)(2) Nutrition and Food	{D 283}				
	10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination.						
	reviews, the facility fa machine was free from a build-up of wet brow	ns, interviews and record iled to assure the ice m contamination, related to					
	The findings are:						
	09/05/18 at 2:52 p.mThere was a build-up and yellowish mold-like portion of the white structure bin from the upproachineThe Dietary Manage cloth that was sitting a counter top and place dirty waterShe walked over to to wipe the build-up of and yellowish mold-like.	o of wet brown, black, pink, see substance on the lower nield that separated the ice per vaulted section of the ice or (DM) took a white dish					
	in the ice machine.	vith the white dish cloth of					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMP	LETED	
		HAL053026	B. WING			R <b>/07/2018</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE			
MACNOLI	A HOUSE DETIDEMENT	1115 C	ARTHAGE STREE	т			
WAGNULI	A HOUSE RETIREMENT	SANFO	ORD, NC 27330				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
{D 283}	Continued From page	e 1	{D 283}				
(=)	the white shield that s from the upper vaulte	separated the ice cube bin d section of the ice machine dish cloth back into the	(2 = 3 5)				
	09/05/18 at 2:43 p.mOn Wednesdays the and freezer inside and -The Aides cleaned b and outside. Wash will -There were no instru	Cooks clean refrigerator d outside. ig and little trash cans inside ith soap and water. ictions for cleaning the ice e of the ice machine on the					
	revealed: -The ice machine had daysThe Maintenance Dirit on and off for the la -The ice machine was -She never cleaned ir -She would "just wipe sides." -There was no weekly for the cleaning of the cleaning of the pink, and yellowish mucube binShe did not have an	s cleaned monthly. Inside the ice machine. It down, the front and the It cleaning schedule provided It ice machine. It is build-up of brown, black, It is included in the ice It is explanation of why there It is wet brown, black, pink, and					
	revealed: -The ice machine in the working right for the lateral	t on 09/05/18 at 3:12 p.m.  the kitchen had not been ast two weeks because g with the air compressor					

Division of Health Service Regulation

STATE FORM 6899 MVPI12 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _	A. BUILDING:		COMPLETED	
			5 14/11/0		R	
		HAL053026	B. WING		09/07/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
MAGNOLI	A HOUSE RETIREMENT	CENTER 1115 CAR	THAGE STREE	т		
MAGNOL	A 11000E RETIREMENT	SANFORE	D, NC 27330			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	TE
{D 283}	Continued From page	2	{D 283}			
	causing it to become -The Maintenance Din machine's filter last F -She typically cleaned machine every other on weekends and the she worked her week -She cleaned the ice interior side walls and the opening of the ice pads that were appro -She covered the storal uminum foil one tim inside of the ice mach cover the stored ice in the ice in the bin each -She worked this pass however, did not clea she was busy in the k required duties for an that dayThe last time she cle approximately the mid -She did not rememb black build-up in the r cleaned it.  Interview with the Adr 3:40 p.m. revealed: -She thought the ice r -She did not know of substance on the ice -She would be meetir	too hot. rector replaced the ice riday, (08/31/18). If the inside of the ice Sunday when she worked to other Cook cleaned it when ends. machine by wiping the If around the edges around to machine with large alcohol eximately 6 inches in width. The dice in the bin with the when she cleaned the hine but normally did not the bin and did not empty the time she cleaned it. The Sunday (09/02/18), In the ice machine because the chine because the ice machine was didle of August 2018. The seeing any brown or machine when she last  ministrator on 09/05/18 at  machine was fairly new. The build-up of a mold-like machine. The see ing with her DM and The to review the ice machine				
	09/05/18 at 4:00 p.m.	intenance Director on revealed:				

old.

Division of Health Service Regulation

STATE FORM 6899 MVPI12 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL053026	B. WING		R <b>09/07/2018</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
MAGNO	IA LIQUISE DETIDEMENT	1115 CART	HAGE STREE	т	
MAGNOL	A HOUSE RETIREMENT	SANFORD,	NC 27330		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 283}	Continued From page	: 3	{D 283}		
	A HOUSE RETIREMENT CENTER  SANFORD,  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				

Division of Health Service Regulation

STATE FORM 6899 MVPI12 If continuation sheet 4 of 4