STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013046	A. BUILDING: _____ B. WING _____	R 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LANDINGS CABARRUS	4968 MILESTONE AVE KANNAPOLIS, NC 28081

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and Cabarrus County Department of Social Services conducted an annual survey, follow-up survey and complaint investigation on January 22, 2025 through January 23, 2025.	D 000		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) Facilities with a licensed capacity of 7 to 12 residents shall ensure food services comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food and beverage under sanitary conditions. This Rule is not met as evidenced by: Based on observations, record review and interviews the facility failed to ensure all foods items stored by the facility were protected from contamination related to foods not labeled, not dated, and improperly stored in the refrigerator as well as food storage containers and the refrigerator floor that was not cleaned or sanitized. The findings are: Review of the facility's environmental inspection	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013046	A. BUILDING: _____ B. WING _____	R 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LANDINGS CABARRUS	4968 MILESTONE AVE KANNAPOLIS, NC 28081

(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) COMPLETE DATE
D 282	Continued From page 1 report dated 5/31/24 revealed there was documentation 3.5 demerits were issued for violations that included food properly stored and protected from contamination. Observation of the facility's kitchen on 01/22/25 at 10:00am revealed: -There were four large bottles of salad dressing that were opened and not labeled and not dated in the refrigerator. -There were three large blocks of sliced cheese that were opened from their original packaging, not labeled and not dated in the refrigerator. -There were six large bottles of condiments (ketchup, mustard, tarter sauce, relish) that were opened, not labeled and not dated in the refrigerator. -There was a ten-pound container of hard cooked eggs that was opened, not labeled and not dated in the refrigerator. -There were two large plastic storage bags of sliced deli meat that was removed from its original packaging, not labeled and not dated in the refrigerator. -The floor in the walk-in refrigerator was soiled and sticky. -There were three large storage containers that stored flour, sugar, and breading that were soiled with dried brown or red spots on the outside of the containers. -There was a small bowl on the floor near the oven/fryer that was being used for oil overflow and had overflowed onto the floor, causing a safety hazard. Observation of the facility's kitchen on 01/23/25 at 2:11pm revealed: -The three large storage containers that stored flour, sugar, and breading remained soiled with dried brown and red spots on the outside of the	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013046	A. BUILDING: _____ B. WING _____	R 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LANDINGS CABARRUS	4968 MILESTONE AVE KANNAPOLIS, NC 28081

(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) COMPLETE DATE
D 282	Continued From page 2 containers. -The floor in the walk-in kitchen remained soiled and sticky. Interview with the Dietary Manager (DM) on 1/23/25 at revealed: -The cooks were responsible for labeling, dating and discarding expired items in the kitchen. -The kitchen staff were responsible for cleaning tasks every Friday. -The grease catcher from the fryer overflowed at times when it was not regularly emptied by the cook. -She was ultimately responsible for assuring kitchen staff completed the above tasks throughout the week. Interview with the Administrator on 1/23/25 at 4:58pm revealed she oversaw the dietary department on a regular basis and expected the DM to assure that the kitchen was cleaned/ maintained and food products were wrapped, labeled and dated appropriately.	D 282		
D 464	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules .0801 and .0802 of this Subchapter, the facility shall: (1) Within 30 days of admission to the special care unit and quarterly thereafter, develop a written resident profile containing assessment data that describes the resident's behavioral patterns, selfhelp abilities, level of daily living skills, special management needs, physical abilities and	D 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013046	A. BUILDING: _____ B. WING _____	R 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LANDINGS CABARRUS	4968 MILESTONE AVE KANNAPOLIS, NC 28081

(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) COMPLETE DATE
D 464	Continued From page 3	D 464		

disabilities, and degree of cognitive impairment.
(2) Develop or revise the resident's care plan required in Rule .0802 of this Subchapter based on the
resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure 2 of the 2 sampled residents (#3 and #4) had Special Care Unit (SCU) resident profiles updated on a quarterly basis.
The findings are:

1. Review of Resident #3's current FL2 dated 05/28/24 revealed:
-Diagnoses included severe Alzheimer's dementia and congestive heart failure.
-The recommended level of care was the SCU.

Review of Resident #3's Resident Register revealed he was admitted to the facility on 05/22/24.

Review of Resident #3's record revealed:
-There was a SCU quarterly profile completed 05/27/24.
-There was no additional documentation SCU quarterly profiles were completed after 05/27/24.

Refer to the interview with the Special Care Unit Coordinator (SCC) on 01/23/24 at 4:50pm.

Refer to the interview with the Administrator on 01/23/24 at 5:16pm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013046	A. BUILDING: _____ B. WING _____	R 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LANDINGS CABARRUS	4968 MILESTONE AVE KANNAPOLIS, NC 28081

(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) COMPLETE DATE
D 464	Continued From page 4 2. Review of Resident #4's current FL2 dated 04/9/24 revealed: -Diagnoses included Alzheimer's dementia, closed fracture of rib of right side, scalp contusion and nasal dryness. -The recommended level of care was memory care Review of Resident #4's Resident Register revealed he was admitted to the facility on 03/25/24. Review of Resident #4's record revealed: -There was a SCU quarterly profile completed 04/09/24. -There was no additional documentation SCU quarterly profiles were completed after 04/09/24. Refer to the interview with the Special Care Unit Coordinator (SCC) on 01/23/24 at 4:50pm. Refer to the interview with the Administrator on 01/23/24 at 5:16pm. _____ Interview with the SCC on 01/23/24 at 4:50pm revealed: -She was responsible for completing all SCU resident profiles upon admission and quarterly thereafter. -She had missed completing Resident #3 and #4's SCU quarterly profiles. Interview with the Administrator on 01/23/25 at 5:16pm revealed: -The SCC was responsible for ensuring the SCU resident profiles were completed upon admission and quarterly thereafter. -She did not know why the SCC did not complete the SCU quarterly profiles.	D 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL013046	A. BUILDING: _____ B. WING _____	R 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LANDINGS CABARRUS	4968 MILESTONE AVE KANNAPOLIS, NC 28081

(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) COMPLETE DATE