

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/23/2025
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NAME OF PROVIDER OR SUPPLIER THE LANDINGS CABARRUS	STREET ADDRESS, CITY, STATE, ZIP CODE 4968 MILESTONE AVE KANNAPOLIS, NC 28081
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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	"Responses to the cited deficiencies do not constitute an admission or agreement by the facility to the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State" Facility Executive Director will provide an inservice to the Dietary Manager and dietary staff on the following rule area found to be non compliant at time of observation 10A NCAC 13F .0904(a)(1) Nutrition and Food Service. Facility Dietary Manager and dietary staff will complete the food service manual orientation with testing of a passing score. Facility Dietary Manager will add to their daily, weekly assignments to audit food labels within storage areas to ensure compliance with food items properly stored by the facility Facility Dietary Manager will complete a thorough cleaning of all food storage containers and the refrigerator floor and will maintain cleanliness with a set daily and weekly cleaning schedule to be followed by dietary staff and monitored by the Dietary Manager and Executive Director	Facility expected compliance 4/3/2025
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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mariah Henry</i>	TITLE Executive Director	(X6) DATE 3/3/2025
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Reviewed and acknowledged by *Melissa J. Jones*, 03/03/25

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D 282	<p>Continued From page 1</p> <p>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.</p> <p>Observation of the facility's kitchen on 01/22/25 at 10:00am revealed:</p> <ul style="list-style-type: none"> -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. <p>Observation of the facility's kitchen on 01/23/25 at 2:11pm revealed:</p> <ul style="list-style-type: none"> -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		

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D 282	<p>Continued From page 2</p> <p>containers.</p> <p>-The floor in the walk-in kitchen remained soiled and sticky.</p> <p>Interview with the Dietary Manager (DM) on 1/23/25 at revealed:</p> <p>-The cooks were responsible for labeling, dating and discarding expired items in the kitchen.</p> <p>-The kitchen staff were responsible for cleaning tasks every Friday.</p> <p>-The grease catcher from the fryer overflowed at times when it was not regularly emptied by the cook.</p> <p>-She was ultimately responsible for assuring kitchen staff completed the above tasks throughout the week.</p> <p>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.</p>	D 282		
D 464	<p>10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan</p> <p>10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan</p> <p>In addition to the requirements in Rules .0801 and .0802 of this Subchapter, the facility shall:</p> <p>(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</p>	D 464		

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D 464	<p>Continued From page 3</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>Review of Resident #3's Resident Register revealed he was admitted to the facility on 05/22/24.</p> <p>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.</p> <p>Refer to the interview with the Special Care Unit Coordinator (SCC) on 01/23/24 at 4:50pm.</p> <p>Refer to the interview with the Administrator on 01/23/24 at 5:16pm.</p>	D 464	<p>Facility Executive Director and Clinical Nurse Consultant will review the following Rule area with the Special Care Coordinator responsible for the completion of Special Care Unit resident profiles to be completed within 30 days upon admission to the special care unit and quarterly thereafter.</p> <p>Facility Executive Director will review the following policies with the Special Care Coordinator: 1. Special Care Unit Policy and Procedure 2. Resident Assessment and Care Planning</p> <p>Facility Executive Director and Special Care Coordinator will complete a current Special Care Unit resident profile on all current residents to return Facility to compliance.</p> <p>Facility Executive Director and/or Designee will complete a tracking tool to help maintain the completion of SCU profiles on a quarterly basis once admission profile is completed.</p> <p>This will be reviewed every other month to capture the needs for the following month.</p> <p>Once the final month in the quarter has passed the Executive Director will review SCU resident profile completions for compliance.</p>	<p>Facility expected compliance 4/3/2025</p>

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D 464	<p>Continued From page 4</p> <p>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</p> <p>Review of Resident #4's Resident Register revealed he was admitted to the facility on 03/25/24.</p> <p>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.</p> <p>Refer to the interview with the Special Care Unit Coordinator (SCC) on 01/23/24 at 4:50pm.</p> <p>Refer to the interview with the Administrator on 01/23/24 at 5:16pm.</p> <p>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.</p> <p>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.</p>	D 464		

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