MALE OF PROVIDER OR SUPPLIER  THE LANDINGS CABARRUS  STREET ADDRESS, CITY, STATE, ZPP CODE  4968 MILESTONE AVE  KANNAPOLIS, NC 20881  ON 10 SUMMARY STATEMENT OF DESPLEISAGES  (FACH DEPOSEDAY MUST LES PROCEEDED VI PLIL  THE LANDINGS CABARRUS  D D DOD  Initial Comments  The Adult Care Licensure Section and Cabarrus County Department of Social Services conducted an annual survey, clidw-up survey and complaint investigation on January 22, 2025 through January 23, 2025.  D 282  D A NCAC 13F .0904(a)(1) Nutrition and Food Service  10A NCAC 13F .0904(a)(1) Nutrition and Food Service  10A NCAC 13F .0904(a)(1) Nutrition and Food Service (a) Food Procurement and Salety 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 britin in 15A NCAC 15A .1600 which are horeby 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 beliefly were syndered from densuration with testing of a passing score. Facility Dietary Manager will add to their all yearsh Manager and dietary staff will complete the food service some organization with retaining of a passing score. Facility Dietary Manager will add to their all yearthy 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 thoursuph delaning of all food storage containers and the refrigerator foor that was not cleaned or sanitized. The findings are: Review of the facility's environmental inspection  Preparation of the state of the facility of the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR BUPPLIER  THE LANDINGS CABARRUS  SUMMARY STATEMENT OF DEPOSITIONE AVE KANNAPOLIS, NC 20001  PROVIDERS PLAN OF CORRECTION AND USE PROCEEDED BY PAUL PRETATOR  TAG  SUMMARY STATEMENT OF DEPOSITIONES AND PROVIDERS PLAN OF CORRECTION SHOULD BE REQULATORY OR LSC IDENTIFYING INFORMATION)  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 282  10A NCAC 13F .0904(a)(1) Nutrition and Food Service  10A NCAC 13F .0904(a)(1) Nutrition and Food Service  10A NCAC 13F .0904(a)(1) Nutrition and Food Service  10A NCAC 13F .0904 Multition 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 Santitation of Residential Care Facilities act forth in 15A NCAC 15A .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 leading and the refrigerator floor and will maintain cleanliness with a set daily and weekly dealing schedule to be followed by dietary Manager and Executive Director viii Dietary Manager and Items very properly stored in the refrigerator as well as food storage containers and the refrigerator floor and will maintain cleanliness with a set daily and weekly dealing schedule to be followed by dietary staff and monitored by the Dietary Manager and Executive Director very properly stored to year the properly stored to year properly stored to year the properly stored t	AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
### LANDINGS CABARRUS    MANAPOLIS, NC 20081    MANAPOLIS, NC 20081   MANAPOLIS, NC			HAL013046	B. WING			
CANADAGE   Case   Cas	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, ST.	ATE, ZIP CODE		
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 282 10A NCAC 13F. 0904(a)(1) 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 to the way and the refrigerator floor that was not cleaned or sanitized.  The Adult 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 of the facil	THE LANG	DINGS CABARRUS			1		
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 282  10A NCAC 13F .0904(a)(1) Nutrition and Food Service  10A NCAC 13F .0904(a)(1) Nutrition and Food Service  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 13A .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 samitized.  The findings are:  Review of the facility's environmental inspection  The findings are:  Review of the facility's environmental inspection  TILE  (RESPONSES to the cicked deficiencies conducted and admission or agreement by the facility to the truth of the facts alleged or conclusions set forth in 15A with the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepared soley 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 the time of observation 10A NCAC 13F .0904(a)(1) Nutrition and Food Service.  Facility Dietary Manager will complete a thourough cleaning of all food storage containers and the refrigerator floor and will maintain cleanities with a set daily and weekly	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE . TITLE (X6) DATE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)    D 000			deficiencies do not constitute an admission or agreement be the facility to the truth of the falleged or conclusions set for the Statement of Deficiencies Corrective Action Report; the Plan of Correction is prepare soley as a matter of compliar with State"  Facility Executive Director will provinservice to the Dietary Manager adietary staff on the following rule a found to be non compliant at time observation 10A NCAC 13F .0904 Nutrition and Food Service.  Facility Dietary Manager and dieta staff will complete the food service orientation with testing of a passin Facility Dietary Manager will add to daily, weekly assignments to audit food labels within storage areas to compliance with food items proper by the facility  Facility Dietary Manager will complete the food service or a passin food labels within storage areas to compliance with food items proper by the facility  Facility Dietary Manager will complete the facility Dietary Manager will complete the facility complete the facility Dietary Manager will add the facility Dietary Manager will will be facility Dietary Manager will be facility Di	vide an and area of (a)(1)  ry e manual g score.  o their is ensure ly stored  blete a age or and the to be cored by	Facility expected compliance	
744 . / / 500000000000000000000000000000000			SUPPLIER REPRESENTATIVE'S SIGNATURI	E ,	TITLE		. ,

**Executive Director** 

3/3/2025

If continuation sheet 1 of 6

STATE FORM

Reviewed and acknowledged by Melism J. Joseph , 03/03/25

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING:		COMPLETED	
HAL013046		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE	1 0	1/23/2025
			ESTONE AVE			
THE LAN	DINGS CABARRUS		OLIS, NC 28081			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 282	Continued From page	<del>:</del> 1	D 282			
	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					
	in the refrigerator.	not labeled and not dated				
	-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.					
	and sticky.	in refrigerator was soiled				
	stored flour, sugar, ar	ge storage containers that nd breading that were soiled nd spots on the outside of				
	-There was a small be oven/fryer that was be	owl on the floor near the eing used for oil overflow into the floor, causing a				
		cility's kitchen on 01/23/25 at				
	2:11pm revealed:	age containers that stored				
	flour, sugar, and brea	ding remained soiled with				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL013046	B. WING		01/23/20	25
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
THE LAND	DINGS CABARRUS	4968 MILE	STONE AVE			
THE EARL	ANGO GABARROS	KANNAPO	DLIS, NC 28081			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CO	(X5) DMPLETE DATE
D 282	Continued From page	2	D 282			
	containersThe floor in the walk-in kitchen remained soiled and sticky.					
	1/23/25 at revealed:	tary Manager (DM) on				
	-The cooks were responsible for labeling, dating and discarding expired items in the kitchenThe kitchen staff were responsible for cleaning tasks every FridayThe grease catcher from the fryer overflowed at times when it was not regularly emptied by the cookShe 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 464	10A NCAC 13F.1307 Profile & Care Plan	Special Care Unit Res.	D 464			
	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						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	E CONSTRUCTION	` '	DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
HAL013046		B. WING	B. WING		R <b>01/23/2025</b>	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
THE LANDINGS CABARRUS		ESTONE AVE				
		POLIS, NC 2808	1			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
(2) Develop or revise required in Rule .0802 on the resident profile and spinvolves environments strategies to help the the maximum level of compensate for lost a.  This Rule is not met a Based on record revise facility failed to ensure residents (#3 and #4) (SCU) resident profile basis. The findings are:  1. Review of Resident 05/28/24 revealed: -Diagnoses included a dementia and conges -The recommended letter revealed he was adm 05/22/24.  Review of Resident # revealed he was a SCU qu 05/27/24There was no addition quarterly profiles were Refer to the interview Coordinator (SCC) on	the resident's care plan 2 of this Subchapter based becify programming that al, social and health care resident attain or maintain functioning possible and bilities.  as evidenced by: ew and interviews, the e 2 of the 2 sampled had Special Care Unit es updated on a quarterly  at #3's current FL2 dated severe Alzheimer's tive heart failure. evel of care was the SCU.  3's Resident Register itted to the facility on  3's record revealed: earterly profile completed and documentation SCU to complete after 05/27/24.  with the Special Care Unit	D 464	Facility Executive Director and Clir Nurse Consultant will review the formule area with the Special Care Coordinator responsible for the coof Special Care Unit resident profil completed within 30 days upon ad to the special care unit and quarterly thereafter.  Facility Executive Director will revifollowing policies with the Special Coordinator:  1. Special Care Unit Policy and Pr.  2. Resident Assessment and Care  Facility Executive Director and Special Care Coordinator will a current Special Care Unit reside profile on all current residents to refacility to compliance.  Facility Executive Director and/or I will complete a tracking tool to help maintain the completion of SCU pr. a quarterly basis once admission pris completed.  This will be reviewed every other reapture the needs for the following.  Once the final month in the quarte passed the Executive Director will SCU resident profile completions from pliance.	mpletion es to be mission  ew the Care ocedure Planning complete nt eturn  Designee or offiles on profile month to month.  r has review		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTII IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COMI LETED	
HAL013046		B. WING		R 01/23/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
THE LANG	DINGS CABARRUS		ESTONE AVE OLIS, NC 2808 <sup>,</sup>	ı		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 464	Continued From page	<del>2</del> 4	D 464			
	04/9/24 revealed: -Diagnoses included a closed fracture of ribe and nasal drynessThe recommended lecare  Review of Resident # revealed he was adm 03/25/24.  Review of Resident # -There was a SCU qu	·				
	04/09/24There 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 thereafterShe 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 thereafterShe did not know why the SCC did not complete the SCU quarterly profiles.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
			A. BUILDING: _						
		HAL013046	B. WING			R <b>23/2025</b>			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE					
THE LAN	THE LANDINGS CABARRUS 4968 MILESTONE AVE								
	CLIMMADY CT		LIS, NC 28081		DECTION				
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Division of Health Service Regulation

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