Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING: AND PLAN OF CORRECTION IDENTIFICATION NUMBER: R 08/12/2025 B. WING FCL017064 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1111 YARBOROUGH ROAD MILTON, NC 27305 **NEW LIFE HORIZONS** (X5)PROVIDER'S PLAN OF CORRECTION COMPLETE (EACH CORRECTIVE ACTION SHOULD BE ID SUMMARY STATEMENT OF DEFICIENCIES DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG {C 000} Initial Comments {C 000} The Adult Care Licensure Section conducted a follow-up survey on 08/12/25. In response tothis {C 131} {C 131} 10A NCAC 13G .0403(a) Qualifications of Requirement, moving forward Medication Staff NLH will maintain compliance QUALIFICATIONS OF 10A NCAC 13G .0403 with this Rule. All staff, MEDICATION STAFF (a) Family care home staff who administer and potential staff will medications, hereafter referred to as medication aides, and their direct supervisors shall complete Receive the necessary training training, clinical skills validation, and pass the in order to dispense written examination as set forth in G.S. 131D-4.5B. Persons authorized by state medications to our occupational licensure laws to administer Residents safely-And medications are exempt from this requirement. the steeff will have to pass the written exam This Rule is not met as evidenced by: set forth in the Rule. FOLLOW-UP TO A TYPE B VIOLATION Based on these findings, the previous Type B All Staff who has not Violation was not abated. met this Requirement, has Based on observations, interviews, and record immediately been removed reviews, the facility failed to ensure 2 of 3 staff sampled (A, C), who administered medications, had passed the medication aide written exam (A, C) and had completed the 5 and 10-hour medication aide training and medication Until the necessary training. administration clinical skills validation (A) before the administration of medications to residents. The findings are: Review of the facility's Medication Administration Policy revealed: -The medication aide (MA) would need to Division of Health Service Regulation TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIV

STATE FORM

XW1012

Reviewed and acknowledged 09/08/25.

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| she was within her or own.  -He told Staff A to call him if she had any questions.  -He had checked behind Staff A, and it appeared she was doing a good job.  Telephone interview with the facility's contracted RN on 08/12/25 at 2:24pm revealed:  -She provided Staff A with a video to watch to help her learn what she needed to know before doing the 15-hour MA class with the staff member.  -When she met Staff A on 05/14/25, to discuss the video and gave her a pre-test to ensure she was ready to take further MA training, the staff member failed the pre-test and admitted she had not watched the video, so she did not do the 15-hour class or the medication clinical skills checklist.  -Staff A should not be on the medication cart "at all".  -If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | administered medi       | co days of MA training and   |                |                         |             |  |
| could administer medication clinical skills checklist, the Ma completed these, and of the countries of the medication clinical skills checklist, the Ma could be on the cart for 60 days, but because she had not completed these,   |               | she was within her      | adications on her own.   |                |                         |             |  |
| questions.  -He had checked behind Staff A, and it appeared she was doing a good job.  Telephone interview with the facility's contracted RN on 08/12/25 at 2:24pm revealed:  -She provided Staff A with a video to watch to help her learn what she needed to know before doing the 15-hour MA class with the staff member.  -When she met Staff A on 05/14/25, to discuss the video and gave her a pre-test to ensure she was ready to take further MA training, the staff member failed the pre-test and admitted she had not watched the video, so she did not do the 15-hour class or the medication clinical skills checklist.  -Staff A should not be on the medication cart "at all".  -If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | could administer n      | call him if she had any  |                |                         |             |  |
| -He had checked behind Stati A, and terposhe was doing a good job.  Telephone interview with the facility's contracted RN on 08/12/25 at 2:24pm revealed: -She provided Staff A with a video to watch to help her learn what she needed to know before doing the 15-hour MA class with the staff memberWhen she met Staff A on 05/14/25, to discuss the video and gave her a pre-test to ensure she was ready to take further MA training, the staff member failed the pre-test and admitted she had not watched the video, so she did not do the 15-hour class or the medication clinical skills checklistStaff A should not be on the medication cart "at all"If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | -He told Stan A to      | Call Till  |                |                         |             |  |
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| -She provided Staff A with a video to know before help her learn what she needed to know before doing the 15-hour MA class with the staff member.  -When she met Staff A on 05/14/25, to discuss the video and gave her a pre-test to ensure she was ready to take further MA training, the staff member failed the pre-test and admitted she had not watched the video, so she did not do the 15-hour class or the medication clinical skills checklist.  -Staff A should not be on the medication cart "at all".  -If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,  |               | mail 00/12/26 21        | J. Janm levealed.  |                |                         |             |  |
| help her learn what she needed to know seed doing the 15-hour MA class with the staff member.  -When she met Staff A on 05/14/25, to discuss the video and gave her a pre-test to ensure she was ready to take further MA training, the staff member failed the pre-test and admitted she had not watched the video, so she did not do the 15-hour class or the medication clinical skills checklist.  -Staff A should not be on the medication cart "at all".  -If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,  |               | al marridad Stat        | + A WITH A VIDEO TO MATOLL TO  |                |                         |             |  |
| doing the 15-hour MA class with the stand member.  -When she met Staff A on 05/14/25, to discuss the video and gave her a pre-test to ensure she was ready to take further MA training, the staff member failed the pre-test and admitted she had not watched the video, so she did not do the 15-hour class or the medication clinical skills checklist.  -Staff A should not be on the medication cart "at all".  -If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,  |               | hala har learn what     | she needed to know boto.   |                |                         |             |  |
| -When she met Staff A on 05/14/25, to discuss the video and gave her a pre-test to ensure she was ready to take further MA training, the staff member failed the pre-test and admitted she had not watched the video, so she did not do the 15-hour class or the medication clinical skills checklistStaff A should not be on the medication cart "at all"If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | doing the 15-hour I     | MA class with the stan   |                |                         |             |  |
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| was ready to take further MA training, the staff member failed the pre-test and admitted she had not watched the video, so she did not do the 15-hour class or the medication clinical skills checklistStaff A should not be on the medication cart "at all"If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | -When she met Sta       | har a pre-test to ensure she   |                |                         |             |  |
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| 15-hour class or the medication clinical skills checklistStaff A should not be on the medication cart "at all"If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | member falled the vic   | den so she did not do the  |                |                         |             |  |
| checklistStaff A should not be on the medication cart "at all"If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | 15-hour class or the    | e medication clinical skills   |                |                         |             |  |
| -Staff A should not be on the medication cart "at all".  -If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | checklist               |  |                |                         |             |  |
| all".  -If she had completed the 15-hour MA training and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,   |               | -Staff A should not     | be on the medication cart "at  |                |                         |             |  |
| and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,  |               | all"                    |  |                |                         |             |  |
| and been checked off on the medication clinical skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,  |               | -If she had complet     | ted the 15-hour MA training  |                |                         |             |  |
| skills checklist, the MA could be on the cart for 60 days, but because she had not completed these,  |               | and been checked        | off on the medication clinical   |                |                         |             |  |
| days, but because she had not completed these,   |               | skills checklist, the   | MA could be on the cart for 6  | 0              |                         |             |  |
|  |               | days, but because       | she had not completed these  | ,              |                         |             |  |
| she should not be on the medication cart.  |               | she should not be o     | on the medication cart.  |                |                         |             |  |
| Interview with the Administrator on 08/12/25 at  |               | Interview with the A    | dministrator on 08/12/25 at  |                |                         |             |  |

FORM APPROVE

|                      | D  | aculation  | (X2) MULTIPL   | E CONSTRUCTION                  | (X3) DATED                 |
|----------------------|--|--|----------------|---------------------------------|----------------------------|
| Division             | of Health Service Re   | IN IDDI II-R/ULIA  | A. BUILDING:   |                                 | (X3) DATE SURVEY COMPLETED |
| STATEMEN<br>AND PLAN | OF CORRECTION  | (X1) PROVIDER/SUPPLIED IN INTERIOR NUMBER:   | 7. 00.22       |                                 | CELED                      |
| HIND FLAN            | Of COTTILE CT.   |  | B. WING        |                                 | R                          |
|                      |  |  |                |                                 | 08/12/2025                 |
|                      |  | FCLUTTOU.  | DRESS, CITY, S | TATE, ZIP CODE                  |                            |
| NAME OF              | PROVIDER OR SUPPLIER   | SIREETAD   | BOROUGH R      | OAD                             |                            |
| TOTAL OF             | THE VIDE TO THE OWNER OF THE OWNER OWNER OF THE OWNER OW | 1111 YAR   | NC 27305       |                                 |                            |
| NEW LIF              | E HORIZONS   | MILION,  | 1              | PROVIDER'S PLAN OF CORRECTION   | N                          |
|                      | OUR BAARY ST   | ATEMENT OF DEFICIENCIES  | PREFIX         | (EACH CORRECTIVE ACTION SHOULD  |                            |
| (X4) ID<br>PREFIX    | (EACH DEFICIENC)   | Y MUST BE PRECEDED BY FULL OF DETICION BY FULL | TAG            | CROSS-REFERENCED TO THE APPROPE | RIATE                      |
| TAG                  | REGULATORY OR L  | SC IDENTIFYING INFORMATION)  |                |                                 |                            |
|                      |  |  | {C 131}        |                                 |                            |
| {C 131}              | Continued From pa  | age 3  | 10.00          |                                 |                            |
|                      |  |  |                |                                 |                            |
|                      | 1:38pm revealed:   | training with the facility's   |                |                                 |                            |
|                      | annimated register   | ad nurse (KN), but the   |                |                                 |                            |
|                      | she could not sign   | off on Staff A until she passed  |                |                                 |                            |
|                      | the written medical  | tion exam.   |                |                                 |                            |
|                      | -Staff A had MA tra  | ining, but the RN would not  |                |                                 |                            |
|                      | give him a copy of   | the the training until Stall A   |                |                                 |                            |
|                      | took and passed th   | ne medication exam.  |                |                                 |                            |
|                      |  | always with Staff A when she   |                |                                 |                            |
|                      | administered medi  | okay for Staff A to administer   |                |                                 |                            |
|                      | medication if she w  | vas being supervised, so she   |                |                                 |                            |
|                      | could get practice   | to help her pass the MA exam.  |                |                                 |                            |
|                      | oodia get praetiee   | to morp mer per  |                |                                 |                            |
|                      | 2. Review of Staff   | C's, MA, personnel record  |                |                                 |                            |
|                      | revealed:  |  |                |                                 |                            |
|                      | -Staff C's hire date   |  |                |                                 |                            |
|                      | The state of the s | the 15-hour MA training  |                |                                 |                            |
|                      | -Staff C was valida  | ted via the Medication   |                |                                 |                            |
|                      |  | ical Skills Validation Checklist   |                |                                 |                            |
|                      | on 07/03/24.   |  |                |                                 |                            |
|                      | -There was no doc  | umentation of Staff C taking   |                |                                 |                            |
|                      | and passing the Ma   | A written exam.  |                |                                 |                            |
|                      | 1.4  |  |                |                                 |                            |
|                      |  | residents on 08/12/25 at   |                |                                 |                            |
|                      |  | een 9:00am-4:30pm revealed ed medications when he  |                |                                 |                            |
|                      |  | ty without any other staff   |                |                                 |                            |
|                      | members present.   |  |                |                                 |                            |
|                      |  |  |                |                                 |                            |
|                      |  | s' June 2025, July 2025, and   |                |                                 |                            |
|                      |  | cation administration records  |                |                                 |                            |
|                      |  | /25-08/12/25 revealed that it  |                |                                 |                            |
|                      |  | nined which initials belonged to   |                |                                 |                            |
|                      | Staff C.   |  |                |                                 |                            |
|                      | Interview with the S   | Supervisor-in-Charge (SIC) on  |                |                                 |                            |
|                      | 08/12/25 at 2:12pm   | 나는 사람들은 사람들이 되었다. 그는 사람들이 가지 않는 것이 없는 것이다.   |                |                                 |                            |
|                      |  | ity when Staff C administered  |                |                                 |                            |

MODELLA DE LA COMPANION DE LA

| Division o               | f Health Service Re  | equiation Propries/CLIA  | (X2) MULTIPLE  | CONSTRUCTION                             | COMP   | LETED    |
|--------------------------|--|--|----------------|--|--------|----------|
| STATEMENT                | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER.  | A. BUILDING    |  |        |          |
| AND PLAN C               | F CORRECTION   | IDENTIFICATION   |                |  | F      | 2        |
|                          |  |  | B. WING        |  | 08/1   | 2/2025   |
|                          |  | FCL017064  |                | TATE ZIP CODE                            |        |          |
|                          |  | STREET AL  | DRESS, CITY, S | TATE, ZIP CODE                           |        |          |
| NAME OF P                | ROVIDER OR SUPPLIER  | 1111 YAR   | BOROUGH R      | UAD                                      |        |          |
| NEWLIE                   | HORIZONS   | MILTON,  | NC 27305       | PROVIDER'S PLAN OF CORRECT               | ION    | (X5)     |
| AND A PRI F              |  |  | ID             | - AND CORRECTIVE ACTION SHOU             | FD RE  | COMPLETE |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY<br>REGULATORY OR L  | ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | PREFIX         | CROSS-REFERENCED TO THE APPRODEFICIENCY) | PRIATE |          |
|                          |  |  | {C 131}        |  |        |          |
| {C 131}                  | Continued From parents and continued From parents and comparents a | amed] residents' medication he observed the morning and n passes with Staff C. to say he had been at the edication pass, because there to miss. Staff C administered he was not at the facility.  w with the facility's contracted 2:24pm revealed: to be on the medication cart "at inistrator Staff C could not be cart until he passed the written  Administrator on 08/12/25 at s always with Staff C when he ications. okay for Staff C to administer as being supervised, so he to help him pass the |                |  |        |          |

| Division of              | of Health Service Re  | aulation  | (Y2) MULTIP   | LE CONSTRUCTION  | (X3) DATE          | SURVEY           |
|--------------------------|---|---|---------------|--|--------------------|------------------|
| STATEMEN.                | OF DEFICIENCIES   | THE BOOK ADED/SLIPPLIENVEN  | A. BUILDING   |  | COMP               | LETED            |
| AND PLAN                 | OF CORRECTION   | IDENTIFICATION NUMBER:  | 7. 00.        |  | R                  |                  |
|                          |   |   | B. WING       |  | 08/1               | 2/2025           |
|                          |   | FCL017064   | CITY          | STATE, ZIP CODE  |                    |                  |
| NAME OF P                | ROVIDER OR SUPPLIER   | STREET AD   | DRESS, CITT   | STATE, ZIP CODE ROAD   |                    |                  |
|                          |   | 4441 VAK  | BOROUGH       |  | OH                 |                  |
| IACAA CIL                | E HORIZONS  | MILTON, I   | T contact of  | - SECTIVE ACTION SHOUL   |                    | (X5)<br>COMPLETE |
| (X4) ID<br>PREFIX<br>TAG | (FACH DEFICIENCY  | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | PREFIX<br>TAG | (EACH CORRECTIVE ACTION OF THE APPROCED TO THE APPRODE DEFICIENCY)   | PRIATE             | DATE             |
| {C 131}                  | Continued From paragraph facility after 60 days passing the written was detrimental to of the residents and Type B Violation.  The facility provide accordance with G this violation.  10A NCAC 13G .04 Qualifications  10A NCAC 13G .04 (a) Each staff personal: (8) have an examinating presence of control accordance with G accordance with G | age 5 s of hire without taking and exam. The facility's failure the health, safety, and welfare d constitutes an Unabated  d a plan of protection in .S. 131D-34 on 08/12/25 for  406 (a)(8) Other Staff  406 Other Staff Qualifications son of a family care home hation and screening for the olled substances completed in .S. 131D-45 and results | C 148         | In Response to this Requirement, Moving for all drugscreenings will collected and document prior to employment | ll be ented t with |                  |
|                          | This Rule is not me Based on interview facility failed to ensemble (A) had an examination presence of control upon hire.  The findings are:  Review of Staff A's (MA)/Supervisor-in record revealed: -Staff A's hire date and do not control upon hire.   | et as evidenced by:  ys and record reviews, the sure that 2 of 3 sampled staff ation and screening for the olled substances completed  y, medication aide o-Charge (SIC) personnel  was 03/03/25. cumentation that Staff A had an creening for the presence of  |               | all potential staff he at this facility, My he bibility as the Administration was added Staff "As emploment.   | ristration nierof  | 8/24/25          |

| Division                 | Division of Health Service Regulation   |   |               | E CONSTRUCTION  | (X3) DATE                        | SURVEY   |
|--------------------------|---|---|---------------|---|----------------------------------|--|
|                          | NT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA   |               | E CONSTRUCTION  | COMPL                            |  |
| AND PLAN                 | OF CORRECTION   | IDENTIFICATION NUMBER:  | A. BUILDING:  |   |                                  |  |
|                          |   |   | B. WING       |   | 08/1                             | 2/2025   |
|                          |   | FCL017064   |               |   |                                  |  |
| NAME OF                  | PROVIDER OR SUPPLIER  |   |               | STATE, ZIP CODE   |                                  |  |
|                          |   | 1111 YARI   | BOROUGH F     | ROAD  |                                  |  |
| NEW LI                   | FE HORIZONS   | MILTON, N   | NC 27305      |   | 511                              | and the same of th |
| (X4) ID<br>PREFIX<br>TAG | /EACH DEFICIENC   | ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  | PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)                                  | DBE                              | COMPLETE<br>DATE   |
|                          | -She had the drug someone to read -She thought a nuresults at the facil the nurse did not.  Interview with the 2:04pm revealed: -He could not locaresultsHe thought Staff -He called Staff A screening kit with -Staff A had tried to local health depart -He had contacted provider (PCP), we results of Staff A's 08/12/25. | ew with Staff A on 08/12/25 at screening kit but needed the results. Irse was going to read the ity a couple of weeks ago, but Administrator on 08/12/25 at   | C 148         | T propose lal   |                                  | 8/24/25  |
| {C 25/                   | Service  10A NCAC 13G .0 (a) Food Procurer Homes: (1) Food services Governing the Sal Facilities set forth are hereby incorporately subsequent amen   | 9904 Nutrition and Food Service<br>ment and Safety in Family Care<br>shall comply with Rules<br>nitation of Residential Care<br>in 15A NCAC 18A .1600 which<br>orated by reference, including<br>dments, assuring storage,<br>serving food under sanitary |               | In Response tet Requirement, movine it will continued to Responsibility of all to inspect, and main Cleanliness of all-storage areas. | fornan<br>bethe<br>Staff<br>tain |  |

|                       | wh Conside R   | egulation   | (X2) MULTIP  | LE CONSTRUCTION  | T/Y2) DATE       |
|-----------------------|--|---|--------------|--|------------------|
| Division              | of Health Service R  | (X1) PROVIDER/SUPPLIER/CLIA   | A. BUILDING  |  | (X3) DATE SURVEY |
| and the second second | ALT LIFE LIFE LICITION   | IDENTIFICATION NUMBER   | A. BUILDING  |  | COMPLETED        |
| AND PLAT              | N OF CORRECTION  |   |              |  | P                |
|                       |  | FCL017064   | B. WING      |  | 08/12/20         |
|                       |  | FCL017004   | CITY         | STATE ZIP CODE   | 08/12/2025       |
|                       | an autopules   | STREET AD   | DRESS, CITT, | STATE, ZIP CODE  |                  |
| NAME OF               | PROVIDER OR SUPPLIER   | 1111 YAR  | BOROUGH      | ROAD   |                  |
|                       | FE HORIZONS  | MILTON, I   | NC 27305     |  |                  |
| NEW LI                | -E HORIZOIT  |   | ID           | PROVIDER'S PLAN OF CORRECTI  | ON               |
| AND ID                | 1 A S S S S S S S S S S S S S S S S S S  | ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SCHOENTIEVING INFORMATION) | PREFIX       | (EACH CORRECTIVE ACTION SHOULD   | D DC (YE)        |
| (X4) ID<br>PREFIX     | (EACH DEFICIENC  | SC IDENTIFYING INFORMATION)   | TAG          | CROSS-REFERENCED TO THE APPRO  | PRIATE COMPLETE  |
| TAG                   | REGULATOR  |   |              | DE. TOTEROT)   |                  |
|                       |  |   | {C 257}      | 111 01 001   |                  |
| IC 257)               | Continued From pa  | age 7   | ,            | All Staff has been   | 00 8/24/25       |
| (0-00)                |  |   |              | Los I I I  | 1 50- 10-100     |
|                       |  |   |              | trained on what is   | 5                |
|                       |  |   |              | Oxported acul  |                  |
|                       |  |   |              | expected of them   | :0n-             |
|                       |  |   |              | Cerning food storag  | 00               |
|                       |  |   |              | The state of the s |                  |
|                       |  |   |              | Sanitation of the  | Cosc. Coty       |
|                       |  |   |              | 0 11   |                  |
|                       |  |   |              | As the administrate  | DOT              |
|                       | This Dula is not me  | et as evidenced by:   |              | 1211 - 1   |                  |
|                       | Decedes record re  | views, observations, and  |              | Will continue to con   | duct             |
|                       | Based of record re   | ity failed to ensure the food   |              | Random inspections   |                  |
|                       | interviews, the facil  | clean and free from   |              | random inspections   | 3-10             |
|                       | Storage areas were   | uding, opened packages of   |              | ensure this rule;  | s adbaal         |
|                       | deli most not label  | ed or dated, a bag of fruit that  |              | - House Miles  | 2 adukted        |
|                       | dell meat, not label   | opers that were rotten, and   |              | to.  |                  |
|                       | was rollen, and per  | llage on the shelves.   |              |  |                  |
|                       | dirt, debris, and spi  | liage off the offervee.   |              |  |                  |
|                       | The findings are:  |   |              |  |                  |
|                       |  | refrigerator on 08/12/25 at   |              |  |                  |
|                       | 8:15am revealed:   |   |              |  |                  |
|                       | To the second se | c bag that contained an open  |              |  |                  |
|                       | package of hot dog   |   |              |  |                  |
|                       | -The bag was not s   | ealed or dated.   |              |  |                  |
|                       |  | c bag with an open package of   |              |  |                  |
|                       | bologna.   |   |              |  |                  |
|                       | -The bag was not s   |   |              |  |                  |
|                       | -There was an open   | n package of bologna lying on   |              |  |                  |
|                       | the shelf.   |   |              |  |                  |
|                       |  | bologna exposed and was not   |              |  |                  |
|                       | dated as to when it  |   |              |  |                  |
|                       |  | of dried cereal; it was not   |              |  |                  |
|                       | covered or labeled   | and dated.  |              |  |                  |
|                       | -In one of the draw  | ers, there was a bag of an  |              |  |                  |
|                       |  | t; the fruit was covered in   |              |  |                  |
|                       |  | s liquid at the bottom of the   |              |  |                  |
|                       | bag.   |   |              |  |                  |
|                       | 9  | er, there were multiple peppers;  |              |  |                  |
|                       | several had rotten   | 기업은 사람들은 이 경영 경기도 이 이번 경영 중인 이 이 시간 경영 전경을 만들어 되었다. 그런 이 이 이 시간 이 없는 모든 것이다.    |              |  |                  |

THE RESIDENCE OF THE PERSON OF

| TATEMENT OF DEFICIENCIES<br>ND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  |               | E CONSTRUCTION   | #7 and the first terms are also as a first term and the first terms are a first term and the first terms are a first terms are a first term and the first terms are a first terms are a first terms are a first term and the first terms are a first terms are a first term and the first terms are a first terms are a first terms are a first term and the first terms are a first terms are a first term and the first term are a first term and the | E SURVEY<br>PLETED |
|---|--|---------------|--|---|--------------------|
|   | FCL017064  | B. WING       |  | 08/   | R<br>12/2025       |
| ME OF PROVIDER OR SUPPLIER  | 1111 YAR   | BOROUGH R     | TATE, ZIP CODE   |   |                    |
| (4) ID SUMMARY ST   | ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)  | PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTIVE ACTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE<br>HE APPROPRIATE  | COMPLE<br>DATE     |
| Interview with the So 08/12/25 at 11:44ar - He cleaned the refiveek; he thought it - The refrigerator was once a week He had not had time this week, 08/12/25 - He had not used be it was not in a plast - He did not know we put the bag in the refineerator was not aware packages of meat the appropriately closed - All food items were storage containers and the was not aware refrigerator needed. | igerator door had dried lebris. Supervisor-in-Charge (SIC) on m revealed: frigerator out one day last was on Tuesday, 08/05/25. as supposed to be cleaned ne to clean out the refrigerator ologna and did not know why ic bag, labeled and dated. hat the bag of fruit was or who efrigerator. dministrator on 08/12/25 at that there were open hat were not in containers, d, labeled, and dated. supposed to be kept in and labeled with contents and that the inside of the | {C 257}       |  |   |                    |