

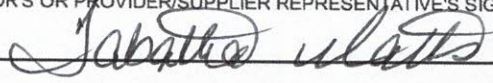
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL030010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/24/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PS SENIOR LIVING OF MOCKSVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028</b>
---	--

(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
--------------------	--	---------------	---	--------------------

C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Tod Hancock, conducted on October 24, 2023.</p> <p>This Facility was first licensed on 12/25/1982 as a Home for the Aged serving 40 residents. Therefore, this Facility must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code for Institutional Unrestrained Occupancy.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on record review and interview with staff, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this rule. Findings October 24, 2023: a. There were no records available to indicate the Fire Alarm system had been inspected. b. There were no records available to indicate the Health Department inspected the building. c. There were no records available to indicate the Fire Marshall had inspected the building.</p>	C 111	<p>Fire alarm inspection will take place on 1/31/2024. Will send report when it is received. Sanitation reports are current and will attach documents to this report. Fire Marshall inspected the building on 2/7/2024. All issues are in the process of being fixed.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director	(X6) DATE 11/30/2024
---	-------------------	-------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL030010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/24/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PS SENIOR LIVING OF MOCKSVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>191 CRESTVIEW DRIVE MOCKSVILLE, NC 27028</b>
---	--

(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
C 188	Continued From page 1	C 188		
C 188	Electrical Outlets in Wet Locations	C 188		
	<p><b>SECTION .0300 - PHYSICAL PLANT</b>  <b>10A NCAC 13F .0310 ELECTRICAL OUTLETS</b>                      All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by:                      1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner.                      Findings on October 24, 2023:                      a. Laundry- The receptacle behind the washing machine did not trip on test indicating the lack of ground fault protection.</p>		Replacement of electrical outlet in the laundry room will be replaced by 2/9/2024.	





**Davie County Fire Marshal's Office**  
 Fire Marshal/EM Cameron Webb  
 277 Meroney Street Ste. 100 Mocksville NC 27028  
 Office: (336)753-6163



01/08/24

**Heritage of Cedar Rock**

191 Crestview Dr  
 Mocksville, NC 27028

**Inspection #** 1915                      **Inspection Type** Annual \ Periodic  
**Property #** 8000286                      **Occupancy Type** I1

**Reinspection Date:** 02/07/24

**Electrical Items**

Regulation	Violation	Due Date
1) IFC 605.1	Blanks/Other Electrical Hazards 605.1- Identified electrical hazards shall be abated. Identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the responsible code official. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used.	02/07/24
<b>Compliance</b>		
<b>Inspector Remark:</b> Breaker 23 is broke and needs to be replaced.		
<b>Location(s):</b> 200 hall		
2) IFC 605.4.2	Power Supply (Piggy Back Surge Protectors) 605.4.2- Relocatable power taps shall be directly connected to a permanently installed receptacle.	02/07/24
<b>Compliance</b>		
<b>Inspector Remark:</b> Can't have two surge protector plugged into each other.		
<b>Location(s):</b> Water Heater area on 200 Hall		

**Exit Issues**

Regulation	Violation	Due Date
3) IFC 1031.3	Obstructions 1031.3- A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice.	02/07/24
<b>Compliance</b>		
<b>Inspector Remark:</b> Leaves removed from behind the door		

**Contact:**                                      **Phone:**                                      **Email:**

# Fire Protection Systems

	Regulation	Violation	Due Date
4)	IFC 907.8	<p>Inspection, testing and maintenance (Fire Alarm) 907.8- The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. records of inspection, testing and maintenance shall be maintained.</p> <p><b>Compliance</b></p> <p><b>Inspector Remark:</b> Fire Alarm needs to be inspected. Last inspection was June of 2022.</p>	02/07/24
5)	IFC 906.2	<p>General requirements (Fire Extinguisher Maint./ Problems) 906.2- Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. Exceptions: 1. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies. 2. Thirty-day inspections shall not be required for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met: 2.1. Electronic monitoring shall confirm that extinguishers are positioned, charged and unobstructed. 2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal. 2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment. 2.4. Electronic monitoring devices and supervisory circuits shall be tested every three years. 2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10. 3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.</p> <p><b>Compliance</b></p> <p><b>Inspector Remark:</b> Fire Extinguishers out of date in water heater area on 200 hall.</p>	02/07/24
6)	IFC 907.8.1	<p>Maintenance Required (Fire Alarm) 907.8.1- Where required for compliance with the provisions of this code, devices, equipment, systems, conditions, arrangements, levels of protection or other features shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the fire code official.</p> <p><b>Compliance</b></p> <p><b>Inspector Remark:</b> Dialer not working on both phone lines.</p>	02/07/24
7)	IFC 901.6	<p>Inspection, testing and maintenance 901.6- Fire detection, alarm and extinguishing systems, mechanical smoke exhaust systems, and smoke and heat vents shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or the exposed components of such systems shall be removed.</p> <p><b>Compliance</b></p> <p><b>Inspector Remark:</b> Smoke dampers need to be inspected.</p>	02/07/24

## General Items

Regulation	Violation	Due Date
8) IFC 807.3	<p>Combustible Decorative Material 807.3- In other than I-3 , curtains draperies, fabric hangings and other similar combustible decorative materials suspended from walls or ceilings shall comply with Section 807.4 and shall not exceed 10 percent of the specific wall, or ceiling area to which they are attached. Fixed or movable walls and partitions, paneling, wall pads and crash pads applied structurally or for decoration, accoustical correction, surface insulation or other puroposes shall be considered interior finish, shall comply with section 803 and shall not be considred decorative materials and furnishings. Exceptions 1. In auditoriums in Group A, the permissable amount of curtains, draperies, fabric hangings and other similar combustible decorative material suspended from walls or ceilings shhall not exceeed 75 percent of the aggregate wall area where the building is equipped throughout with an approved automatic sprinkler system in accordance with Section 903.3.1.1, and where the mterial is installed in accordance with Section 803.13 of the International Building Code. 2. In Group R-2 dormitories, within the sleeping units and dwelling units, the permissible amount of curtains, draperies, fabric hangings and other similar decorative materials suspended from the walls or ceilings shall not exceed 50 percent of the aggregate wall areas where the building is equipped throughout with an approved automatic sprinkler system installed in accordance with Section 903.3.1 3. In Group B and M occupancies, the amount of combustible fabric partitions suspended from the ceiling and not supported by the floor shall comply with Section 807.4 and shall not be limited.</p> <p><b>Compliance</b></p>	02/07/24

9) IFC 102.9	<p>Matters Not Provided For 102.9-Requirements that are essential for the public safety of an existing or proposed activity, building or structure, or for the safety of the occupants thereof, that are not specifically provided for by this code shall comply with N.C.G.S 58-79-20.</p> <p><b>Compliance</b></p> <p><b>Inspector Remark:</b> Calk around hood system</p>	02/07/24
--------------	--	----------

## Storage

Regulation	Violation	Due Date
10) IFC 304.1	<p>Waste Accumilation prohibited 304.1- Combustible waste material creating a fire hazard shall not be allowed to accumulate in buildings or structures or upon premises.</p> <p><b>Compliance</b></p> <p><b>Inspector Remark:</b> Waste between hot water tanks on the floor</p> <p><b>Location(s):</b> 200 hall</p>	02/07/24



# Fire Dept. Access / Hydrants

Regulation	Violation	Due Date
11) IFC 505.1	Address Numbers 505.1- New and existing buildings shall have approved address numbers, building numbers or approved building identification placed in a position that is plainly legible and visible from the street or road fronting the property. These numbers shall contrast with their background. Address numbers shall be Arabic numbers or alphabetical letters. Numbers shall be a minimum of 6 inches (153 mm) high with a minimum stroke width of 3/4 inch (20 mm). Where access is by means of a private road and the building cannot be viewed from the public way, a monument, pole or other sign or means shall be used to identify the structure.	02/07/24
<b>Compliance</b>		

## Inspection History

Inspection Date	Status	Inspected By
01/08/24	Violations Found	Inspector Carter

Inspector Carter

277 Meroney Street Suite 100  
Mocksville NC 27028

Contact:

Phone:

Email:

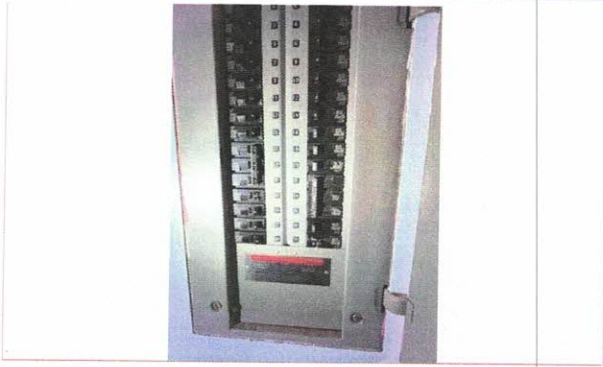
## Attachments

01/08/24

Violation # 1

Blanks/Other Electrical Hazards 605.1- Identified electrical hazards shall be abated. Identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the responsib

**Location(s):** 200 hall

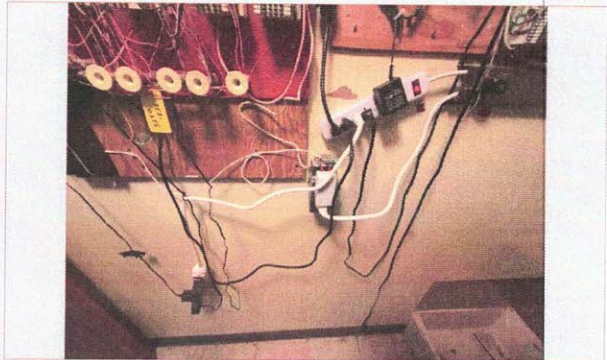


01/08/24

Violation # 2

Power Supply (Piggy Back Surge Protectors) 605.4.2- Relocatable power taps shall be directly connected to a permanently installed receptacle.

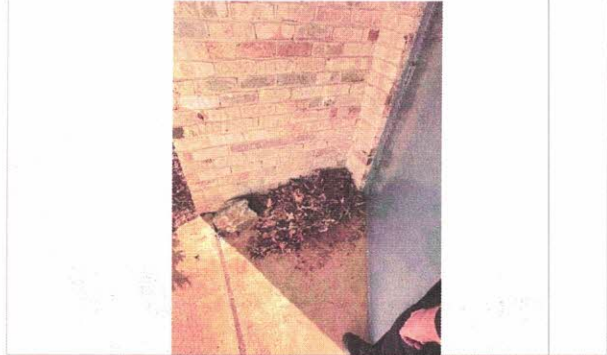
**Location(s):** Water Heater area on 200 Hall



01/08/24

Violation # 3

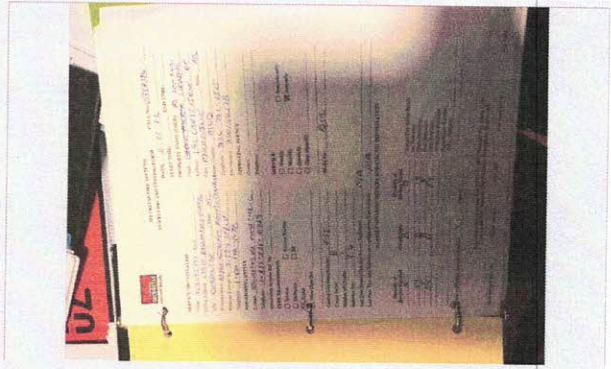
Obstructions 1031.3- A means of egress shall be free from obstructions that would prevent its use, including the accumulation of snow and ice.



01/08/24

Violation # 4

Inspection, testing and maintenance (Fire Alarm) 907.8- The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 thr



01/08/24

Violation # 5

General requirements (Fire Extinguisher Maint./ Problems) 906.2- Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10. Exceptions: 1. Th



01/08/24

Violation # 6

Maintenance Required (Fire Alarm) 907.8.1- Where required for compliance with the provisions of this code, devices, equipment, systems, conditions, arrangements, levels of protection or other feature

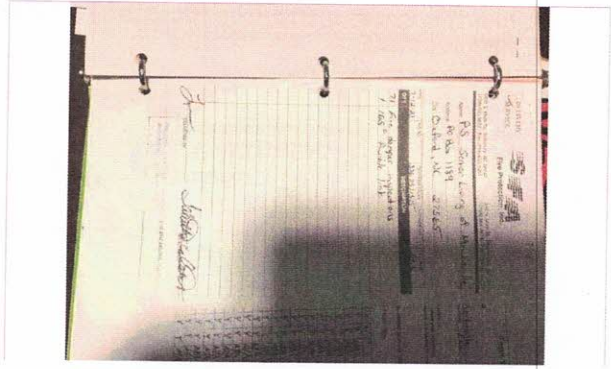




01/08/24

Violation # 7

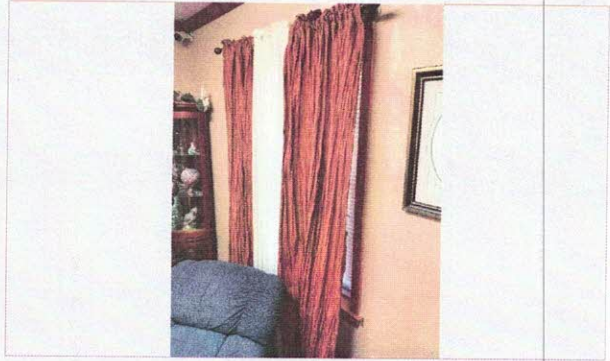
Inspection, testing and maintenance 901.6- Fire detection, alarm and extinguishing systems, mechanical smoke exhaust systems, and smoke and heat vents shall be maintained in an operative condition at



01/08/24

Violation # 8

Combustible Decorative Material 807.3- In other than I-3 , curtains draperies, fabric hangings and other similar combustible decorative materials suspended from walls or ceilings shall comply with Se



01/08/24

Violation # 9

Matters Not Provided For 102.9- Requirements that are essential for the public safety of an existing or proposed activity, building or structure, or for the safety of the occupants thereof, that are n



01/08/24

Violation # 10

Waste Accumilation prohibited 304.1-  
Combustible waste material creating a fire  
hazard shall not be allowed to accumulate in  
buildings or structures or upon premises.

**Location(s):** 200 hall



**Contact:**

**Phone:**

**Email:**



# Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score: 97

Establishment Name: PS SENIOR LIVING OF MOCKSVILLE LLC

Establishment ID: 3030400011

Location Address: 191 CRESTVIEW DRIVE

City: MOCKSVILLE State: North Carolina

Zip: 27028 County: 30 Davie

Licensee: PS SENIOR LIVING OF MOCKSVILLE LLC  
(336) 751-1515

Telephone: \_\_\_\_\_

Date: 12/07/2023 Status Code: A  
 Time In: 8:00 AM Time Out: 10:00 AM  
 Inspection  Re-Inspection

**Wastewater System:**

Municipal/Community  On-site System

**Water Supply:**

Municipal/Community  Onsite Supply

Deductions			
<b>FLOORS: WALLS AND CEILINGS: [.1309, .1310]</b>			
1	Floors and carpets cleanable, clean, good repair; carpet odor free	2	1 0
2	Walls and ceilings clean, good repair	2	1 0
3	Ceiling attachments cleanable, clean, good repair	1	0.5 0
<b>LIGHTING AND VENTILATION: [.1311]</b>			
4	Lighting at least 10 foot candles, 30 inches above floor	1	0.5 0
5	Ventilation equipment clean, good repair	1	0.5 0
6	Ambient indoor air temperatures maintained	2	1 0
<b>TOILET: HANDWASHING: AND BATHING FACILITIES: [.1312]</b>			
7	Facilities provided, accessible, clean, good repair	2	1 0
8	Toilet rooms free of storage, handwash signs posted	1	0.5 0
9	Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected	1	0.5 0
10	Handwashing facilities properly located and equipped	3	1.5 0
11	EPA registered disinfectants used according to manufacturers' instructions; approved testing methods and devices used	2	1 0
12	Bathing facilities properly equipped, equipment cleaned and disinfected	3	<input checked="" type="checkbox"/> 0
<b>WATER SUPPLY: [.1313]</b>			
13	Approved water supply	4	2 0
14	Bacteriological sampling current as required	2	1 0
15	No cross-connections observed	2	1 0
16	Hot water between 105°F and 116°F	3	<input checked="" type="checkbox"/> 0
17	Back-up water supply plan available and complete	1	0.5 0
<b>DRINKING WATER FACILITIES: ICE HANDLING: [.1314]</b>			
18	Drinking fountains clean, good repair	1	0.5 0
19	Multi-use utensils for service of ice and water cleaned, sanitized, good repair; single use utensils not reused	2	1 0
20	Ice protected and clean; dispensed properly; ice machines, scoops, containers; clean, good repair	2	1 0
<b>LIQUID WASTES: [.1315]</b>			
21	Approved sewage disposal	4	2 0
22	Mop basins or mop sinks used for mop waste	3	1.5 0
<b>SOLID WASTES: PREMISES: MEDICAL WASTES: [.1316]</b>			
23	Solid waste containers properly constructed, covered where required; good repair	1	0.5 0
24	Refuse, recyclables, and returnables properly stored	1	0.5 0
25	Containers and areas clean; sufficient capacity	1	0.5 0
26	Premises properly maintained	2	1 0
27	Medical waste properly handled and disposed of	2	1 0
<b>PEST CONTROL: PESTICIDES: [.1317]</b>			
28	No pest presence; effective pest control measures	1	0.5 0
29	Pesticides registered and approved for institutional use, properly handled	2	1 0

Deductions			
<b>MEDICAL SUPPLIES: [.1318]</b>			
30	Medication carts clean; sharps containers attached; food, utensils, medication and medication dispensers properly handled	2	1 0
31	Feeding bags, tubes, syringes and oral suction catheters properly handled	2	1 0
<b>FURNISHINGS AND LAUNDRY: [.1319]</b>			
32	Furnishings clean and in good repair; mattresses dry, clean, good repair	1	0.5 0
33	Bed linens in good repair; soiled linens changed, properly handled, containers properly labeled	1	0.5 0
34	Linens provided by the institution properly cleaned and sanitized	3	1.5 0
35	Resident's personal laundry properly handled; containers properly labeled; combined resident's laundry properly handled	1	0.5 0
36	Laundry area and equipment kept clean	1	0.5 0
37	Wheelchairs, walkers, lifts, and other mobility equipment properly cleaned and sanitized	1	0.5 0
<b>ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1320]</b>			
38	Food service equipment and utensils clean, good repair	1	0.5 0
39	Utensils properly cleaned and sanitized; approved methods used	3	1.5 0
40	Handwash lavatory provided and properly equipped	2	1 0
41	Food contact surfaces of cooking and baking equipment clean	1	0.5 0
<b>FOOD SUPPLIES: [.1321]</b>			
42	Food and food supplies from approved sources; properly stored and handled	3	1.5 0
43	Food brought into the institution by employees or visitors of patients or residents properly stored, labeled and dated	1	0.5 0
<b>FOOD PROTECTION IN ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1323]</b>			
44	Time/Temperature Control for Safety (TCS) foods maintained as required	4	2 0
45	Hot and cold holding equipment provided; thermometers provided, accurate	1	0.5 0
46	Food properly stored and protected from contamination	1	0.5 0
47	No live animals where food is prepared or stored; proper measures to prevent contamination	2	1 0
<b>EMPLOYEES: [.1324]</b>			
48	Clean outer clothing	2	1 0
49	Hands washed when required	3	1.5 0
50	Hands properly washed or decontaminated	3	1.5 0
51	Proper use of restriction, exclusion, and reporting	4	2 0
52	Vomitus and diarrheal clean up supplies; written clean up procedures available and complete	2	1 0

**Total Deductions: 3**









## Comment Addendum to Inspection Report

**Establishment Name:** PS SENIOR LIVING OF MOCKSVILLE LLC

**Establishment ID:** 3030400011

**Date:** 12/07/2023 **Time In:** 8:00 AM **Time Out:** 10:00 AM

### Observations and Corrective Actions

- 12 Remove bathmat in shower room that is molded. CDI bathmat removed.  
Repair sink in room 107.  
Clean tub in room 104.
  
- 16 Ensure that water temperatures at 105 to 116 degrees.

### Additional Comments

Clean blinds,  
Label all personal care product in shared spaces.  
Do not store personal items under handwash in med room.

Establishment Name: PS SENIOR LIVING OF MOCKSVILLE LLC

Establishment ID: 3030400011

Location Address: 191 CRESTVIEW DRIVE

City: MOCKSVILLE State: North Carolina

Zip: 27028 County: 30 Davie

Licensee: PS SENIOR LIVING OF MOCKSVILLE LLC  
(336) 751-1515

Telephone: \_\_\_\_\_

Date: 04/28/2023 Status Code: A  
 Time In: 3:00 PM Time Out: 4:00 PM  
 Inspection  Re-Inspection

**Wastewater System:**

Municipal/Community  On-site System

**Water Supply:**

Municipal/Community  Onsite Supply

Deductions			
<b>FLOORS: WALLS AND CEILINGS: [.1309, .1310]</b>			
1	Floors and carpets cleanable, clean, good repair; carpet odor free	2	1 0
2	Walls and ceilings clean, good repair	2	1 0
3	Ceiling attachments cleanable, clean, good repair	1	0.5 0
<b>LIGHTING AND VENTILATION: [.1311]</b>			
4	Lighting at least 10 foot candles, 30 inches above floor	1	0.5 0
5	Ventilation equipment clean, good repair	<input checked="" type="checkbox"/>	0.5 0
6	Ambient indoor air temperatures maintained	2	1 0
<b>TOILET: HANDWASHING: AND BATHING FACILITIES: [.1312]</b>			
7	Facilities provided, accessible, clean, good repair	2	1 0
8	Toilet rooms free of storage, handwash signs posted	1	0.5 0
9	Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected	1	0.5 0
10	Handwashing facilities properly located and equipped	3	1.5 0
11	EPA registered disinfectants used according to manufacturers' instructions; approved testing methods and devices used	2	1 0
12	Bathing facilities properly equipped, equipment cleaned and disinfected	3	1.5 0
<b>WATER SUPPLY: [.1313]</b>			
13	Approved water supply	4	2 0
14	Bacteriological sampling current as required	2	1 0
15	No cross-connections observed	2	1 0
16	Hot water between 105°F and 116°F	3	1.5 0
17	Back-up water supply plan available and complete	1	0.5 0
<b>DRINKING WATER FACILITIES: ICE HANDLING: [.1314]</b>			
18	Drinking fountains clean, good repair	1	0.5 0
19	Multi-use utensils for service of ice and water cleaned, sanitized, good repair; single use utensils not reused	2	1 0
20	Ice protected and clean; dispensed properly; ice machines, scoops, containers; clean, good repair	2	1 0
<b>LIQUID WASTES: [.1315]</b>			
21	Approved sewage disposal	4	2 0
22	Mop basins or mop sinks used for mop waste	3	1.5 0
<b>SOLID WASTES: PREMISES: MEDICAL WASTES: [.1316]</b>			
23	Solid waste containers properly constructed, covered where required; good repair	1	0.5 0
24	Refuse, recyclables, and returnables properly stored	1	0.5 0
25	Containers and areas clean; sufficient capacity	1	0.5 0
26	Premises properly maintained	2	1 0
27	Medical waste properly handled and disposed of	2	1 0
<b>PEST CONTROL: PESTICIDES: [.1317]</b>			
28	No pest presence; effective pest control measures	1	0.5 0
29	Pesticides registered and approved for institutional use, properly handled	2	1 0

Deductions			
<b>MEDICAL SUPPLIES: [.1318]</b>			
30	Medication carts clean; sharps containers attached; food, utensils, medication and medication dispensers properly handled	2	1 0
31	Feeding bags, tubes, syringes and oral suction catheters properly handled	2	1 0
<b>FURNISHINGS AND LAUNDRY: [.1319]</b>			
32	Furnishings clean and in good repair; mattresses dry, clean, good repair	1	0.5 0
33	Bed linens in good repair; soiled linens changed, properly handled, containers properly labeled	1	0.5 0
34	Linens provided by the institution properly cleaned and sanitized	3	1.5 0
35	Resident's personal laundry properly handled; containers properly labeled; combined resident's laundry properly handled	1	0.5 0
36	Laundry area and equipment kept clean	1	0.5 0
37	Wheelchairs, walkers, lifts, and other mobility equipment properly cleaned and sanitized	1	0.5 0
<b>ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1320]</b>			
38	Food service equipment and utensils clean, good repair	1	0.5 0
39	Utensils properly cleaned and sanitized; approved methods used	3	1.5 0
40	Handwash lavatory provided and properly equipped	2	1 0
41	Food contact surfaces of cooking and baking equipment clean	1	0.5 0
<b>FOOD SUPPLIES: [.1321]</b>			
42	Food and food supplies from approved sources; properly stored and handled	3	1.5 0
43	Food brought into the institution by employees or visitors of patients or residents properly stored, labeled and dated	1	0.5 0
<b>FOOD PROTECTION IN ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1323]</b>			
44	Time/Temperature Control for Safety (TCS) foods maintained as required	4	2 0
45	Hot and cold holding equipment provided; thermometers provided, accurate	1	0.5 0
46	Food properly stored and protected from contamination	1	0.5 0
47	No live animals where food is prepared or stored; proper measures to prevent contamination	2	1 0
<b>EMPLOYEES: [.1324]</b>			
48	Clean outer clothing	2	1 0
49	Hands washed when required	3	1.5 0
50	Hands properly washed or decontaminated	3	1.5 0
51	Proper use of restriction, exclusion, and reporting	4	2 0
52	Vomitus and diarrheal clean up supplies; written clean up procedures available and complete	2	1 0

**Total Deductions: 1**







## Comment Addendum to Inspection Report

**Establishment Name:** PS SENIOR LIVING OF MOCKSVILLE LLC

**Establishment ID:** 3030400011

**Date:** 04/28/2023 **Time In:** 3:00 PM **Time Out:** 4:00 PM

### Observations and Corrective Actions

5 Clean blinds and air conditioning, and curtains throughout.



# Food Establishment Inspection Report

Score: 97

Establishment Name: PS SENIOR LIVING OF MOCKSVILLE LLC

Establishment ID: 3030160011

Location Address: 191 CRESTVIEW DRIVE

City: MOCKSVILLE State: North Carolina

Zip: 27028 County: 30 Davie

Permittee: PS SENIOR LIVING OF MOCKSVILLE LLC

Telephone: (336) 751-1515

Inspection  Re-Inspection

**Wastewater System:**

Municipal/Community  On-Site System

**Water Supply:**

Municipal/Community  On-Site Supply

Date: 04/28/2023 Status Code: A

Time In: 3:05 PM Time Out: 4:00 PM

Category#: IV

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions								
Risk factors: Contributing factors that increase the chance of developing foodborne illness.								
Public Health Interventions: Control measures to prevent foodborne illness or injury								
Compliance Status					OUT	CDI	R	VR
Supervision .2652								
1	IN	<input checked="" type="checkbox"/>	N/A	PIC Present, demonstrates knowledge, & performs duties	X	0		
2	IN	<input checked="" type="checkbox"/>	N/A	Certified Food Protection Manager	X	0		
Employee Health .2652								
3	X	OUT		Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0	
4	X	OUT		Proper use of reporting, restriction & exclusion	3	1.5	0	
5	X	OUT		Procedures for responding to vomiting & diarrheal events	1	0.5	0	
Good Hygienic Practices .2652, .2653								
6	X	OUT		Proper eating, tasting, drinking or tobacco use	1	0.5	0	
7	X	OUT		No discharge from eyes, nose, and mouth	1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
8	X	OUT		Hands clean & properly washed	4	2	0	
9	X	OUT	N/A/N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0	
10	X	OUT	N/A	Handwashing sinks supplied & accessible	2	1	0	
Approved Source .2653, .2655								
11	X	OUT		Food obtained from approved source	2	1	0	
12	IN	OUT	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0	
13	X	OUT		Food in good condition, safe & unadulterated	2	1	0	
14	IN	OUT	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654								
15	X	OUT	N/A/N/O	Food separated & protected	3	1.5	0	
16	X	OUT		Food-contact surfaces: cleaned & sanitized	3	1.5	0	
17	X	OUT		Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0	
Potentially Hazardous Food Time/Temperature .2653								
18	IN	OUT	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1.5	0	
19	IN	OUT	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	1.5	0	
20	X	OUT	N/A/N/O	Proper cooling time & temperatures	3	1.5	0	
21	X	OUT	N/A/N/O	Proper hot holding temperatures	3	1.5	0	
22	X	OUT	N/A/N/O	Proper cold holding temperatures	3	1.5	0	
23	X	OUT	N/A/N/O	Proper date marking & disposition	3	1.5	0	
24	IN	OUT	<input checked="" type="checkbox"/>	Time as a Public Health Control; procedures & records	3	1.5	0	
Consumer Advisory .2653								
25	IN	OUT	<input checked="" type="checkbox"/>	Consumer advisory provided for raw/ undercooked foods	1	0.5	0	
Highly Susceptible Populations .2653								
26	X	OUT	N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0	
Chemical .2653, .2657								
27	IN	OUT	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0.5	0	
28	X	OUT	N/A	Toxic substances properly identified stored & used	2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658								
29	IN	OUT	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0	

Good Retail Practices								
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Compliance Status					OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658								
30	X	OUT	N/A	Pasteurized eggs used where required	1	0.5	0	
31	X	OUT		Water and ice from approved source	2	1	0	
32	IN	OUT	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	2	1	0	
Food Temperature Control .2653, .2654								
33	IN	<input checked="" type="checkbox"/>	T	Proper cooling methods used; adequate equipment for temperature control	1	<input checked="" type="checkbox"/>	0	
34	X	OUT	N/A/N/O	Plant food properly cooked for hot holding	1	0.5	0	
35	X	OUT	N/A/N/O	Approved thawing methods used	1	0.5	0	
36	X	OUT		Thermometers provided & accurate	1	0.5	0	
Food Identification .2653								
37	X	OUT		Food properly labeled: original container	2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
38	X	OUT		Insects & rodents not present; no unauthorized animals	2	1	0	
39	X	OUT		Contamination prevented during food preparation, storage & display	2	1	0	
40	X	OUT		Personal cleanliness	1	0.5	0	
41	X	OUT		Wiping cloths: properly used & stored	1	0.5	0	
42	X	OUT	N/A	Washing fruits & vegetables	1	0.5	0	
Proper Use of Utensils .2653, .2654								
43	X	OUT		In-use utensils: properly stored	1	0.5	0	
44	X	OUT		Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	
45	X	OUT		Single-use & single-service articles: properly stored & used	1	0.5	0	
46	X	OUT		Gloves used properly	1	0.5	0	
Utensils and Equipment .2653, .2654, .2663								
47	X	OUT		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0	
48	X	OUT		Warewashing facilities: installed, maintained & used; test strips	1	0.5	0	
49	X	OUT		Non-food contact surfaces clean	1	0.5	0	
Physical Facilities .2654, .2655, .2656								
50	X	OUT	N/A	Hot & cold water available: adequate pressure	1	0.5	0	
51	X	OUT		Plumbing installed; proper backflow devices	2	1	0	
52	X	OUT		Sewage & wastewater properly disposed	2	1	0	
53	X	OUT	N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	
54	X	OUT		Garbage & refuse properly disposed; facilities maintained	1	0.5	0	
55	IN	<input checked="" type="checkbox"/>	T	Physical facilities installed, maintained & clean	1	<input checked="" type="checkbox"/>	0	
56	X	OUT		Meets ventilation & lighting requirements; designated areas used	1	0.5	0	
<b>TOTAL DEDUCTIONS: 3</b>								





