STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
RIVER LANDING AT SANDY RIDGE

SUMMARY STATEMENT OF DEFICIENCIES

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<tr>
<td>F 371</td>
<td>SS=F</td>
<td>483.36(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</td>
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The facility must:
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions.

This REQUIREMENT is not met as evidenced by:
Based on observations, staff interviews and facility record review the facility failed to label and date food items in the baking area, freezer, prep cooler, dessert refrigerator, a la Carte cooler, warming box, walk-in refrigerator and Main kitchen area. The facility also failed to label and date food, in the "Pebble Beach 1" and "Pebble Beach 2" kitchens. This was also evident in the "Wing Foot" kitchen.

Findings include:
On 5/28/13 at 11:30 am through 12:45 pm observations of the main kitchen revealed the following:
In the Main Kitchen there were 60 spices which were open with no label that indicated when the spice was opened. The outer covering of the containers were covered with a sticky substance and 1 metal container with small holes on the top cover had a rust like hardened substance on the top of the container. There were 3 large...

Corrective action has been accomplished for those residents found to have been affected by the deficient practices by the following:
The Dining Director, Executive Chef, Household Coordinators and Homemakers covered, labeled or discarded those food items that were not properly stored, covered and labeled after being notified by the surveyor. Staff reheated the food that was found to have unacceptable temperatures. After doing extra temperature spot checks staff realized that the hot box was not functioning. Food was reheated before sending to Household kitchens. Hot box taken out of service until repairs were made.

Corrective action will be accomplished for those residents having the potential to be affected by the deficient practice by the following:
The Dining Director and Executive Chef had an educational meeting on 05/29/13 with the staff in the main kitchen who were responsible for the tempering, storing, labeling and dating of food. The Dining Director and Executive Chef readdressed the proper procedure for handling and storing of food items.
The Nutrition Mentor, Lead Homemakers, Household Coordinators and Homemakers will have an inservice regarding new policies and procedures. See attached items “A”.

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 180 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
NAME OF PROVIDER OR SUPPLIER
RIVER LANDING AT SANDY RIDGE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345528

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED
05/30/2013

STREET ADDRESS, CITY, STATE, ZIP CODE
1875 JOHN KNOX DRIVE
COLLAX, NC 27235

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<tr>
<td>F 371</td>
<td>Continued From page 1 containers of flaked spices which did not indicate when they were opened and the outside of the container had a greasy substance covering them. There were 3 “full size” pans (4 inch) with seafood breader, bread crumbs, and another container with a brown food which the staff could not identify. Observation of the &quot;A La Carte&quot; cooler contained a large pan of carrots covering opened, container of pineapple and one container of shredded coconut. (the Dietary Manager (DM) stated it was Parmesan cheese) and 1 container with vinaigrette, all of which were not labeled/ and or dated. The cooler also contained 1 container of crushed garlic, 1 bunch of Kale, several rosemary sprigs, loose parsley flakes in a container, crushed avocado, 1 package of spinach wraps, 1 open container of cut up potatoes, 1 container of 2 -3 pound of sliced yellow cheese, and a container which was unidentifiable and a container of vendor samples of gluten free foods (per the DM) assorted vegetables, all of which were not labeled/dated and or covered. Observations of assorted desserts and produce in the walk-in refrigerator were not labeled and dated as follows: 1 gallon of orange juice concentrate, opened, 1 gallon opened of lemonade concentrate, 1 jar of capers opened with no date, 1 large container of opened mustard, 1 opened gal container of cranberry juice and 1 gallon opened of sweet and sour sauce. An observation of the baking area revealed a &quot;cookie box&quot; (large tall metal cabinet) which contained 12 large sheet pans of cookies with no</td>
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<th>ID PREFIX TAG</th>
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<td>F 371</td>
<td>Measures and Systematic changes that will be put into place to prevent the deficient practice by the following: The Executive Chef will ensure that all of the staff that is responsible for storing, labeling and dating of food is in-serviced on the proper techniques for safe food handling and storage. In addition the Dining Director has placed signs on all walk-ins that food items must be covered, labeled and dated. The Homemakers have been instructed to refuse items from the main kitchen if not labeled appropriately. The Executive Chef, Nutrition Mentor and Lead Homemakers have developed a Supervisor’s Closing Checklist for the main kitchen (see attached item &quot;B&quot;) that includes verification that food items are properly covered, labeled and dated. Also developed was a Kitchen/Food Service Audit (see attached &quot;C&quot;) and a Competency Checklist for homemakers (see attached &quot;D&quot;). Facility will monitor performance by the following: The Executive Chef, Nutrition Mentor and Lead Homemakers will conduct daily audits (see attached &quot;E&quot;) of all kitchens and report findings to the Registered Dietitian for consideration and the QAA Committee for the next calendar year. After one month, audits will be done weekly at random. Findings will be reported monthly to the QAA Committee for monitoring and action.</td>
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Continued From page 2

covering on the cookies, labels or dates. Near the bottom of the "box" there was blue linen shoved to the back of a tray and a personnel radio. An interview with the DM revealed he did not know why these items were in the box. The DM also stated when asked about the cookies being not covered he stated, "There is a door on the container," indicating that it was acceptable to have no coverings on the sheets of cookies. An observation of a container of chocolate curl, opened with no date, 1 large bin of flour, baking flour, pastry flour and rice all with no date. On the counter the following items were found to have no labels/dates and opened:

1 Large bag of pecans, 1 bag white chocolate chips, 1 large bag of cinnamon chips, 1 large bag of crushed walnuts, 1 large bag of Oreo cookie crumbs, 1 large bag of shredded coconut, 2 and 1/2 dozen sugar free tart shells, 1 can of pan coating (1/2 full) with no cover and no date. Under a counter was 1 large 1/2 full bucket of apricot glaze dated 1/5/11 with no use by date and no date when opened, and the top of the container had crusted, brown matter on the lid.

Observation of the dessert refrigerator revealed the following with no labels/dates and or uncovered:

1 large yellow frosted cake with no covering/date/label, 1 tray of apple fritters, 1 large tray of éclairs, 1 large yellow/white cake, and 1 tray of roasted nut bars.

Observation of the shelf above the baking area counter top revealed several bottles of food coloring, opened with a sticky substance covering the bottle with no dates, bottles of flavoring...
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<td>opened and no date 1 container of brown sugar and butter, with no date/label.</td>
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<td>Observation of a walk-in refrigerator revealed a cart with a large tray of uncooked biscuits, uncovered with no date, 1 container of butter and uncooked eggs, 1 pan of sausage links and pureed sausage, 4 trays of sliced potatoes, and 2 containers of baked sliced apples, all with no dates.</td>
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<td>Observation of a walk in freezer contained a cart with 12 large trays of frozen breads, uncovered, no label and no dates.</td>
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<td>Observation of the &quot;prep cooler&quot; revealed 1 4-5 pound bag of brioche with no label and no date, and 1 large bag of broken hamburger buns with no label and no date.</td>
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<td>An interview with the Executive Chef on 5/28/13 at 1:15 pm revealed his expectation was that all opened food needed to be covered and have a label and date. He further stated that the cooks in the kitchen were responsible for the labeling and dating. On 5/28/13 at 12:30 pm an interview with the cooks # 1 and #2, stated their responsibility was to ensure labeling and dating the food in the kitchen including spices and other condiments, and bottles. An interview with the DM on 5/28/13 at 1:30 pm stated it was his expectation that products/food in the kitchen need to be dated and labeled. When the DM was asked about referring to the SOM (State Operating Manual) he was unaware of what the SOM was and stated he goes by &quot;FDA recommendations&quot;. On 5/29/13 at 10:30 am an interview with the Administrator indicated it was</td>
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F 371  Continued From page 4
her expectation that all food/bottles/containers in the Main Kitchen were to be labeled and dated.

On 5/29/13 at 10:45am through 11:30 am temperatures of food in the Main Kitchen that was to be served for lunch revealed the following: (all temperatures taken were measured in degrees farenheit:

Fish - 166 degrees farenheit, spring rolls - 169, Beans - 161, Fried Rice 151, cooked cabbage 158, chicken gravy 163, mashed potatoes 168, baked chicken 130, and beef stir fry 130, Prince Edward medley (vegetables) 158. The beef stir-fry and baked chicken had to be reheated to the appropriate temperature.

A second observation was completed in the main kitchen on 5/29/13 at 10:45 am revealed the following:

Walk in Freezer contained 12 trays of breads on a cart revealed they were still unwrapped, with no label and date, 1 Large Bin of flour, pastry flour, sugar and rice was still not dated. The DM stated that "he had not gotten to that yet". Temperatures taken at 4:30 PM for the dinner service revealed:

- asparagus soup 194 degrees Farenheit
- stuffed peppers 154 degrees Farenheit
- macaroni and cheese 156 degrees Farenheit
- Steamed asparagus 160 degrees Farenheit
- Mashed potatoes 150 degrees Farenheit
- baked fish 147 degrees Farenheit
- Barbecue chicken thighs 155 degrees Farenheit
- Baked sweet potato pureed- 163 sweet pot. - 168 degrees Farenheit
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| F371 | Continued From page 5  
salted brussel sprouts with garlic 168 degrees Fahrenheit  
pureed asparagus - 152 degrees Fahrenheit  
ground chicken- 153 degrees Fahrenheit  
pureed chicken- 154 degrees Fahrenheit  
brown gravy 157 degrees Fahrenheit  
cream of asparagus soup 161 degrees Fahrenheit  
On 5/29/13 at 5:45 pm observation of Wing Foot temperatures revealed degrees Fahrenheit temperatures were as follows:  
Tilapia 180.3  
Baked Sweet Potatoes 180.4  
Asparagus soup 125* second try after iced thermometer 170.6  
Brussel sprouts 184.4  
Baked chicken 169.5  
Baked Macaroni 182.8  
Asparagus 200.8  
Gravy 180.4  
Mashed Potatoes 156.5  
Stuffed Peppers 166.9  
Observation of a resident's dinner tray temperature, who complained the food was cold, was taken and the temperature was not acceptable to the resident. The food was reheated in the microwave and the temperature was rechecked. The resident was satisfied.  
Observation of Wing Foot Kitchen on 5/29/13 at 6:30 pm revealed:  
1 jar of mustard by date, 12/29/12  
1 circle of Mexican chocolate drink wafer, 3.15 oz. no date |
Continued From page 6

2 1/4 filled ketchup containers with no dates, 1, 4 quart sugar container, no label/ date, 3 opened containers of decorating sauce on the shelf, room temperature, had an expiration date of 2012, with no label/date and all required refrigeration, 3 loaves of bread on the counter top were opened with no label/date.

Observation in the refrigerator on Wing Foot contained the following containers with no label/date:

1 pan of egg salad
1 pan of tuna fish salad
1 pan of shredded carrots
1 pan of chicken salad
1 pan of sliced pickles
1 package of yellow sliced cheese
1 package of sliced turkey (turkey was falling out of the wrapping)
1 package of sliced ham

On 5/29/13 at 6:00 pm an interview with the nurse mentor #1 of Wing Foot indicated he would be discarding the above items and his expectation was that all opened food must be labeled and dated. The Administrator was present at the time and agreed with the Nurse Mentor #1.

An interview on 5/29/13 at 6:30 pm with Home Maker #3 stated the decorating sauces were sugar free and each item contained according to the label contained 20 grams, 18 grams and/or 17 grams of sugar. He stated he was told when he first started at the facility that the toppings were sugar free and he puts the sauce on ice cream which he served to the residents. An
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<td>Continued From page 7</td>
<td>Interview with Executive Chef on 5/29/13 at 6:45 pm revealed he would be discarding all of the above and stated the toppings should have been refrigerated as well. He further stated that all of the above needed to be labeled correctly as well. One 3 quart container of dry pancake mix dated &quot;use by 5/29/13&quot; was also discarded by the Executive Chef. An observation of 3 loaves of bread on the counter was opened with no label/date.</td>
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<td>F371</td>
<td>Continued From page 8 was his expectation that all foods be labeled and dated and expired food be discarded.</td>
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<td>K 000</td>
<td>INITIAL COMMENTS</td>
<td>K 025</td>
<td>Corrective action has been accomplished for those residents found to have been affected by the deficient practice by the following:</td>
<td>6/28/13</td>
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<td>This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type II (222) protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system.</td>
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<td>The attached picture shows the penetration has been fire stopped.</td>
<td>7/5/13</td>
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<td>CFR#: 42 CFR 483.70 (a)</td>
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<td>Corrective action will be accomplished for those residents having the potential to be affected by the deficient practice by the following:</td>
<td>7/5/13</td>
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<td>K 025</td>
<td>SS=D Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</td>
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<td>The Director of Maintenance has reviewed all walls and ceilings to make sure all penetrations are fire stopped.</td>
<td>7/5/13</td>
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<td>Measures will be put into place to prevent the deficient practice by the following:</td>
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<td>This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 6/27/2013 the following Life Safety Item was observed as noncompliant, specific findings include: There were unsealed penetrations in the smoke barrier above the cross corridor doors near room 125.</td>
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<td>The Maintenance Department and Vendors will be educated on fire stopping.</td>
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<td>K 052</td>
<td>CFR#: 42 CFR 483.70 (a)</td>
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<td>Facility will monitor performance by the following:</td>
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<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<td>The Director of Maintenance will conduct quarterly inspections to make sure all penetrations are fire stopped. He will submit results to the River Landing Quality Assurance Committee for review and consideration.</td>
<td>7/5/13</td>
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A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

Corrective action has been accomplished for those residents found to have been affected by the deficient practices by the following:

The batteries that failed have been replaced.

Corrective action will be accomplished for those residents having the potential to be affected by the deficient practice by the following:

The system was retested after batteries were replaced and during testing backup power was supplied as appropriate.

Measures will be put into place to prevent the deficient practice by the following:

The Maintenance Department and Vendors who service the FACP will be educated on the necessity battery backup power and the importance of regular testing to verify system works appropriately.

Facility will monitor performance by the following:

The Director of Maintenance will conduct quarterly inspections to make sure the FACP backup power supply is functioning. He will submit results to the River Landing Quality Assurance Committee for review and consideration.