			(X2) MILLI TI	OMB NO. 0938-03 TIPLE CONSTRUCTION (X3) DATE SURVEY		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345091					(X3) DATE SURVEY COMPLETED	
		B. WING		C 12/11/2014		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
EDGEWO	OOD PLACE AT THE	VILLAGE AT BROOKWOOD		1820 BROOKWOOD AVENUE		
				BURLINGTON, NC 27215		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETIO	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE	
F 000	INITIAL COMMEN	TS	F 00	D		
		ere cited as a result of the ation survey of 12/11/14. Event				
F 371 SS=D	483.35(i) FOOD PI	ROCURE, /SERVE - SANITARY	F 37	1	1/8/15	
	considered satisfact authorities; and	om sources approved or ctory by Federal, State or local distribute and serve food ditions				
	by: Based on observa record review, the sanitary conditions	NT is not met as evidenced tions, staff interviews and facility failed to maintain in the kitchen by 1) ensuring		F371 The statements made on this plan of correction are not an admission and do not constitute an agreement with		
	refrigerator, 2) disc walk in refrigerator debris and grease 4)steamer box and storage bins, 5) cl where clean plates	uce in 1 of 1 walk in ard expired yogurt from 1 of 1 , 3) Clean and remove the food from the serving cart, hot plate cart, clean dry ean shelves of the steam table /cups were stored and 6) nd food debris from the floor of		alleged deficiencies. To remain in compliance with all federal and state regulations the facility has take or will take the actions set forth in this plan of correction. The plan of correctio constitutes the facility I s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.		
	The findings includ			Corrective Action for Residents Potentia Affected Immediately following inspection on December 10, 2014, Dietary Manager	lly	
	1.During an observ	ation of the kitchen on		completed inspection of all foods stored	at	

Electronically Signed

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 90 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 requisite to continued program participation.

01/02/2015

		AND HUMAN SERVICES				FORM	01/09/2015 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	345091		B. WING			C 12/11/2014	
NAME OF I	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
EDGEW	DOD PLACE AT THE	VILLAGE AT BROOKWOOD			20 BROOKWOOD AVENUE URLINGTON, NC 27215		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIJ TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 371	the following items: lemons and zucchin spoiled/rotten produ- molded. During an interview dietary manager (D indicated the fresh when delivered and should be discarde system in place to o delivery to ensure s removed. 2 During an observe there were 1 1/2 bo on 11/30/14 and 12 refrigerator During an interview DM and PM indicat checked upon delive should be reported expired foods shout the product, there we checking expired foods 3. During an observe AM, the walk in refir had uncovered roas The cart was dirty we dietary manager interview	M, the walk in refrigerator had a box of fresh cucumbers, ni which contained uce that were mushy and on 12/10 at 11:10 AM, the M) and product manager (PM) produced should be checked d the spoiled/rotten produce d. Both indicated there was no check the produce upon spoiled/rotten products were ation on 12/10/14 at 10:45AM, oxes of yogurt that had expired d/1/14 stored in 1 of 1 walk in on 12/10/14 at 11:10AM, the ed that products should be very and the expired yogurts to vendor. PM indicated that ld be discarded when staff use was no system in place for bods. vation on 12/10/14 at 10:45 rigerator had 1 meal cart that st stored on the trays/shelves. with dried food and liquids on on 12/10/14 at 11:10AM, the dicated that cart should be t before foods were place on in the refrigerator.			facility. All food that was either spoiled/rotten or out of date was discarded. In addition, on Decembe 2014, Dietary Manager completed inspection of all food storage, food preparation, and food distribution ar ensure sanitary conditions. All area were identified by surveyor as not satisfactorily sanitized were cleaned sanitized immediately. Systemic Changes An in-service was conducted on December 31, 2014 for all dietary st review proper food storage under sa conditions. In addition, the staff was instructed on strict adherence to cle schedules and proper cleaning tech to ensure sanitary conditions in stor preparation, and distribution location See attached document. This inform will be integrated into formal orienta training of any new employees. Quality Assurance The food service manager or produ- supervisor will monitor food procure and storage as well as sanitary cond- in food storage locations. See attach monitoring tools. This will be compl daily for next three months. Repo- will be forwarded to the Administrator weekly to ensure compliance. Montor Staff meetings will be conducted on ongoing basis to discuss changes a review efforts for quality improveme Results will be presented to the Qua QA Meeting with members of QA te- and department heads.	reas to is that d and taff to anitary also aning iniques age, ns. mation tion ction ement ditions hed leted nen orts or thly an ind to ent. arterly am	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 954565

		AND HUMAN SERVICES			FOR	D: 01/09/2015 MAPPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345091		B. WING _		- 1:	C 2/11/2014	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA 1820 BROOKWOOD AVENU	TE, ZIP CODE		
EDGEW	DOD PLACE AT THE	/ILLAGE AT BROOKWOOD		BURLINGTON, NC 2721			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 371	Continued From page 2 4.During an observation on 12/10/14 at 10:45 AM, the steamer box and hot plate cart had a large volume of grease and food/liquid build up on the inside and outsides of the units.		F 37	1			
				Compliance will be a 01/08/2015	nchieved by		
	dietary manager (D	on 12/10/14 at 11:10AM, the M) indicated that steamer rt should be cleaned every					
	AM, the shelves on volumes of dried fo surrounding the cle During an interview DM and PM indicat	vation on 12/10/14 at 10:45 the steam table had large ods and liquids on the surface an plates/cups were stored v on 12/10/14 at 11:10AM, the ed that the steam table area every night by the cooks in checklist.					
	10:45AM, the walk	vation on 12/10/14 at in refrigerator and freezer had sh on the floor where the food ed.					
	and PM indicated th floors should be cle regular basis. Both	on 12/10/14 at 11:10AM, DM nat the refrigerator/freezer aned and trash removed on a indicated there was no system his area was cleaned on a					
	administrator indica dietary manager an on-going cleaning s	on 12/111/14 at 1:47PM, the ated the expectation was the id product manager have an schedule of food area. The et the food safety standards at					
		et the food safety standards at					

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If continuation sheet Page 3 of 3