**NAME OF PROVIDER OR SUPPLIER**

BRIAN CENTER HEALTH & REHAB/EDEN

**STREET ADDRESS, CITY, STATE, ZIP CODE**

226 N OAKLAND AVENUE

EDEN, NC 27288

---

<table>
<thead>
<tr>
<th><strong>(X4) ID PREFIX TAG</strong></th>
<th><strong>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</strong></th>
<th><strong>ID PREFIX TAG</strong></th>
<th><strong>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</strong></th>
<th><strong>(X5) COMPLETION DATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>Brian Center Health and Rehabilitation/Eden acknowledges receipt of the Statement of Deficiencies and purpose of this Plan of Correction to the extent that the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as written allegation of compliance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No deficiencies were cited as a result of the complaint investigation survey of 12/1/16. Event ID# 5GNV/11.</td>
<td></td>
<td>Prepartion and submission of this Plan of Correction is in response to the CMS 2567 form the survey conducted on November 28 – Dec 1 2016. Brian Center Health and Rehabilitation/ Eden’s response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, the Brian Center Health and Rehabilitation/Eden reserves the right to refute any deficiency on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative or legal procedures.</td>
<td></td>
</tr>
<tr>
<td>F 371</td>
<td>483.60(i)(1)-(3) FOOD PROCE, STORE/PREPARE/SERVE - SANITARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SS=0</td>
<td>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to remove rotten produce from fresh produce; label and date frozen food; failed to clean and remove trash from the floor of 2 of 2 refrigerators and 1 of 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

(Handwritten)

**TITLE**

(Handwritten)

**(X5) DATE**

12/22/16

---

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.
**F 371 Continued From page 1**

Freezer: facility to clean 2 of 2 ovens; facility failed to clean steam table and shelves; failed to clean 3 compartment plate warmer; failed to clean serving tray cart and discard expired bread in dry storage room.

The findings included:

1. During a kitchen tour on 11/28/16 at 9:10 AM, the following items were observed in the refrigerator:
   a. During an observation on 11/28/16 at 9:10 AM, 1 opened container of celery stalks that was unsealed wilted and had brown spots throughout the stalks; ½ box of opened and unsealed wilted brown lettuce and ½ box of spoiled and rotten tomatoes were mixed with fresh produce.

   During an interview on 11/28/16 at 9:10 AM, the Dietary Manager (DM) stated the expectation was for staff to seal and remove all spoiled/rotten produce from fresh produce.

   b. During an observation on 11/28/16 at 9:10 AM, 1 box of open unsealed and unlabeled/undated lima beans and 1 open unsealed box of corn in the freezer.

   During an interview on 11/28/16 at 9:10 AM, the DM stated the expectation was for staff to seal, label and date all food products prior to placement in the freezer.

   c. During an observation on 11/28/16 at 9:10 AM, the floor of the refrigerators had a large volume of spilled meat juice and liquids, dried foods, lettuce, loose condiments, yogurt cups on the floor.

   During an interview on 11/28/16 at 9:10 AM, the DM stated staff was expected to clean sweep out

**F 371**

1. Proper Food Storage being maintained and cleaning schedule in place. All noted items were disposed of and cleaning completed 12/01/2016

2. All residents have the potential to be effected. In-Service staff on proper food handling and storage including frozen, cold and dry food. Dietary manger is completing daily rounds to inspect and ensure that all food stored in the freezer, refrigerator, and dry storage are stored and labeled properly. Manager will then sign off on Food Storage Checklist. In-Service staff on cleaning procedure for walk-in floor. In-Service Staff on Daily Cleaning including cleaning all surface areas, plate warmer, plate and bowl bin, and steam table. In – Service staff on completing and signing off on Weekly cleaning schedule.
<table>
<thead>
<tr>
<th>(X4) IDREFIX</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td>Continued From page 2 the refrigerator and freezer floors each shift using the kitchen checklist and clean wipe down the refrigerator daily to ensure there were no leftover spills.</td>
<td>F 371</td>
<td>3. The manager will check the previous day on the schedule and ensure all cleaning projects have been completed. The manager will then document that the cleaning has been completed and signed off on. Manager to ensure staff are completing daily and weekly cleaning assignments due to dirty refrigerator floor, build up in ovens, build up on steam tables, debris in plate warmer.</td>
<td>12/01/2016</td>
</tr>
<tr>
<td></td>
<td>2. During an observation on 11/28/16 at 9:10AM, the following items were observed on the kitchen equipment:</td>
<td></td>
<td>4. Administrator or designee to complete daily Kitchen Audits 5 X week for 4 weeks, then weekly thereafter to ensure compliance. Results of audits to be brought before the monthly Quality Assurance and Performance Improvement Committee with the QAPI Committee responsible for on-going compliance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. During an observation on 11/28/16 at 9:10AM, oven 1 and 2 had a large volume of dried food, liquids and grease build up inside and out. There were large amount of brown and black matter encrusted on oven shelves, handles and doors of the ovens. During an interview on 11/28/16 at 9:10 AM, the DM stated the cooks were responsible for deep cleaning the ovens monthly and routine cleaning on the weekends in accordance to the kitchen cleaning checklist. The DM confirmed through observation and review of the cleaning checklist the ovens had not been cleaned according to monthly and routine schedule.</td>
<td></td>
<td>5. Date of Compliance: January 6, 2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. During an observation on 11/28/16 at 9:10AM, the steam table had large volumes of dried black and brown matter encrusted in the edges of the table, leftover food in standing water. During an interview on 11/28/16 at 9:10 AM, the DM stated the cooks were responsible for ensuring the steam table was thoroughly cleaned from top to bottom before each meal was placed in the steamer slots.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. During an observation on 11/28/16 at 9:10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F 371  Continued From page 3
AM, the 3 compartment plate warmer had large volumes of dried foods, liquids and crumbs inside and out. There were two compartments filled with clean plates that were touching the surfaces of the warmer.

During an interview on 11/28/16 at 9:10 AM, the DM stated the cooks were responsible for ensuring the plate warmer was cleaned in accordance to the kitchen cleaning checklist before each shift and checking behind the dietary aides.

d. During an observation on 11/28/16 at 9:10 AM, the serving tray cart had large volumes of dried food crumbs and liquids encrusted in the edges of the shelves and there were several clean trays stored on the cart.

During an interview on 11/28/16 at 9:10 AM, the DM stated the cooks were responsible for ensuring the serving tray carts were clean in accordance to the kitchen checklist and checking behind the dietary aides.

3. During an observation on 11/28/16 at 9:10 AM, the dry storage area had 2 ½ loaves of expired bread.

During an interview on 11/28/16 at 9:10 AM, the DM indicated the bread should be checked weekly and expired bread should be returned back to vendor or discarded.

During a follow-up observation on 11/30/16 at 11:35 AM, the steam table had not been clean and there was food floating in standing water. The cook placed the fresh cooked food that was in the
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/LOCATION IDENTIFICATION NUMBER

345241

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

C

12/01/2016

NAME OF PROVIDER OR SUPPLIER

BRIAN CENTER HEALTH & REHAB/EDEN

STREET ADDRESS, CITY, STATE, ZIP CODE

226 N OAKLAND AVENUE

EDEN, NC 27288

(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) COMPLETION DATE

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td></td>
</tr>
</tbody>
</table>

Continued From page 4

silver pans onto the steam table with the food floating in the water and the encrusted edges of dried food and liquids. The serving tray cart still had the dried food, liquids and crumbs on shelves and edges where the surface of the trays were placed.

During an interview on 11/30/16 at 11:38 AM, Cook I stated the cooks on each shift were responsible for ensuring that the kitchen cleaning checklist was done daily and checking behind the dietary aides. The cook acknowledged that the steam table had not been cleaned and the fresh food was place on an unclean steam table. In addition, it was the cook’s responsibility to clean kitchen equipment each shift. The cooked reviewed the kitchen checklist and identified areas on the checklist for two weeks that had not been completed on the designated shift. Staff should label, date, seal food and discard spoiled/rotten as it was used prior to putting in refrigerator and/or freezer.

During a follow-up interview on 11/30/16 at 11:55 AM, the DM stated the cooks were responsible for ensuring all kitchen tasks were completed in accordance to the daily kitchen checklist. The cooks should follow-up with the dietary aides to be sure the tasks were completed each shift.

Review of the two week checklist revealed several tasks had not been completed. During an interview on 11/30/16 at 11:56PM, the Dietary District Manager, indicated it was the responsibility of the DM to ensure all kitchen sanitation and food storage was maintained in accordance to the checklist and kitchen policy.

During an interview on 11/30/16 at 3:45PM, Cook II stated that she was responsible for ensuring that all task on the kitchen checklist were completed and documented at the end of the
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td>Continued From page 5 shift. She added it was the cook’s responsibility to ensure the aides were completing their task as well, cleaning and wiping down refrigerators and all kitchen equipment. Cook II reviewed the checklist for two weeks and acknowledged that she had not documented whether she had completed the assigned task on the checklist. During an interview on 11/30/16 at 3:55PM, the Dietary Aide stated the expectation for kitchen staff was to label and date all food items, discard any expired or spoiled items, clean and wipe down all kitchen equipment in accordance to the kitchen checklist prior to the end of the shift.</td>
</tr>
</tbody>
</table>