	-	ID HUMAN SERVICES					M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	<u> </u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345333	B. WING			01	/26/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			-	
ABBOTTS CREEK CENTER			877 HILL EVERHART ROAD LEXINGTON, NC 27295				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI> TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 371 SS=F			F 3	371			2/20/17
	(i) This may include for from local producers, and local laws or regu						
	facilities from using p	es not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices.					
		es not preclude residents s not procured by the facility.					
		, distribute and serve food in essional standards for food					
	foods brought to resid visitors to ensure safe handling, and consum	egarding use and storage of dents by family and other e and sanitary storage, nption. is not met as evidenced					
	facility failed to ensur air dry and was free f was labeled and date walls in the walk-in co the convection oven w potential to affect 60	ns and staff interviews the e dishware was allowed to rom food particles, that food d, and that the shelving and poler, the hood vents, and were clean. This had the of the 63 residents who			The filing of this plan of correction doe not constitute an admission that the deficiencies alleged, did in fact exist. T plan of correction is filed as evidence of the facility's desire to comply with regulations and to provide high quality care.	his	
	resided in the facility. Findings Included:				The Director of Dining Services (DDS) and staff thoroughly cleaned the walk- cooler including the walls and shelving	in	
		SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE		(X6) DATE
Electroni	cally Signed						02/16/2017

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.

PRINTED: 03/03/2017

		MEDICAID SERVICES			
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345333		(X2) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED		
		B. WING	01/26/201		
NAME OF PROVIDER OR SUPPLIER ABBOTTS CREEK CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE		IP CODE
				877 HILL EVERHART ROAD LEXINGTON, NC 27295	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		ACTION SHOULD BE COMPLI TO THE APPROPRIATE DAT
F 371	Continued From page	e 1	F 37	1	
	An observation of the	e kitchen with the dietary		units on the evening of (01/24/17.
 manager on 1/24/17 at 8:30 am revealed: The walls of the walk-in cooler had a build-up of dust The shelving units in the walk-in cooler had food spills and black substances on them All of the hood vents had a build-up of grease and dust The interior of the convection oven had a build-up of black, burned on food particles 2 opened bags of tator tots, 1 opened bag of chicken livers and 1 opened bag of chicken breasts were in the walk-in freezer without labels or dates 4 of 13 steam table pans were stacked together wet on a storage shelf ready for use An observation of the kitchen with the dietary 			All hood vents were rem on the evening of 01/24. build-up of grease and of Clean Professional Kitcl Maintenance Company cleaned hood system or The Director of Dining S and staff thoroughly clea the convection oven and build-up of black, burner on the evening of 01/24. The two opened bags of opened bag of chicken I opened bag of chicken I immediately discarded of Four of the thirteen stea were stacked together w shelf for use, were remo	/17 to remove the dust. Exhaust then Exhaust thoroughly n 02/13/17. Gervices (DDS) aned the interior of d removed the d on food particles /17. If tator tots, one ivers and one breasts were on 01/24/17. Im table pans that vet on storage	
	30 plate covers were cart ready for use A review of the dietar provided by the dieta 1/16 to 1/22/17 revea scheduled to be clean signed off with any er been cleaned that we and shelving units an on the cleaning schee An interview on 1/26/	ry cleaning schedule ry manager for the week of aled the convection oven was ned once weekly but was not mployee initials that it had eek. The walk-in cooler walls ad the hood vents were not		rewashed and placed on drying rack for proper drying prior to use on 01/24/17. Two of the thirteen steam table pans that had food particles on them were immediately removed and rewashed and placed on the drying rack for proper drying prior to use on 01/24/17. Nine of the twelve insulated plate bottoms and thirteen of thirty plate covers that were stacked together wet were immediately removed and rewashed and placed on the drying rack for proper drying prior to use on 01/26/17.	

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			()(0)		OMB NO. 0938-03
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345333 345333		(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED		
		B. WING		01/26/2017	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
ABBOTTS CREEK CENTER				877 HILL EVERHART ROAD LEXINGTON, NC 27295	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOL TAG CROSS-REFERENCED TO THE APPRI DEFICIENCY)		OULD BE COMPLETI
F 371	Continued From page	e 2	F 37	1	
F 3/1	dishes she was supp sure everything was of she put them away. S she was putting food make sure the food it	osed to check and make clean and air-dried before She also stated that when away she was supposed to em was labeled with the e storage date and the	1.57	The Director of Dining Services (revised cleaning schedule to incl weekly cleaning of the convectio hood vents to be removed weekl cleaned, and the walk-cooler and units are cleaned weekly.	ude n oven, y and d shelving
	revealed that all food name of the food iten date.	17 at 11:50 am with cook #1 should be stored with the n, the storage and expiration 17 at 12:00 pm with the		The Director of Dining Services (Cook will complete daily checks walk in freezer for items needing discarded and out of date items a ensure proper labeling and datin opened items.	of the to be and to
	dietary manager reve expectation that all di pans should be clean particles on them and air dry before they are she expected all food name of the food pro- the expiration date. Si vents had only been company that came e convection oven shou minimum. She stated cleaning the walk-in o	aled that it was her shware and steam table led properly with no food d they should be allowed to e put away. She stated that ls to be labeled with the duct, the current date and the stated that the hood being cleaned by a contract every 3 months and that the uld be cleaned weekly at a that they had just been cooler walls and shelving as not appear to be enough		Director of Dining Services or Co complete spot checks daily for st table pans to be clean and free of particles and dried appropriately being put away. Director of Dinin Services or Cook to complete sp daily for plate bottoms and plate are dried appropriately prior to us Director of Dining Services and D re-educated Cooks and Dietary A 02/13/17, for the following areas: Sanitation, Use by dates and lab ware washing and air drying.	eam of food prior to g ot checks covers se. Dietician Aides on Kitchen eling,
	administrator reveale that was opened wou stated that he expect pans would be clean stated that he expect cleaned according to that the dietary mana	17 at 2:24 pm with the d he expected any food item ld be labeled and dated. He ed dishware and steam table and air dried. He additionally ed the equipment to be the cleaning schedule and ger or cook should be re that all areas have been		Director of Dining Services will co daily checks of the cleaning sche times 4 weeks, then weekly time months and then monthly. Direct Dining Services will check steam pans and plate bottoms and cove cleanliness and proper drying pri times 4 weeks, then weekly time months and then monthly. Direct Dining Services will complete da	edule s 2 or of table ers for or to use, s 2 or of

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIP	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	A. BUILDING			
345333			B. WING	01/26/2017			
NAME OF PROVIDER OR SUPPLIER ABBOTTS CREEK CENTER			STREET ADDRESS, CITY, STATE, ZIP		CODE		
				877 HILL EVERHART ROAD LEXINGTON, NC 27295			
(X4) ID PREFIX TAG			PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLET			
F 371	Continued From page cleaned.	e 3	F 37		ems and to ng of hen weekly ly. A prmance which		

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Event ID: YQLQ11

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