

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER GLENFLORA			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360	
(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
F 371 SS=F	<p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(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 observation and staff interview the facility failed to air dry kitchenware prior to stacking it in storage, failed to clean the back panel of the ice machine which had pink and gray build-up on it, and failed to label and date opened food items in storage. Findings included:</p> <p>1. During initial tour of the kitchen, beginning at 1:45 PM on 02/27/17, 10 of 18 tray pans stacked on top of one another on a storage shelf were wet inside. At this time the dietary manager (DM)</p>	F 371	<p>As for those residents found to be have been affected: For each of the areas noted in the citation, the kitchen storage area for foods was checked for any additional potential unmarked items. No additional unmarked or undated open items were found, no other issues were found in the ice storage and no other issues were found of damp kitchen trays or other items were found. As for those residents that have the</p>	3/20/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/08/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER GLENFLORA			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360		
(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	
F 371	<p>Continued From page 1</p> <p>stated she thought these tray pans were placed in storage earlier that morning.</p> <p>During a follow-up tour of the kitchen at 9:38 AM on 03/01/17 1 of 5 tray pans stacked on top of one another on a storage shelf was wet inside, at 11:13 AM on 03/01/17 8 of 25 small bowls stacked on top of one another on a shelf above the steam table were wet inside, and at 11:21 AM on 03/01/17 1 of 10 tray pans stacked on top of one another on a storage shelf was wet inside.</p> <p>At 9:10 AM on 03/02/17 the DM stated the dietary staff were all in-serviced previously that they should air dry kitchenware or let it drain dry in racks before stacking it in storage. She reported moisture trapped between stacked items could grow germs, mold, and bacteria which could make residents sick.</p> <p>At 9:30 AM on 03/02/17 a dietary employee stated kitchenware should be dry and free of dried food particles before it was stacked in storage. She reported harmful bacteria could grow in trapped moisture which might make residents sick.</p> <p>2. During initial tour of the kitchen, beginning at 1:45 PM on 02/27/17, there was pink and grey build up on the back panel of the ice machine. Moisture from the back panel was dripping into the ice.</p> <p>During a follow-up tour of the kitchen at 11:25 AM on 03/01/17 there was pink and grey build up on the back panel of the ice machine. Moisture from the back panel was dripping into the ice.</p>	F 371	<p>potential to be affected:</p> <p>Other areas of the campus were checked where dishes are stored, food is stored and require marking and dating when opened and areas where ice is stored, no other issues were found.</p> <p>Measures put into place to resolve concerns:</p> <p>Dietary staff were re-educated on the proper drying procedures of kitchen trays, pans and utensils. Additionally, staff were re-educated on the proper labeling and dating of opened items in the kitchens. Kitchen staff were instructed in the proper closing operation for the kitchen to check for proper labeling of opened items and proper air drying of pans and kitchen items. This was completed on March 3, 2017. The Administrator and Plant Operations Manager discussed the proper cleaning of the ice machine and check to ensure all parts of the machine are cleaned. This too was completed on March 3, 2017.</p> <p>As for the storage and labeling/dating of opened food items, proper drying of pots and pans, and ice machine cleanliness the Dietary Manager will complete weekly checks and report the results weekly to the Administrator at the weekly Leadership Team meetings. The Dietary Manager will report to the Full QA Quarterly meeting on May 25, 2017 and August 24, 2017. The Plant Manager has built a stand for the ice machine for better visual review of the inside of the ice machine and will adopt a cleaning checklist to check each area of the ice machine. The Ice Machine receives a</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER GLENFLORA			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360		
(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	
F 371	<p>Continued From page 2</p> <p>At 9:10 AM on 03/02/17 the dietary manager (DM) stated the maintenance department cleaned the ice machine regularly, but she was unsure about the frequency of the cleanings. She reported she thought the last time the ice machine was cleaned was after the flood when the water and electricity were restored to the facility.</p> <p>At 9:30 AM on 03/02/17 a dietary employee stated the dietary department was not responsible for keeping the ice machine clean. She reported the maintenance department was responsible for the ice machine. She commented the ice machine should be kept free of mold which could contaminate the ice and make residents sick.</p> <p>At 10:23 AM on 03/02/17 the maintenance manager (MM) stated he cleaned the ice machine every six months. He reported he removed all removable parts, cleaned, rinsed, sanitized, and re-rinsed the ice machine during the service he provided. According to the MM, the last time he cleaned the ice machine was after the flood when the water and electricity were restored to the facility. He commented there was so much going on at that time that he thought he accidentally overlooked cleaning the back panel of the ice machine.</p> <p>3. During initial tour of the kitchen, beginning at 1:45 PM on 02/27/17, a box of buttermilk pancake mix and 32-ounce bag of powdered sugar on a shelving unit in the food preparation area were opened but without labels and dates. In the dry storage room a 9-ounce packet of taco seasoning , a pound bag of marshmallows, a bag</p>	F 371	<p>deep cleaning twice a year by the Plant Manager and the Plant Manager will follow the checklist to assure deep cleaning is complete.</p> <p>To monitor and prevent repeat issues noted in the citation: The Dietary Manager will report to the Administrator weekly at the weekly Leadership Team meeting any continuing issues and the Dietary Manager will also report to the QA Committee success or issues of labeling, drying concerns, and ice machine cleanliness at the May 25 and August 24, 2017 meetings. If need be the QA Committee will work together to resolve any concerns. The Plant Operations Manager will also report to the QA Committee and to the Administrator on the success or concerns of deep cleaning the ice machine. The Dietary Manager and Plant Operation Manager will report to the Administrator any ongoing concerns at any time there is a concern that these items are not properly completed. The Dietary Manager and Plant Operations Manager will report to the QA Committee on May 25 and August 24, 2017 on success or concerns.</p> <p>Cleaning checklist has been developed and is in place as of March 15, 2017. The check list includes checking the ice machine for cleanliness, labeling of opened food items and drying of pots and pans. This form will be used weekly by the Dietary Manager until August 24 QA Full committee meeting, and as a tool for kitchen checks there after. Staff education is complete.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER GLENFLORA			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360		
(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	
F 371	<p>Continued From page 3</p> <p>of hushpuppy mix, a 5-pound bag of cocoa, a 16-ounce box of corn starch, a 32-ounce bag of light brown sugar, a 32-ounce bag of confectioner's sugar, a 12-ounce packet of turkey gravy mix, two bags of elbow macaroni, and a bag of spaghetti noodles were opened but without labels and dates. In the walk-in refrigerator a 16-ounce bottle of grated parmesan cheese, a gallon container of heavy duty mayonnaise, a 128-ounce bottle of pickle relish, two 138-ounce containers of picante sauce, two storage bags of orange sliced cheese, and a bag of diced celery were opened but without labels and dates. In the walk-in freezer a bag of sweet green peas, a bag of mozzarella cheese sticks, a bag of potato cakes, a bag of biscuits, two bags of chicken breast, and one bag of hot dogs were opened but without labels and dates.</p> <p>During a follow-up tour of the kitchen at 9:55 AM on 03/01/17 a bag of rotini pasta was opened but without a label and date.</p> <p>At 9:10 AM on 03/02/17 the dietary manager (DM) stated designated employees on both the AM and PM shifts were supposed to sweep, mop, and check storage areas for labeling daily. She reported all food items which were opened but not used up, all food items which were removed from their original packaging, and all leftovers were supposed to have labels and dates on them.</p> <p>At 9:30 AM on 03/02/17 a dietary employee stated for about a year the facility had a system in place to help with labeling and dating where designated employees on both the AM and PM shifts were responsible for monitoring the storage areas daily. She also reported the DM spot checked the storage areas periodically to make</p>	F 371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345194	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2017
NAME OF PROVIDER OR SUPPLIER GLENFLORA		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 FAYETTEVILLE ROAD LUMBERTON, NC 28360		
(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
F 371	Continued From page 4 sure opened food items had labels and dates on them. According to the employee, labeling and dating was important to ensure freshness and to remove spoiled or poor quality foods from storage areas.	F 371		