DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES	_			OMB NC	<u>). 0938-0391</u>
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED 07/13/2018	
		345459	B. WING				
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE		
WILLOWE	ROOKE COURT SC CTR	AT TRYON ESTATES		6	19 LAUREL LAKE DRIVE		
WILLOWB	ROOKE COURT SC CTP	CALINION ESTATES		C	OLUMBUS, NC 28722		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812 SS=E	CFR(s): 483.60(i)(1)(2		F	812			8/3/18
	§483.60(i) Food safety requirements. The facility must -						
	state or local authoriti (i) This may include for from local producers, and local laws or regu (ii) This provision doe facilities from using pr gardens, subject to co safe growing and food (iii) This provision doe from consuming food \$483.60(i)(2) - Store, serve food in accorda standards for food se This REQUIREMENT by: Based on observatio facility failed to keep of	ed satisfactory by federal, es. bod items obtained directly subject to applicable State ulations. s not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents s not procured by the facility. prepare, distribute and ince with professional rvice safety. is not met as evidenced n and staff interview the cold salads made with grees Fahrenheit or below at			WillowBrooke Court does and will ensu that foods stored, prepared, distributed and served to residents are in accordar with professional standards for food safety.		
	Findings included: On 07/12/18 11:26 AM, food temperatures started to be taken of foods being served to residents for the lunch meal which was scheduled to be served at 11:30 AM. The potato salad was observed in single serving bowls that were on a tray in the refrigerator, located in the small kitchen service area. The interior temperature of the refrigerator was at 44 degrees Fahrenheit. Dining Staff #1 indicated the potato salad was ready to be served				Potato salad was discarded and not served to residents on 7/12/18. Walk-in Coolers in the Main Kitchen and the Refrigerator in WillowBrooke Court Pan were recalibrated from 40 degrees to 3 degrees. The Blast Chiller which will al be used if needed to chill cold foods ha been serviced with a new keypad and temperatures were verified on 7/24/18.	itry 7 so	
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

07/27/2018

PRINTED: 07/30/2018

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
		B. WING						
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		07/13/2018		
NAME OF PI	ROVIDER OR SUPPLIER			619 LAUREL LAKE DRIVE				
WILLOWBROOKE COURT SC CTR AT TRYON ESTATES				COLUMBUS, NC 28722				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETIO DATE		
F 812	Continued From pag	e 1	F 812	2				
	directly from the refrisiting at tables in the	gerator to the residents e dining room.		On 7/12/18 a freezer was re-located to WillowBrooke Court Pantry to assist with maintenance of food temperature's. Maintenance Staff were re-educated by the Culinary Services Director on 7/12/18 to verify internal temperature's for Walk-in Coolers and Refrigerators. Potentially hazardous foods will be kept in				
	the potato salad whic	ed to take the temperature of ch registered 48 degrees taff #1 stated the potato						
	was interviewed 07/1 indicate a temperatur potato salad prior to	or of Culinary and Nutrition 2/18 02:14 PM. She did not re had been taken of the leaving the main kitchen.		a stainless steel pan or insulat on ice during the complete me and not dished ahead of time. Aide and Diet Aide staff will be re-educated with in-services b	al service Lead Diet y the			
	ready for service, wa The Assistant Director	aware the potato salad, s 48 degree at lunchtime. or of Culinary and Nutrition made with mayonnaise		Nutritional Services Manager of procedure by 8/3/18. The Nutritional Services Mana				
	were to be kept under before they left the king residents. She furthe	er 40 degrees Fahrenheit itchen for delivery to r indicated allowing salads		Registered Dietitian, Lead Die the Administrator will oversee the food temperature's on the	t Aide and and monitor Meal			
	degrees Fahrenheit f	se and egg to rise above 41 for extended periods of time a formation which could dents sick.		Evaluation Form weekly for 4 v bi-weekly thereafter. Random food temperatures will also be by the Lead Diet Aides during	audits of conducted			
	Administrator stated immediately took a n combination unit afte temperature of the po	otato salad. She further		service during the next 4 week WillowBrooke Court dining roc accuracy. Audits will be condu- bi-weekly thereafter until consi compliance is maintained.	om for ucted istent			
		ectation that the food would and if not, it would not be		The Nutritional Services Mana Administrator are responsible on-going compliance of this re and will report audit findings to monthly basis.	for the gulation			

Facility ID: 932926

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