

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3810 HERITAGE DRIVE BURLINGTON, NC 27215
---	--

(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
--------------------	--	---------------	---	----------------------

E 000	Initial Comments An unannounced Recertification survey was conducted on 8/19/19 through 8/21/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID Y11511.	E 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and facility policy review, the facility failed to label and date opened items and discard unlabeled food available for use in the food storage pantry, the reach-in refrigerator and freezer in the kitchen, and in the nourishment refrigerator and freezer. Findings included:	F 812	Observations Based on observations, staff interviews, and facility policy review, the facility failed to label and date opened items and discard unlabeled food available for use in the food storage pantry, the reach-in refrigerator and freezer in the kitchen, and in the nourishment refrigerator and	9/11/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/11/2019
--	-------	-----------------------------

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: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3810 HERITAGE DRIVE BURLINGTON, NC 27215		
(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 812	Continued From page 1 Record review of the facility's policy titled, Food Storage revised on 11/08/18 read in part: All opened food will be stored with the date marked and labeled to ensure safety of the food. During the initial tour of the kitchen on 08/19/19 at 11:35 AM with the Food Service Director, the following items were observed: 1. An observation of the food storage pantry revealed the following: a. A resealable plastic bag that resembled noodles was opened and a date of 06/07/2019 was hand-written on the outside of the bag. No expiration or discard dates were listed on the food item. b. A plastic measuring cup of multi-colored ice cream toppings with no date or label. c. A unsealed bag of coconut with no date or label. d. An opened 1-Liter bottle of Margarita liquid mix with no date. e. A resealable bag that contained an opened bag of chocolate chips and an opened bag of peanuts with no date or label. 2. An observation of the reach-in freezer revealed three resealable bags which contained food items that resembled cookies with no date or label. 3. An observation of the reach-in refrigerator revealed the following: a. A container of blueberries dated 7/7/19 that had a white substance at the bottom of the container with no discard or expiration date.	F 812	freezer. Findings included: Record review of the facility's policy titled, Food Storage revised on 11/08/18 read in part: All opened food will be stored with the date marked and labeled to ensure safety of the food. During the initial tour of the kitchen on 08/19/19 at 11:35 AM with the Food Service Director, the following items were observed: 1. An observation of the food storage pantry revealed the following: a. A resealable plastic bag that resembled noodles was opened and a date of 06/07/2019 was hand-written on the outside of the bag. No expiration or discard dates were listed on the food item. b. A plastic measuring cup of multi-colored ice cream toppings with no date or label. c. A unsealed bag of coconut with no date or label. d. An opened 1-Liter bottle of Margarita liquid mix with no date. Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice: On 8/21/19 an in-service of the dietary department staff was conducted to review proper labeling, dating, and storage of food. The Food Labeling and Dating		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3810 HERITAGE DRIVE BURLINGTON, NC 27215		
(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 812	<p>Continued From page 2</p> <p>b. An opened container of Maraschino cherries dated "6/22" with floating white residue and cloudy liquid. No expiration or discard dates were listed on the food item.</p> <p>4. An observation on 8/19/19 at 1:15 PM of the nourishment reach-in refrigerator with the Dietary Aide revealed the following:</p> <p>a. Four containers of opened low-fat milk with no expiration or discard date.</p> <p>b. An opened bottle of Ensure dated "7/19" with no expiration or discard date.</p> <p>c. An opened container of chocolate syrup with no expiration or discard date.</p> <p>5. An observation on 8/19/19 at 1:15 PM of the nourishment reach-in freezer with the Dietary Aide revealed the following:</p> <p>a. A resealable bag which contained food items that resembled cookies with no date or label.</p> <p>b. An opened container of Black Cherry Ice Cream with no expiration or discard date.</p> <p>c. A partially consumed popsicle with no date or label.</p> <p>An interview with the Food Service Director was conducted on 8/19/19 at 11:40 AM. During this interview he stated all items should be dated, labeled and discarded as needed. The Food Service Director discarded the unlabeled items at the time of this interview.</p> <p>An interview was conducted with the Dietary Aid on 8/19/19 at 1:27 PM. During this interview he stated all items should be dated and labeled at the time of opening. He discarded all unlabeled and undated items at the time of the interview.</p>	F 812	<p>Policy was reviewed and distributed to staff along with the guidelines for dry, refrigerated, and frozen food storage.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur:</p> <p>Dietary staff will be responsible for checking the household refrigerator and freezer, kitchen refrigerator, kitchen freezer, and dry storage weekly to ensure all open food is dated and properly labeled. Dietary staff will also be responsible for discarding food that is not labeled or that is outside the recommended storage window. Nursing staff will be responsible for checking the nourishment refrigerator weekly to ensure all open food items and/or supplements are dated and properly labeled. Nursing staff will also be responsible for discarding food and/or supplements that are outside the recommended storage window.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility:</p> <p>The Food Service Director or Assistant Food Service Director will review the sign off sheets monthly starting in September</p>		

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

PRINTED: 09/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2019
NAME OF PROVIDER OR SUPPLIER TWIN LAKES COMMUNITY MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3810 HERITAGE DRIVE BURLINGTON, NC 27215		
(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 812	Continued From page 3 An interview was conducted with the Administrator and the Director of Nursing on 8/21/19 at 9:39 AM. During this interview they stated that they needed to conduct education with all staff regarding dating and labeling foods to ensure they are stored correctly.	F 812	2019 continuing through March 2019 to ensure compliance. A summary report will be included and reviewed by the Interdisciplinary Team at the quarterly Quality Assurance meetings held in October 2019, January 2020 and April 2020. Corrective Action Date of Completion: 9/11/19 and the Audit process will continue through April 2020.	