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

PRINTED: 02/24/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		245424				С	
		345494	B. WING			02/06/2020	
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
PEAK RES	SOURCES - GASTONIA				780 X-RAY DRIVE		
					ASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
5.000	conducted on 02/03/2 facility was found in c requirement CFR 483 Preparedness. Even	3.73, Emergency t ID# 8HW711.					
F 000	INITIAL COMMENTS		F 000				
F 812	investigation survey withrough 02/06/20. A investigated and none ID# 8HW711.	ertfication and complaint vas conducted on 02/03/20 total of 7 allegations were e were substantiated. Event core/Prepare/Serve-Sanitary	F 8	312			2/21/20
SS=E	CFR(s): 483.60(i)(1)(	· · · · · · · · · · · · · · · · · · ·	'	712			2/2 1/20
	§483.60(i) Food safet The facility must -	y requirements.					
	state or local authoriti (i) This may include for from local producers, and local laws or regul (ii) This provision doe facilities from using p gardens, subject to co safe growing and food (iii) This provision doe	ed satisfactory by federal, es. cod items obtained directly subject to applicable State ulations. cont prohibit or prevent roduce grown in facility compliance with applicable d-handling practices. es not preclude residents					
	§483.60(i)(2) - Store, serve food in accorda standards for food se	s not procured by the facility.  prepare, distribute and ince with professional rvice safety.  is not met as evidenced					
	Based on observatio	ns and facility staff			This Plan of Correction constitutes writ	tten	
LABORATORY	L DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			lTITLE		(X6) DATE

Electronically Signed 02/22/2020

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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.

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		345494 B. WIN					
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		/06/2020	
NAME OF F	NOVIDER OR SUFFLIER						
PEAK RES	SOURCES - GASTONIA			2780 X-RAY DRIVE			
				GASTONIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 812	Continued From page 1		F 81:	2			
	items and remove ex available for resident	failed to label and date food pired milk which were all use stored in 1 of 1 walk-in 1 dry storage areas in the		allegation of compliance for the deficiencies cited. However, subm of this Plan of Correction is not an admission that a deficiency exists Plan of Correction is submitted to requirements established by state federal law.	n . This meet		
	on 02/03/20 at 9:40 A chopped lettuce with was opened, an undated plastic wrap, an whole milk with an extended at the on 02/03/20 at 9:46 A undated bag of spagh noodles. There was either had been open. The Dietary Manager the observations of the dry storage area and opened, undated food discarded them. She without some schedulexcuse why there we expired food found in storage room.	(DM) was present during the walk-in refrigerator and immediately removed the dittems and milk and reported the facility was led staff but there was no re opened, undated and the refrigerator or dry		F-812  1. The half bag of chopped letture no date to indicate when it was open an undated half onion wrapped in plastic wrap, and a half empty gal whole milk with an expiration date 1/27/2020 observed in the facility walk-in refrigerator was discarded immediately by the Dietary Managopened and undated bag of spagl noodles and egg noodles that did have a date to indicate when either been opened were discarded immediately by the Dietary Manager. No resid were adversely affected by the depractice.  2. The Dietary Manager inspect areas of the kitchen and no other was found to be left open or outder food items were properly sealed, I and dated.	clear clon of c of s of ger. The hetti not er had hediately lents eficient  sed all food ated. All		
	02/06/20 at 10:06 AM determine where the stated there was a ne the weekend. The DI in on Monday morning check the storage are	erview with the DM on I, she reported she could not breakdown occurred but w dietary aide working over M stated she typically came gs and would immediately eas for any foods that may been removed or foods that		3. The Dietary Manger in-servic dietary staff on labeling and dating items to include but not limited to opened foods will be stored wraps covered containers, labeled and arrange in a manner to preve contamination, perishable items d	g of food all ped or in dated, nt cross		

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		345494	B. WING			1	06/ <b>2020</b>
NAME OF PROVIDER OR SUPPLIER  PEAK RESOURCES - GASTONIA				STREET ADDRESS, CITY, STATE, ZIP CODE  2780 X-RAY DRIVE  GASTONIA, NC 28054			06/2020
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F 812	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	prior to the expiration date, all pact food items will be kept clean, dry, sealed, labeled and dated. This was completed on 2/9/2020. Any dieta out on leave or on PRN status will educated prior to them returning to Any new hire will be educated on process during orientation.  4. An audit tool was developed a monitor proper labeling and dating items, to include discarding of expitems timely. The audit includes observations to ensure perishable have not expired and proper storage/labeling of all items in the cooler, walk-in cooler, walk-in free storage and all other storage area the kitchen. These audits will be conducted by the Cook/Designee 4 weeks, weekly for four weeks ar monthly for one month. Furthermodietery Manager/Designee will aubiweekly for 4 weeks, weekly for 4 then monthly for one month. The Administrator will audit these resu determine the need for further modiensure compliance with the PO Administrator will report results of audits monthly to the Quality Assuland Performance Improvement Committee.		obernate  completion DATE  completion DATE	