PRINTED: 11/23/2020 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |  | IDENTIFICATION NUMBER   |                     | (2) MULTIPLE CONSTRUCTION  . BUILDING  |   | (X3) DATE SURVEY<br>COMPLETED |                            |
|---|--|---|---------------------|--|---|-------------------------------|----------------------------|
| 34556   |  | 345566  | B. WING             |  |   | C<br>10/27/2020               |                            |
| NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-UNION POINTE |  |   |                     | STREET ADDRESS, CITY, STATE, ZIP COL<br>3510 WEST HIGHWAY 74<br>MONROE, NC 28110 | DE  | 107                           | 2172020                    |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREFIX<br>TAG | ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE                                | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |                               | (X5)<br>COMPLETION<br>DATE |
| E 000   | Initial Comments   |   | EC                  | 000  |   |                               |                            |
| F 000   | was conducted on 10 facility was found in c §483.73 related to E-  | ents for Long Term Care<br>2H1N11.  | FC                  | 000  |   |                               |                            |
| F 812<br>SS=E   | · '  |   | F 8                 | 12   |   |                               | 11/13/20                   |
|   | §483.60(i) Food safet<br>The facility must -<br>§483.60(i)(1) - Procur<br>approved or consider<br>state or local authoriti<br>(i) This may include for<br>from local producers,<br>and local laws or regu<br>(ii) This provision doe<br>facilities from using p<br>gardens, subject to co<br>safe growing and food<br>(iii) This provision doe | re food from sources ed satisfactory by federal, ies. bood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility pompliance with applicable |                     |  |   |                               |                            |
| ARODATORY   | DIDECTOR'S OR DROVINER!  | SLIPPLIER REPRESENTATIVE'S SIGNATURE  |                     | TITI F   |   |                               | (X6) DATE                  |

Electronically Signed 11/10/2020

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:  345566 |  | l ` '  | ` ′                 | LE CONSTRUCTION  | (X3) DATE SURVEY<br>COMPLETED  |  |
|--|--|--|---------------------|--|--|--|
|  |  | B. WING  |                     | C  |  |  |
| NAME OF PROVIDER OR SUPPLIER   |  |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE  | 10/27/2020   |  |
|  |  |  |                     | 3510 WEST HIGHWAY 74   |  |  |
| PRUITTHE   | EALTH-UNION POINTE   |  |                     | MONROE, NC 28110   |  |  |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP   | D BE COMPLETION  |  |
| F 812  | F 812 Continued From page 1  |  | F 812               | 2  |  |  |
|  | serve food in accorda standards for food se This REQUIREMENT by: Based on a breakfas staff interviews, the faserve 5 of 10 foods (spatties, French toast, eggs) at a temperatur Fahrenheit to prevent bacteria. These foods residents on the 400 The findings included  On 10/26/20 a continubreakfast tray line occ 8:22 AM in the 500-h staff #1 (DS #1) was the breakfast meal. The French toast were pans on the steam tastored in a plastic pacair and stored on the Each steam table well maximum setting of 7 warmer) was observe and used for the tray and felt warm to touch heated holding cabine French toast) but was DS #1 conducted terrad M of foods being se | foo(i)(2) - Store, prepare, distribute and food in accordance with professional ards for food service safety. REQUIREMENT is not met as evidenced at on a breakfast tray line observation and atterviews, the facility failed to maintain and 5 of 10 foods (scrambled eggs, sausage 5, French toast, chopped sausage, and fried at a temperature of at least 135 degrees wheit to prevent the potential growth of itia. These foods were plated and served to onts on the 400 and 500 halls.  Indings included:  Indings i |                     | The center, prior to knowledge of th concern, had contacted a vendor to the well of this steam table. Though surveyor noted the food temp out of range, she allowed the food to be pland distributed. During her exit with administrator, she stated not one resvoiced a concern regarding the food temperature., On 11/2/2020 the note of the steam table was repaired. The table was noted in good repair on 11/3/2020 and 11/6/2020.  On 11/05/2020, all dietary staff were in-serviced, by the registered dieticiathe importance of holding and servin food at proper temperatures. Follow the in-service, an observation illustrastaff holding and serving food at and above proper temperatures.  To ensure ongoing compliance the registered dietician or administer will observe 3 meals per week for 2 weemeals for 2 week and then PRN. The results of these audits will determine center needs increased monitoring of additional training.  The results of the audits will be revieted to the registered of the audits will be revieted to the results of the re | repair the ated the sident ed well ee an, on eg ving ated l ks, 2 ee e if the or |  |
|  | degrees Fahrenheit (   | peratures less than 135<br>F) for 5 food items. DS #1<br>0/26/20 at 7:45 AM and  |                     | by the Quality Assurance Committee next scheduled meeting.   | at its   |  |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | (X2) MULTIPLI<br>A. BUILDING   | E CONSTRUCTION      | (X3) DATE SURVEY COMPLETED   |                 |  |
|---|--|--|---------------------|--|-----------------|--|
|   |  | 345566   | B. WING             |  | C<br>10/27/2020 |  |
| NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-UNION POINTE   |  |  | ;                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>8510 WEST HIGHWAY 74<br>MONROE, NC 28110                            | ·               |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC  | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE COMPLETION |  |
| F 812   | stated the breakfast obtained were good. fried eggs using frest temperature monitoring foods at 7:45 AM for 500 halls that were it less than 135 degree placed on an open diresidents on the 400 temperatures of food breakfast tray line at were obtained by DS - Scrambled eggs (pain the steam table), - Sausage patties (hedgrees F - French toast (held it unplugged), 131 deg - Chopped sausage of 116 degrees F - Fried eggs (shelled table), 119 degrees F - Fried eggs (shelled table), 120 degrees F - Fried egg | food temperatures she She stated she prepared the in shelled eggs. After ing, DS #1 continued plating residents on the 400 and identified with temperatures is F. These trays were relivery cart for delivery to and 500 halls. The following s being served from the resident liquid eggs, held re | F 812               | Date of Compliance 11/13/2020  |                 |  |

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|---|---|---|--|--|------------------------------|----------------------------|
|   |   |   |  |  |                              |                            |
|   |   | 345566  | B. WING _  |  |                              | 10/27/2020                 |
| NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-UNION POINTE |   | •   | STREET ADDRESS, CITY, STATE, ZIP COD<br>3510 WEST HIGHWAY 74<br>MONROE, NC 28110 | E  |                              |                            |
| (X4) ID<br>PREFIX<br>TAG                                | (EACH DEFICIENC   | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)     | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | N SHOULD BE                  | (X5)<br>COMPLETION<br>DATE |
| F 812   | stated DS #1 had be months and that she another cook for abo stated DS #1 was tratemperatures and to during cooking, at comeal service and at stated cooks were trateleast 145 degrees the last 3 weeks a fe (100, 200, 300, 400, regarding receiving cafter these complaint to ensure foods were timely, conduct food to maintain all food to maintain all food to maintain all food to maintain all food to meal/delivery service currently used open trash bags for meal denclosed insulated of the request of the sufficient to have stated that it was set stated that he recent steam table wells did just removed the diaday so that the well to used until it was repaired until it was repaired.  An interview with DS 9:23 AM. During the worked as the morni | en a cook for the past 4<br>trained for this role with<br>out 2 weeks. The RD/IDM           | F  | 312  |                              |                            |

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| NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-UNION POINTE   |   |  |                            | STREET ADDRESS, CITY, STATE, ZIP CODE  3510 WEST HIGHWAY 74  MONROE, NC 28110                                | 10/21/2020                    |  |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC   | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | _D BE COMPLETION              |  |
| F 812   | in the main kitchen to degrees F for hot ho plugged in the heate reached the 500-hall explain why she did She stated hot foods temperature of at least 135 the meal service. Do obtained food temped degrees F during the morning, she should reheated the foods to before continuing the the steam table was was not aware that of she used to store howorking.  The Administrator was 3:00 PM of these die had been informed be table well went out led inner meal. He furth working on getting it heated holding cabir the buffet kitchen if it store/maintain hot for | Iding cabinet was turned on a temperature of 160 Iding. She stated she usually dholding cabinet when she buffet kitchen but could not not plug it in that morning. It were cooked to a last 165 degrees F and should degrees F for the duration of a #1 stated when she ratures less than 135 It breakfast meal tray line that have stopped the line and to at least 165 degrees F It tray line. DS #1 also stated typically set to 6, but that she one of the steam table wells at foods that morning was not the steam that the steam last night (10/25/20) during the ner stated that he was repaired. He stated that the last should be plugged in at a twee being used to ods. He further stated that he in-serviced on maintaining | F 81                       | 2  |                               |  |