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

PRINTED: 11/08/2021 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		
		345571	B. WING			C	
NAME OF PROVIDER OR SUPPLIER			1	- 5	STREET ADDRESS, CITY, STATE, ZIP CODE	10/	/08/2021
BRADLEY CREEK HEALTH CENTER			740 DIAMOND SHOALS ROAD		740 DIAMOND SHOALS ROAD		
DIVADLET	OKEEK HEAEIN GENTI		WILMINGTON, NC 28403		WILMINGTON, NC 28403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
F 000	to conduct a Recertifi Investigation survey. 10/04/21-10/07/21. A obtained offsite on 10 date was 10/08/21. T compliance with the r	The survey team was onsite Additional information was 0/08/21. Therefore, the exit The facility was found in requirement CFR 483.73, iness. Event ID# ON9Y11.	F	000			
F 812 SS=E	Recertification and Control Additional information 10/08/21. Therefore, 0 of the 14 complaint substantiated. Event Food Procurement, St	conduct an unannounced omplaint Investigation. In was obtained offsite on the exit date was 10/08/21. Illegations were ID# ON9Y11. Itore/Prepare/Serve-Sanitary	F 8	812			10/22/21
	§483.60(i) Food safet The facility must -	ty requirements.					
	state or local authoriti (i) This may include for from local producers, and local laws or regulii) This provision does facilities from using plandens, subject to consume and food (iii) This provision does from consuming food	ed satisfactory by federal, ies. cood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility compliance with applicable d-handling practices. es not preclude residents s not procured by the facility.					
4000/		prepare, distribute and			TITLE		(VO) DATE
Laboratory i	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

Electronically Signed

Facility ID: 130064

10/21/2021

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	345571		B. WING			C 10/08/2021	
NAME OF PROVIDER OR SUPPLIER BRADLEY CREEK HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP CODI 740 DIAMOND SHOALS ROAD WILMINGTON, NC 28403		10/00/2021	
(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 SHOULD		(X5) COMPLETION DATE	
F 812	Continued From page 1		F 8	12			
	standards for food se This REQUIREMENT by: Based on observatio	is not met as evidenced ns and staff interviews the		This plan of correction is sub			
	facility failed to: 1) maintain broccoli at 135 degrees Fahrenheit (F.) or higher on the lunch meal tray line, and 2) maintain chicken salad, at 41 (F.) or below on the lunch meal tray line. Both			required under State and/or F The submission of this Plan of does not constitute an admiss part of the Community as to the	f Correction sion on the ne accuracy		
	of these items could be potentially hazardous if not served at the appropriate temperatures.			of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Control of the contr		,	
	The findings include:			does not constitute an admiss findings constitute a deficienc	y or that the		
	10/04/21 at 12:15 PM stainless-steel serving serving line (with the Temperature monitori at 12:30 PM revealed	the lunch meal tray line on revealed a large g tray of broccoli on the warming tray's switch off). ng, by the Chef on 10/04/21 the following temperatures: F. and chicken salad 53		scope and severity regarding deficiency cited are correctly a changes to the Community's procedures should be conside subsequent remedial measure concept is employed in Rule 4 Federal Rules of Evidence, costate rules of civil procedure a be inadmissible in any procee	applied. Any policies and ered es as that 407 of the orresponding and should	1	
	at 12:35 PM, he state staff to serve hot food and cold foods 41 de temperatures of hot fo F. or cold foods were the food items should prior to serving. He vi	of the Chef on 10/04/21/21 d that he expected dietary les 135 degrees F. or higher, grees F. or below. and if bood were below 135-degree higher than 41-degree F., be discarded or re-heated sually confirmed that the e broccoli was not turned		basis. The Community submits of Correction with the intention inadmissible by any third party or criminal action against the cortany employee, agent, office attorney, or shareholder of the or affiliated companies.	n that it be y in any civil Community er, directory,		
	on, which resulted in the tray line to 80 dec chicken salad should	prees F. He also stated the have been kept cool below or to serving and was not.		F812 Food Procurement, Store/Prepare/Serve-Sanitary	rrective		
	_	rith the cook in the satellite t 12:45 PM she revealed		action has been accomplished The broccoli and chicken sala vessels in question were disca	d serving		

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(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 when she took the temperatures of the food being served from the kitchens' tray line, they had to have hot food temperatures 135 degrees F. or higher, and the cold foods needed to be 35 degrees F. or colder. Cook said the kitchen staff should have checked both the broccoli and the chicken salad's temperatures to ensure all hot food items were above 135 degrees F. and that all cold foods were below 41 degrees F. before serving them on the lunch tray line. During an interview with the Director of Dietary Services on 10/07/21 at 8:52 AM, he revealed hot food temperatures were required to be at least 135 degrees F., and cold food temperatures were required to be below 41 degrees F. when served from the tray line. During an interview with the Administrator and Director of Nursing (DON) on 10/07/21 at 4:30 PM, they both reported it was their expectation the facility's kitchens follow all regulatory guidelines for food and kitchen sanitation safety		F	ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROF		hed ece e vere	