PRINTED: 04/21/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							-C
NAME OF P	ROVIDER OR SUPPLIER	345163	B. WING _		EET ADDRESS, CITY, STATE, ZIP CODE	04/	16/2025
GLENBRIDGE HEALTH AND REHABILTATION				211 MILTON BROWN HEIRS ROAD BOONE, NC 28607			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F	000			
F 801 SS=C	conducted on 04/01/2 Additional information 04/03/25, 04/04/25, a exit date was change F551, F584, F641, F F686, F695, F761, F corrected as of 04/10 cited. New tags were complaint investigation	n was obtained offsite on and 04/16/25. Therefore, the ed to 04/16/25. Tags F550, 644, F656, F658, F677, 804 and F842 were 6/25. Repeat tags were e also cited as a result of the on survey that was ne time as the revisit. The ompliance. Event #CJM512.	F 8	301			
	appropriate compete out the functions of the taking into considera individual plans of ca and diagnoses of the	ploy sufficient staff with the ncies and skills sets to carry ne food and nutrition service, tion resident assessments, are and the number, acuity a facility's resident population ne facility assessment					
	full-time, part-time, o qualified dietitian or o nutrition professional (i) Holds a bachelor's a regionally accredite United States (or an with completion of the a program in nutrition	trition professional either r on a consultant basis. A other clinically qualified					
LABORATORY	I DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATU	RE		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.

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		345163	B. WING			R-C	
NAME OF P	ROVIDER OR SUPPLIER	343103	B. W(0	STREET ADDRESS, CITY, STATE,		4/16/2025	
GLENBRIDGE HEALTH AND REHABILTATION				211 MILTON BROWN HEIRS RO BOONE, NC 28607			
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F 801	professional.  (iii) Is licensed or cenutrition professional services are perform provide for licensure will be deemed to have or she is recognized the Commission on successor organizar requirements of parthis section.  (iv) For dietitians hir November 28, 2016 no later than 5 years as required by state \$483.60(a)(2) If a qualified memployed full-time, person to serve as the nutrition services.  (i) The director of formust at a minimum qualifications-  (A) A certified dietar (B) A certified food service managemer certifying body; or D) Has an associate service managemer course study included.	burpose. It least 900 hours of practice under the istered dietitian or nutrition or all by the State in which the ned. In a State that does not a cor certification, the individual ave met this requirement if he as a "registered dietitian" by Dietetic Registration or its ion, or meets the agraphs (a)(1)(i) and (ii) of ed or contracted with prior to meets these requirements after November 28, 2016 or law.  Lalified dietitian or other utrition professional is not the facility must designate a he director of food and nutrition services meet one of the following	F	801			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345163	B. WING		R-C <b>04/16/2025</b>	
NAME OF PROVIDER OR SUPPLIER  GLENBRIDGE HEALTH AND REHABILITATION			:	STREET ADDRESS, CITY, STATE, ZIP CODE 211 MILTON BROWN HEIRS ROAD BOONE, NC 28607	04/10/2023	
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F 801	position of director in a nursing facility course of study in f by no later than Octopics integral to mincluding, but not lis sanitation procedur purchasing/receivir (ii) In States that has food service managmeets State require managers or dietar (iii) Receives frequire from a qualified die qualified nutrition p This REQUIREMEI by:  Based on staff integrated and director of that met the minimula affected 108 of 111  Findings included:  On 04/01/2025 at 15 Supervisor was integrited and thave any of dietary manager or certification for food safety, an associated	years of experience in the of food and nutrition services setting and has completed a food safety and management, stober 1, 2023, that includes anaging dietary operations mited to, foodborne illness, res, and food ag; and ave established standards for gers or dietary managers, ements for food service y managers, and ently scheduled consultations titian or other clinically rofessional.  NT is not met as evidenced erviews, the facility failed to of food and nutrition services um qualifications, and it	F 801	,		
	Food and Nutrition setting. The Assista that he did have a d and call if needed. at this facility in this	e in the position of Director of Services in a nursing facility ant Dietary Supervisor stated dietician that he could consult He revealed that he had been skitchen for a little over six to left for a while and then came				

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F 801	Manager at a sister stated that she was and a Certified Foo stated that she was help the Assistant II having any regular facility Assistant Dicall her if needed. So recently resigned howith the company of the Assistant Dicall her if needed to have a cert stated they had hirst that was supposed was unable to start to a family emerger her position the we in the meantime, and their sister facility had least once a week assist their Assistant Administrator stated Dietician they consineeded.  A telephone interview of the Assistant Administrator stated Dietician they consineeded.  A telephone interview of the Assistant Administrator stated Dietician they consineeded.	1:56 AM, an interim Dietary facility was interviewed and a Certified Dietary Manager d Protection Professional. She at the facility once weekly to Dietary Supervisor. She denied scheduled meetings with the etary Supervisor, but he could She added that she had er position and her last day would be 4/16/25.  Iterview on 04/04/2025 at 12:40 he was aware of the facility's iffied Dietary Manager. She ed a certified Dietary Manager to have started on 3/25/25 but her position on that date due her her and was scheduled to start ek of 4/07/2025. She revealed in interim Dietary Manager from ad been coming to their facility ek to oversee the kitchen and ant Dietary Supervisor. The diethey also had a Registered culted with and could call if	F 80			
	Dietary Manager th process of complet	b offer to another certified is past week and were in the ing a criminal background and check. She revealed as long				

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F 812 SS=E	new certified Dietary start her position next The Administrator start interim Dietary Manage would continue comin once a week to overstheir Assistant Dietary Registered Dietician of consultation if needed Food Procurement, St CFR(s): 483.60(i)(1)(2) \$483.60(i) Food safet The facility must - \$483.60(i)(1) - Procur approved or consider state or local authoriti (i) This may include for from local producers, and local laws or regular (ii) This provision doe facilities from using progradens, subject to consider state or local producers, and local laws or regular (iii) This provision doe facilities from using progradens, subject to consider standards from consuming foods \$483.60(i)(2) - Store, serve food in accordant standards for food set This REQUIREMENT by:  Based on observation facility failed to remove	round and dietary eared, they were hoping the Manager would be able to week or the following week. ted in the meantime, an ger from their sister facility ag to their facility at least ee the kitchen and assist of Supervisor and their would also be available for d. ore/Prepare/Serve-Sanitary 2)  y requirements.  re food from sources ed satisfactory by federal, es. od 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 nce with professional		801			

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F 812	The findings includ  During the initial to from 10:45 AM to 1 the Assistant Dieta cooler revealed the a plastic container 3/28/2025 that was breasts with seaso a plastic container 3/27/2025 that was soup that had start a plastic container 3/26/2025 that was a metal tray of seve sealed with aluming	s practice had the potential to to residents.  ed:  ur of the kitchen on 4/01/25 1:00 am an observation with ry Supervisor of the walk-in of following:  sealed with plastic wrap dated one quarter full of chicken ning dated 3/28/25 sealed with plastic wrap dated on half full of chicken noodle ed to separate sealed with plastic wrap dated of half full of creamed corner tuna salad sandwiches um wrap with no date pologna sandwiches sealed	F 81	2				
	4/01/25 at 11:15 AI walk-in cooler that food items not date food storage was n sealed, labeled, an and discard date. I should be checked basis and any expidiscarded. He indicitems discarded.  An interview with the 4/01/25 at 12:00 PI	ary Supervisor observed on M the food stored inside of the were expired and perishable d. He revealed the process for naking sure all foods were d dated with an opened date le verbalized all food dates by all dietary staff on a regular red foods should be properly eated she would have the food  me interim Dietary Manager on M revealed all food items abeled, and dated when being						

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F 812	stored. She stated sl on a regular basis ar not sealed, labeled, immediately.  An interview with the 12:40 PM revealed a educated on food sto	hould be checking food items and discard any items that are dated, or have expired  Administrator on 4/04/25 at all dietary staff had been brage. She stated all food ealed, dated, and expired	F8	12			