

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENAIRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4000 GLENAIRE CIRCLE CARY, NC 27511</b>		
(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 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and review of facility records, the facility failed to 1) ensure foods were sealed after opening, 2) label and date food items when opened and stored in the freezer and refrigerator, 3) maintain the paper storage area in a clean and sanitary condition, and 4) remove splatter from a mayonnaise jar. This was evident in 2 of 2 observations of the kitchen.</p> <p>Findings included:</p> <p>The facility has a procedure titled " Procedures for Label and Dating foods " dated 9/2010 that read in part: All foods that have been opened must be labeled and must include the name of the food and the date by which it should be eaten or thrown away.</p> <p>1. Observation of the kitchen on 6/30/14 at 9:50 am with dining service coordinator (DSC) and production manager (PM) revealed the following:</p> <p>A. In the product cooler:</p>	F 371	<p>All items that had not been properly labeled and dated were discarded on 7/2/14. A new policy and procedure was implemented for food storage, dating and labeling. It includes a system wherein all food storage areas will be checked twice a day by the lead production staff for proper storage, dating and labeling of food. This will be documented. All food production staff members have been in-serviced. Compliance will be monitored by a food service supervisor on a daily basis for one month, then three times a week for one month, and then twice a week ongoing. This will be documented. Compliance data will be reviewed at the Glenaire monthly quality assurance committee meeting for at least three months. These corrections were in place as of 7/21/14.</p> <p>The paper goods storage area was immediately scrubbed on 7/2/14 and all items found to be improperly stored were</p>	7/21/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/21/2014

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:  <b>345445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENAIRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4000 GLENAIRE CIRCLE CARY, NC 27511</b>		
(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 371	<p>Continued From page 1</p> <p>A ½ full 5(five) pound bag of shredded carrots previously opened was not sealed and not dated. A 128 (one hundred twenty eight) fluid ounce container of Creole mustard was half used. There was no date when opened. The use by date was 6/17/14.</p> <p>A container of cottage cheese was opened and not dated.</p> <p>An 11 (eleven) pound container of parmesan grated cheese had been previously opened, not sealed and dated 5/16/2014.</p> <p>A brown substance was wrapped in plastic wrap and not labeled. Interview with the PM at the time of the observation revealed the contents in the wrapper was a 1(one) pound portion of Bacon Bits.</p> <p>There was a 16 (sixteen) ounce container of previously prepared crème in a pastry bag. The product was not labeled or dated. Interview during the observation with the PM confirmed the contents of the pastry bag.</p> <p>B. In the meat cooler</p> <p>There was a previously opened (one) 1 gallon container of sweet and sour sauce that was not dated. Although the use by date was October 14, 2014 the bottle was half empty and noted with a black substance on the inside portion of the container and inside part of the lid.</p> <p>A " Stir fry " container was half empty and not dated.</p> <p>There was a 1 (one) gallon container of horseradish that was previously opened with ¼ (one quarter) gallon left. This container was not dated when opened.</p> <p>A container of mayonnaise had splattered clumps of mayonnaise on the outside of the container.</p> <p>C. In the freezer section</p>	F 371	discarded. A new policy and procedure was implemented wherein a housekeeping or dietary employee will conduct a cleaning of this closet on a daily basis and the kitchen supervisor will inspect the closet for cleanliness and proper storage daily. This will be documented. The production manager, director of dining services or a designee will check for compliance three times a week for 3 months and then at least once a week after that. Compliance data will be reviewed at the Glenaire monthly quality assurance committee meeting for at least three months. These corrections were in place as of 7/21/14.		

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

PRINTED: 07/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENAIRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4000 GLENAIRE CIRCLE CARY, NC 27511</b>		
(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 371	<p>Continued From page 2</p> <p>There was a ¼ (one quarter) case of thin sliced steak that was not sealed. Nor was the container dated when opened.</p> <p>There was ¼ (one quarter) pound container of meat not in the original container. This container was not labeled or dated. The PM during the observation revealed the contents in container was sausage crumbs.</p> <p>There was a 2-1/2 (two and one half) pound bag of curly seasoned fries which ½ (one half) noted left in a plastic container and not sealed.</p> <p>There was a container of a green substance that was not dated nor labeled. Interview with the PM during the observation indicated the green substance was identified as pesto.</p> <p>There were appropriately 108 (one hundred and eight) frozen biscuits unsealed.</p> <p>During the initial kitchen observation DSC removed the above observed items.</p> <p>D. In the outside dessert freezer</p> <p>There was a 5 (five) pound container of pre-cut frozen (coconut) cookie dough that was stored in a plastic bag that was not sealed.</p> <p>There was a 5 (five) pound container of pre-cut frozen cookie (macadamia nut) dough that was stored in a plastic bag and was not sealed. Frost was noted on the cookies.</p> <p>There were 2 (two) containers of pre-cut chocolate chip cookies. These 1 (one) pound and 1 ¼ (one and one quarter) pound containers were unsealed.</p> <p>There was an opened box of pre-cut sugar cookies that were not sealed. The sugar cookies appeared dry.</p> <p>There was a 2 (two) pound sheet of previously baked brownies with one row used. The item was not dated.</p> <p>There were 3(three) pre-cut chocolate chip</p>	F 371			

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

PRINTED: 07/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENAIRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4000 GLENAIRE CIRCLE CARY, NC 27511</b>		
(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 371	<p>Continued From page 3</p> <p>cookie dough formed together lying directly on the freezer shelf and not covered.</p> <p>2. Second observations on 7/2/14 at 8:15 am of the produce cooler, meat cooler, dessert freezer and freezer revealed the 2 (two)pound sheet of previously baked brownies remained unchanged. The other food items were labeled and dated 6/30/14 as being the date opened. An interview with the DSC at the time of the observation revealed no explanation of why all the food items identified on 6/30/14 were now dated 6/30/14.</p> <p>Interview on 7/1/14 at 2:02 pm with dietary aide (DA) #1 revealed opened food items should be labeled and dated when opened.</p> <p>Interview on 7/1/14 at 2:10 pm with DA #2 revealed opened food items should be labeled and dated when opened.</p> <p>3. A. Observation of the paper goods storage area located on the outside landing of the kitchen on 6/30/14 at 9:50 am with DSC and PM revealed:</p> <ul style="list-style-type: none"> <li>· Racks of paper supplies (plastic ware, plates, cups etc.) in plastic sleeves that were not close and exposed to the air.</li> </ul> <p>The floor was dirty with dried foot prints. There was an accumulation of cobwebs, dust and dirt under the shelves and in the corners of the room and walls.</p> <p>B. A second observation of the outside paper goods area on 7/2/14 at 8:20 am with the DSC revealed the accumulation of dirt, cobwebs and dust remained. The black foot prints remained on the floor. Further observation revealed 5 (five) green shelves disassembled, 1</p>	F 371			

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

PRINTED: 07/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENAIRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4000 GLENAIRE CIRCLE CARY, NC 27511</b>		
(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 371	<p>Continued From page 4</p> <p>(one) serving tray, 2 (two) holding containers, 3 (three) gray colored beverage containers, a broken glass light cover which had an accumulation of dirt and dust on the surfaces. There was a box of straws and box of coffee filters stored directly on the dirty floor. At the time of the observation an inquiry was made about what was behind the green shelves. Utility aide (UA) #1 removed the green shelves. Observations once the shelves removed revealed an accumulation of dust and dirt in the corners of the floor. There was also 24 (twenty four) cup lids noted to be directly on the floor with balls of dust on them.</p> <p>Interview on 7/2/14 at 8:25 am with UA #1 revealed it was the responsibility of the utility aides to clean the paper storage area twice a week and he could not remember the last time it was clean.</p> <p>Interview on 7/2/14 at 8:45 am with the director of dining services (DDS), DSC, and administrator was held. The DDS indicated he expected all opened food items to be dated and labeled when opened. The DDS and PM indicated there was an expectation for the paper storage area to be cleaned twice a week. The administrator indicated that all food items were expected to be dated and labeled when opened. Further interview with the administrator revealed the paper goods storage area should be dust free and clean. The PM indicated that the dietary department has a " GI cleaning " (referring to an army style cleaning) schedule that indicated twice a week cleaning of the outside back area which included the location of the paper goods storage area.</p>	F 371			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENAIRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4000 GLENAIRE CIRCLE CARY, NC 27511</b>		
(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 372 F 372 SS=E	Continued From page 5 483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY  The facility must dispose of garbage and refuse properly.  This REQUIREMENT is not met as evidenced by: Based on observations, facility record review and staff interviews, the facility failed to create an environment in the dumpster area free of conditions that might contribute to the growth and infestation of pests and rodents for 1 of 3 dumpsters. The findings included:  The facility has " Utilities Cleaning Duties Tuesday & Thursday AM &PM " revealed in part: " 4. Mop and scrub loading dock and outside area daily. Hose down and clean trash dumpster and dumpster area daily. "  On 6/30/14 at 10:30 am observation with (PM) production manager revealed there was garbage miscellaneous refuse such as paper, cigarette butt behind and on the sides of the 2nd dumpster. According to the PM revealed dietary staff and housekeeping staff are responsible for cleaning the area around the dumpster. The PM also indicated the waste company that picks up the garbage will also clean around the dumpster. A second observation of the dumpster areas on 7/2/14 at 8:20 am with the dining service coordinator (DSC) was conducted. There was still the accumulation of trash, paper and a cigarette butt on the sides and behind the 2nd dumpster. Interview at the time of the observation with DSC revealed the dumpster was	F 372 F 372	The loading dock and dumpster area was immediately cleaned on 7/2/14. A new policy and procedure was implemented wherein a housekeeping or dietary employee will be assigned to do a general cleaning of the loading dock and dumpster area daily. This will be documented. A dining supervisor will inspect these areas for compliance upon completion of daily cleaning and this will be documented. The production manager, director of dining services or a designee will check for compliance on a weekly basis and will document this. Compliance data will be reviewed at the Glenaire monthly quality assurance committee meeting for at least three months. These corrections have been completed as of 7/21/14.	7/21/14	

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

PRINTED: 07/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GLENAIRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4000 GLENAIRE CIRCLE CARY, NC 27511</b>		
(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 372	Continued From page 6 emptied on 7/1/14. Interview on 7/2/14 at 8:45 am with director of dining services, DSC, and the administrator was held. The director of dining services indicated that the dumpsters are also used by the maintenance department and there was joint responsible for cleaning with the maintenance department. The administrator indicated her expectation was the dumpster area should be cleaned as needed. The PM joined the interview. The PM indicated that the dietary department has a " GI cleaning " schedule that indicated twice a week cleaning of the outside back area where the dumpsters was located. Interview on 7/2/14 at 3:45 pm with the facility director for maintenance and housekeeping revealed the kitchen staff was responsible for cleaning around the dumpster on Tuesdays and housekeeping was responsible for cleaning on Thursdays. Further interview revealed the dumpster area had not been cleaned by his staff this week (referring to 6/30/14 week).	F 372			