STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345394	A. BUILDING _____ B. WING _____	04/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOK STONE LIVING CENTER	8990 HIGHWAY 17 SOUTH POLLOCKSVILLE, NC 28573

(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	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain kitchen equipment in a clean and sanitary condition by failing to clean one of two kitchen fans that was observed dirty. The findings included: During a follow up kitchen visit with the Certified Dietary Manager (CDM) on 4/5/16 at 8:49 AM a small portable fan was observed on the end of the dish machine drying shelf. The face of the fan cage was observed to have dark gray dust balls 1/8 inch diameter. The fan was observed to be on and blowing towards the clean, wet dishes that were pulled from the dish machine. In an interview with the CDM on 4/5/16 at 8:52 AM he stated that the fans were not on any cleaning schedule that staff cleaned on an as needed basis. The CDM then removed the fan from the kitchen. In an interview with the Administrator on 4/7/16 at 11:48 AM she stated that she expected the kitchen staff to remove the fan and be In-serviced immediately.	F 371	1) Re-inservice all dietary staff on having fan on line 2) Clean all fans on Wednesday on 2nd shift 3) Dietary manager to monitor and keep weekly record 4) Evaluate compliance through monthly QA x 3months	4/18/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/18/2016