

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

PRINTED: 06/15/2022  
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>05/19/2022</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
E 000	Initial Comments  An unannounced recertification survey was conducted on 05/16/22 through 05/19/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 05T711.	E 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to date leftover and thawing food items and cover food in 1 of 1 kitchen walk-in refrigerator and failed to discard expired resident food in a nourishment room refrigerator (Central Hall). This had the potential to affect food served to residents.	F 812	This plan of correction submitted as required under federal and state law. The provider's submission of this Plan of Correction does not constitute any admission on the part of the provider that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is	6/9/22

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

TITLE

(X6) DATE

Electronically Signed

06/12/2022

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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F 812	<p>Continued From page 1</p> <p>Findings included:</p> <p>1. A tour was conducted of the facility kitchen on 5/16/22 at 11:15 AM with the executive chef. An observation of the walk-in refrigerator revealed a container of pepperoni with no label with date opened and an open plastic wrap cover, a container of pimento cheese with no label or date, a large container of cut melon with no label or date, a container of hard-boiled eggs with no label or date, two boxes of thawing chicken on the bottom shelf open to air with no label with date. During an interview on 5/16/22 at 11:25 AM, the Executive Chef revealed all foods in the walk-in and reach in refrigerators should have a label with the date opened and should be covered.</p> <p>An observation of the kitchen walk-in refrigerator on 5/18/22 at 9:50 AM, revealed a large container of cut eggplant with no label of date opened and a large container of cut parsnips with no label or date.</p> <p>2. A tour conducted on 5/16/22 at 11:40 AM of the Central hall nourishment room refrigerator revealed a lidded plastic container containing pie with a resident's name and dated 5/4, a plastic bag of sugar snap peas with a resident's name and dated 5/5, and a sealed yogurt with manufacturer's expiration date 4/30/22.</p> <p>During an interview on 5/16/22 at 11:45 AM, Nurse Aid (NA) #1 indicated the food brought in from home should have been thrown away after 2-3 days. The yogurt should have been discarded by the manufacturer's expiration date.</p> <p>During an interview on 5/17/22 at 9:55 AM, the Certified Dietary Manager revealed food and</p>	F 812	<p>correct. Because the provider makes no such admissions, the statements made in this plan of correction cannot be used against the provider in any subsequent administrative or civil proceedings.</p> <p>1) May 16, 2022, the executive chef, discarded food items in the facility walk in refrigerator: a container of pepperoni, open plastic wrap cover and no label and date; container of pimento cheese, no label and date; container of cut melon, no label and date; container of hard-boiled eggs, no label and date; two boxes of thawing chicken open to air, no label and date.</p> <p>May 16, 2022, the nursing staff, discarded food items in central household nourishment room refrigerator: pie in a lidded plastic container with a resident's name and dated May 4, 2022; a bag of sugar snap peas with a resident name dated May 5, 2022 and a sealed yogurt with a manufacturing expiration date April 30, 2022.</p> <p>May 18, 2022 the executive chef, discarded food items in the facility walk in refrigerator: a container of cut eggplant and cut parsnips with no label and date.</p> <p>2) All residents receiving meal services have the potential to be affected by the deficient practice.</p> <p>3) On May 18, 2022, re-education was initiated for dietary staff of the facility kitchen as well as food and nutrition</p>		

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F 812	<p>Continued From page 2</p> <p>nutrition employees were responsible for maintaining nourishment room refrigerators and discarding food by use-by date. Food brought in from home should be used within 3 days and then discarded. She indicated food and nutrition checks the refrigerators every day.</p> <p>During an interview on 5/19/22 at 10:10 AM, the Administrator revealed that food brought in from home should be label with the resident's name and the date it was brought in. The food should be used within 3 days. Food and nutrition employees and nursing employees were responsible for maintaining the nourishment room refrigerators.</p>	F 812	<p>employees of the households/halls on proper label and date standards for food; re-education on storing food properly and discarding food items ready for use by the use by date. This re-education was completed June 9, 2022 by the Director of Dining Service, Certified Dietary Manager and designee. After June 9, 2022 dietary staff will not be allowed to work until re-education is completed. This education will be part of the orientation process for newly hired dietary, food and nutrition employees.</p> <p>4) Director of Dining Service, Certified Dietary Manager and/or designee will perform audits three times per week x four weeks, two times per week x two months. The Director of Dining Service, Certified Dietary Manager and/or designee will utilize a monitoring tool named "Dietary facility kitchen and nourishment room refrigerator monitoring tool" to document findings for proper label and date standards for food, storing food properly and discarding food items ready for use by the use by date.</p> <p>5) The results of this audit will be brought to and reviewed by the Associate Director and Certified Dietary Manager to the quarterly Quality Assessment Performance Improvement Committee Meeting. Any issues or trends identified will be addressed by the Quality Assurance Performing Improvement Committee as they arise, and the plan will be revised to ensure continued compliance.</p>		

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F 812	Continued From page 3	F 812	6) Corrective action completion date: 6/9/2022		