

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>345281</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/08/2026</b>
NAME OF PROVIDER OR SUPPLIER <b>Stanly Manor</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 Bethany Church Road , Albemarle, North Carolina, 28001</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
E0000	Initial Comments  An unannounced recertification and complaint investigation survey was conducted on 01/05/26 through 01/08/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 1DFD87-H1.	E0000		01/15/2026
F0000	INITIAL COMMENTS  A recertification and complaint investigation survey was conducted from 01/05/26 through 01/08/26. Event ID# 1DFD87-H1. The following intakes were investigated 2590660, 2601925, 888864, 888850, and 888861.  8 of the 8 complaint allegations were not substantiated.	F0000		01/15/2026
F0812 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.	F0812	Corrective Action Taken for Residents Affected  There were no identified individual resident(s) related to this deficient practice.  The open, undated carton of liquid eggs was immediately labeled and placed under proper storage procedures on 1/5/2026.  The expired potato salad dated 12/25/2025 was discarded by the Dietary Manager on 1/5/2026.  The expired and undated white chocolate chips were discarded upon discovery on 1/5/2026.  The improperly stored frozen hashbrowns and open frozen bread under the compressor were discarded on 1/5/2026.  Corrective Action to Identify and Address Other Residents Who May Be Affected  A full audit of all dry storage, walk in refrigerator, and walk in freezer items was conducted on 1/6/2026 to	01/22/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0812 SS = E	<p>Continued from page 1</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to label and date open containers of food and discard expired food items in 1 of 1 walk-in cooler, and secure open food containers in the freezer, and prevent the freezer compressor from dripping condensation directly into open boxes stored under the compressor in 1 of 1 freezer.</p> <p>The findings included:</p> <p>a. The kitchen was toured on 1/5/26 with the Dietary Manager at 10:22 AM. During the observation, the walk-in cooler was observed to have an open container of liquid eggs. The container did not have a date when it was opened. The Dietary Manager reported that the eggs were used at breakfast on 1/5/26 and the cook should have labeled the open container. A container of open potato salad dated open on 12/25/25 was noted on the shelf of the walk-in cooler. The Dietary Manager reported that the potato salad was expired and should have been discarded. The Dietary Manager discarded the potato salad. During the observation of the walk-in cooler, an open bag of white chocolate chips was noted in an open plastic bag inside a box. Neither the box nor the bag were labeled with an open date. The Dietary Manager explained that the white chocolate chips were used during the holidays and were expired and should be discarded. The Dietary Manager could not recall exactly when the white chocolate chips were opened and reported the box should have been labeled.</p> <p>Cook #1 was interviewed on 1/5/26 at 10:28 AM and she reported she had opened the liquid eggs for breakfast this date and should have labeled the carton but forgot. Cook #1 reported she did not know anything about the white chocolate chips.</p> <p>b. The walk-in freezer was observed on 1/5/26 at 10:30 AM. During the observation it was noted that frozen hashbrowns were in an open box without a date and the bag containing the hashbrowns inside the box was open to air. An open box of bagged frozen bread was sitting under the freezer compressor. The box had frozen liquid on the top of the box, the box was open and the bread inside of a plastic bag was open to air. The Dietary Manager reported he was not aware the compressor was dripping onto the boxes and the bags with the frozen food should have been closed.</p> <p>A follow-up interview was conducted with the Dietary Manager on 1/8/26 at 10:10 AM. The Dietary Manager</p>	F0812	<p>Continued from page 1</p> <p>ensure all food items were properly dated, labeled, sealed, and within expiration parameters.</p> <p>Any improperly labeled or expired food items identified during the audit were immediately discarded.</p> <p>No additional concerns were identified from the audit conducted on 1/6/2026.</p> <p>Systemic Changes to Prevent Recurrence</p> <p>All dietary staff re educated on 1/7/2026 and a meeting was held on 1/12/2026 by the Dietary Manager on facility policy regarding:</p> <p>Proper labeling and dating of all opened food items</p> <p>Proper sealing and storage procedures for refrigerated and frozen items</p> <p>Procedures for discarding expired or compromised foods</p> <p>A revised Food Storage and Labeling Policy implemented on 1/8/2026 to include: Mandatory labeling at the moment a product is opened.</p> <p>Clear "discard by" timeframes for all perishable items; Requirements to store all items in sealed containers to prevent air exposure</p> <p>Maintenance was notified on 1/5/2026 and the freezer compressor leak was repaired on 1/6/2026 to prevent contamination of stored food.</p> <p>Monitoring / Quality Assurance</p> <p>The Dietary Manager or supervisor will conduct inspections of the walk in refrigerator, walk in freezer, and dry storage for proper labeling, dating, sealing, and storage 3 times a week beginning 1/12/2026 for four weeks.</p>	

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F0812 SS = E	<p>Continued from page 2 reported he typically checked the freezer and walk-in cooler daily for expired foods, but he had not been able to do that task on 1/5/26 before the tour of the kitchen. The Dietary Manager reported he expected dietary staff to label open foods, secure the food in bags, and discard expired food.</p> <p>The Administrator was interviewed on 1/8/26 at 11:17 AM. The Administrator reported the kitchen had monthly inspections and they had not observed any issues with open food labels or food open to air. The Administrator reported she was not aware the freezer compressor was dripping on boxes stored under the compressor and she expected a work order to be completed. The Administrator reported the Dietary Manager had returned from vacation on 1/5/26 and had not had the opportunity to check the freezer and the walk-in cooler before the tour of the kitchen. The Administrator reported she expected the dietary staff to label open food, discard expired food, and secure open food in bags.</p>	F0812	<p>Continued from page 2 After the initial four weeks, monitoring will occur weekly for eight additional weeks.</p> <p>Any non compliance identified during audits will be addressed immediately with staff.</p> <p>The Dietary Manager is responsible to obtain and maintain compliance.</p> <p>Results of audits will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee.</p>	