PRINTED: 12/15/2016 FORM APPROVED OMB NO. 0938-0391

		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345241	B. WING			C 12/01/2016		
NAME OF PROVIDER OR SUPPLIER			1		FREET ADDRESS, CITY, STATE, ZIP CODE	12	/01/2016	
NAME OF PROVIDER OR SUPPLIER								
BRIAN CE	NTER HEALTH & REHAI	B/EDEN			26 N OAKLAND AVENUE DEN, NC 27288			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  No deficiencies were cited as a result of the		F	000	Brian Center Health and Rehabilitation/Eden acknowledge	es		
		on survey of 12/1/16. Event		TO LABORATE PROPERTY OF THE PARTY OF THE PAR	receipt of the Statement of Deficiencies and purpose of this F			
F 371 SS=D	483.60(i)(1)-(3) FOO[	·	F:	371	of Correction to the extent that the summary of findings is factually correct in order to maintain			
		rom sources approved or ry by federal, state or local			compliance with applicable rules a provisions of quality of care of residents. The Plan of Correction			
		ood items obtained directly subject to applicable State ılations.			submitted as written allegation of compliance.	F		
	(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.				Preparation and submission of thi Plan of Correction is in response t the CMS 2567 form the survey conducted on November 28 – Dec 2016. Brian Center Health and	0		
		es not preclude residents s not procured by the facility.			Rehabilitation/ Eden's response to Statement of Deficiencies and Pla Correction does not denote			
	(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.				agreement with the Statement of Deficiencies nor does it constitute admission that any deficiency is			
	foods brought to reside visitors to ensure safe handling, and consun This REQUIREMENT by:	is not met as evidenced			accurate. Furthermore, the Brian Center Health and Rehabilitation/reserves the right to refute any deficiency on the Statement of Deficiencies through Informal Disp Resolution, formal appeal and/or			
	Based on observations, staff interviews and record reviews, the facility failed to remove rotten produce from fresh produce; label and date frozen food; failed to clean and remove trash from the floor of 2 of 2 refrigerators and 1 of 1				other administrative or legal procedures.		(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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 5GNV11

Facility ID: 922997

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345241	B. WING _		l	C 01/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 12/	01/2010	
BRIAN CE	NTER HEALTH & REHA	B/EDEN		226 N OAKLAND AVENUE EDEN, NC 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 371	to clean steam table 3 compartment plate serving tray cart and storage room. The findings included 1. During a kitchen the following items w refrigerator:  a. During an obser AM, 1 opened contai unsealed wilted and I the stalks; ½ box of compartment of the brown lettuce and ½ tomatoes were mixed buring an interview of Dietary Manager (DM for staff to seal and reproduce from fresh pour produce from fresh pour an obser AM, 1 box of open unulabeled/undated linguisealed box of corn During an interview of DM stated the expectabel and date all foo placement in the free c. During an obser AM, the floor of the revolume of spilled me foods, lettuce, loose	an 2 of 2 ovens; facility failed and shelves; failed to clean warmer; failed to clean discard expired bread in dry  I: tour on 11/28/16 at 9:10 AM, ere observed in the vation on 11/28/16 at 9:10 her of celery stalks that was had brown spots throughout box of spoiled and rotten with fresh produce.  In 11/28/16 at 9:10 AM, the semove all spoiled/rotten roduce  vation on 11/28/16 at 9:10 her of celery stalks that was had brown spots throughout box of spoiled and rotten with fresh produce.  In 11/28/16 at 9:10 AM, the semove all spoiled/rotten roduce  vation on 11/28/16 at 9:10 her of celery stalks that was emove all spoiled/rotten roduce.	F3	1. Proper Food Storage bein and cleaning schedule in noted items were disposed cleaning completed 12/0  2. All residents have the poseffected. In-Service staff food handling and storage frozen, cold and dry food manger is completing dail inspect and ensure that all in the freezer, refrigerator storage are stored and labe properly. Manager will the on Food Storage Checklis staff on cleaning procedure floor. In-Service Staff on Cleaning including cleaning areas, plate warmer, plate bin, and steam table. In on completing and signing Weekly cleaning schedule.	place. All ed of and 11/2016  tential to be f on proper e including . Dietary ly rounds to I food stored r, and dry eled nen sign off t. In-Service re for walk-in Daily ng all surface e and bowl Service staff g off on		
		on 11/28/16 at 9:10 AM, the expected to clean sweep out					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
	345241 B. WING			C 42/04/2046			
NAME OF PROVIDER OR SUPPLIER  BRIAN CENTER HEALTH & REHAB/EDEN			ST 22	TREET ADDRESS, CITY, STATE, ZIP CODE 26 N OAKLAND AVENUE DEN, NC 27288	1 12/	01/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	í	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 the refrigerator and freezer floors each shift using the kitchen checklist and clean wipe down the refrigerator daily to ensure there were no leftover spills.  2. During an observation on 11/28/16 at 9:10AM, the following items were observed on the kitchen equipment:  a. During an observation on 11/28/16 at 9:10 AM, oven 1 and 2 had a large volume of dried food, liquids and grease build up inside and out. There were large amount of brown and black matter encrusted on oven shelves, handles and doors of the ovens.  During an interview on 11/28/16 at 9:10 AM, the DM stated the cooks were responsible for deep cleaning the ovens monthly and routine cleaning on the weekends in accordance to the kitchen cleaning checklist. The DM confirmed through observation and review of the cleaning checklist the ovens had not been cleaned according to monthly and routine schedule.  b. During an observation on 11/28/16 at 9:10 AM, the steam table had large volumes of dried black and brown matter encrusted in the edges of the table, leftover food in standing water.  During an interview on 11/28/16 at 9:10 AM, the DM stated the cooks were responsible for ensuring the steam table was thoroughly cleaned from top to bottom before each meal was placed in the steamer slots.		F	371	<ol> <li>The manager will check the preday on the schedule and ensure cleaning projects have been completed. The manager will t document that the cleaning has completed and signed off on. Manager to ensure staff are completing daily and weekly cleassignments due to dirty refrige floor, build up in ovens, build usteam tables, debris in plate was 4. Administrator or designee to complete daily Kitchen Audits 5 week for 4 weeks, then weekly thereafter to ensure compliance. Results of audits to be brought the monthly Quality Assurance. Performance Improvement Committee with the QAPI Committee with the QAPI Committee with the QAPI Committee of Compliance of Compliance</li></ol>	hen s been eaning erator p on armer.  S X e. before and mittee liance.	

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F 371	371 Continued From page 3		F 3	71			
F 3/1			F 3				
	11:35AM, the steam there was food floati	oservation on 11/30/16 at table had not been clean and ng in standing water. The h cooked food that was in the					

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F 371	floating in the water a dried food and liquids had the dried food, lic and edges where the placed.  During an interview of Cook I stated the cooresponsible for ensurchecklist was done do dietary aides. The consteam table had not be food was place on an addition, it was the consteam table had not be food was place on an addition, it was the consteam table had not be seen completed on the should label, date, seen spoiled/rotten as it was refrigerator and/or free During a follow-up interview of the two we several tasks were responsibility of the Exponsibility of the Expons	team table with the food and the encrusted edges of a The serving tray cart still quids and crumbs on shelves surface of the trays were  In 11/30/16 at 11:38 AM, aks on each shift were ing that the kitchen cleaning ally and checking behind the ok acknowledged that the open cleaned and the fresh a unclean steam table. In book 's responsible to clean ach shift. The cooked checklist and identified at for two weeks that had not be designated shift. Staff and food and discard as used prior to putting in the electric prior to pu	F3	371			

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F 371	to ensure the aides well, cleaning and wi all kitchen equipmen checklist for two wee she had not docume completed the assign During an interview of Dietary Aide stated the staff was to label and any expired or spoile down all kitchen equi	as the cook 's responsibility were completing their task as iping down refrigerators and t. Cook II reviewed the eks and acknowledged that inted whether she had ned task on the checklist. On 11/30/16 at 3:55PM, the ne expectation for kitchen didate all food items, discarded items, clean and wipe ipment in accordance to the or to the end of the shift.	F	371			