

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/13/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526
--	---

(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	E 000		
{F 000}	An onsite revisit was conducted on 9/13/22. Tag E1.03 0001 was corrected as of 9/13/22. INITIAL COMMENTS	{F 000}		
{F 812} SS=E	<p>An onsite revisit was conducted on 9/13/22. Tags F 814 and F 888 were corrected as of 9/13/22 A repeat tag (F 812) was cited. The facility is still out of compliance.</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§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 observation and staff interview the facility failed to assure there were not unlabeled or expired food items stored for use in two (a side by side refrigerator and a refrigerated truck being used temporarily for storage of food items) of two</p>	{F 812}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(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.

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

PRINTED: 09/16/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/13/2022
NAME OF PROVIDER OR SUPPLIER WINDSOR POINT CONTINUING CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1221 BROAD STREET FUQUAY VARINA, NC 27526		
(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 812}	<p>Continued From page 1</p> <p>refrigerators. This practice had the potential to affect food served to residents. The findings included.</p> <p>On 9/13/22 beginning at 9:48 AM observations were made in the kitchen revealing the following. The floor was being replaced in the walk- in refrigerator at the time of the observation. The Dietary Manager stated her staff were using a refrigerated, stationary truck located outside the kitchen door and also a smaller side by side refrigerator within the kitchen to store food items. In the side by side refrigerator there was a container of cooked spinach which was not labeled and dated. The Dietary Manager reported the spinach had been served the previous evening and the leftover container should have been labeled and dated before being stored. In the refrigerated truck there was a bag of cheese sauce which was dated 8/31/22. The Dietary Manager stated items should be discarded after 7 days and the cheese sauce should not have been in the refrigerator. According to the Dietary Manager it was her responsibility to assure her staff labeled items and discarded items when past the date, and she was not sure why the spinach and the cheese sauce had been overlooked.</p> <p>An interview with a dietary cook on 9/13/22 at 3:50 PM revealed he would never use food that was dated more than five to six days old. It would be discarded.</p> <p>An interview with a dietary aide on 9/13/22 at 3:55 PM revealed she would never use food if it was a week old. It would be discarded.</p>	{F 812}			