

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE COUNTRY DAY ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 COUNTRY DAY ROAD</b> <b>GOLDSBORO, NC 27530</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) COMPLETE DATE
D 000	Initial Comments	D 000		
D 282	<p>10A NCAC 13F .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes:</p> <p>(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the reach in-cooler, walk-in cooler, walk-in freezer, shelves, fans, cereal dispenser, floors and walls were cleaned in the kitchen.</p> <p>The findings are:</p> <p>Observation of the kitchen floor on 5/12/15 at 10:30 a.m. revealed the floor was dirty with food particles in multiple areas including around the food preparation station, stove, entry/exit doors, food storage closet and under sink areas.</p> <p>Observation of the walk-in cooler and walk-in freezer located in the kitchen on 5/12/15 at 10:55 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The outside of the cooler had a broken door handle.</li> <li>-The seal on the walk-in cooler door was moldy and ripped.</li> <li>-The shelves in the walk-in cooler had black mold-like substance on each shelf.</li> <li>-The freezer door failed to close.</li> <li>-The cooler floor and freezer floor were sticky.</li> </ul>	D 282		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE COUNTRY DAY ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 COUNTRY DAY ROAD</b> <b>GOLDSBORO, NC 27530</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) COMPLETE DATE
D 282	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-The right side of the freezer floor under the bottom shelf had a frozen mound of a green substance.</li> <li>-The left side of the freezer floor under the bottom shelf had several frozen peas and carrot pieces.</li> </ul> <p>Observation of the ice machine located in the kitchen at on 5/12/15 at 11:10 revealed:</p> <ul style="list-style-type: none"> <li>-The ice machine had frosting-like substance on the inside lid.</li> <li>- The ice machine stainless steel exterior was detached from the machine on the right side.</li> <li>- The ice machine had multiple greasy hand prints on the exterior.</li> </ul> <p>Observation of the can opener attached to a prep table on 5/12/15 at 11:15 revealed tar-like scum around the can opener and the can opener holder.</p> <p>Observation of the ceiling over the can opener at on 5/12/15 at 11:19 a.m. revealed three orange one-inch round spots resembling a splattered food substance.</p> <p>Observation of the kitchen ceiling mounted fans on 5/12/15 at 11:30 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-A fan over the sink by exit door was heavily coated in dust and directed at the food preparation area.</li> <li>-Another fan over a counter by dishwasher was heavily coated in dust and directed toward the food serving area.</li> </ul> <p>Observation of a kitchen shelf below the dishwasher on 5/12/15 at 11:35 a.m. revealed the shelf had a white powdery residue and was dusty.</p> <p>Interview with dietary aide on 5/12/15 at 11:45 a.m. revealed:</p>	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE COUNTRY DAY ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 COUNTRY DAY ROAD</b> <b>GOLDSBORO, NC 27530</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) COMPLETE DATE
D 282	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-The freezer is supposed to be cleaned before each weekly food delivery.</li> <li>-Kitchen staff are supposed to mop floors and walls after each meal.</li> <li>-Surface areas are to be wiped down every shift.</li> <li>-The walk-in cooler racks do not have a cleaning schedule.</li> </ul> <p>Interview with the maintenance man on 5/12/15 at 4:00 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-He was not made aware of the broken walk-in cooler door handle.</li> <li>-He was unaware of the ice-machine needing repair.</li> <li>-He was aware of the ceiling mounted fans being dusty.</li> <li>-He was unaware of the inner-freezer door not being able to close.</li> <li>-He was unaware of the moldy cooler door seal needing replacement.</li> <li>-He stated that he was short staffed this week.</li> <li>-Dietary staff should report to him when things needed to be repaired in the kitchen.</li> </ul> <p>Observation of the kitchen floors on 5/12/15 at 4:15 p.m. revealed the floor had food particles in multiple areas including around the food preparation station, stove, entry/exit doors, food storage closet and under sink areas.</p> <p>Observation of the kitchen on 5/13/15 at 9:30 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The freezer door handle was repaired.</li> <li>-The ice machine panel was repaired.</li> <li>-The fans were dusty.</li> <li>-The floors had food particles in multiple areas including around the food preparation station, stove, entry/exit doors, storage closet and under sink areas.</li> </ul>	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE COUNTRY DAY ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 COUNTRY DAY ROAD</b> <b>GOLDSBORO, NC 27530</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) COMPLETE DATE
D 282	<p>Continued From page 3</p> <p>Observation of the cereal dispenser located in the dining room on 5/14/15 at 7:45 a.m. revealed the dispenser had a food-like substance on the exterior on all sides.</p> <p>Interview with the administrator on 5/14/15 at 11:22 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-The kitchen should be cleaned regularly after each meal including floors and walls.</li> <li>-The freezer should be mopped twice weekly prior to deliveries or after a spill.</li> <li>-He has a new kitchen manager who began last week who will delegate cleaning schedules.</li> <li>-There are cleaning schedules but they have not been adhered to since recent change in management.</li> <li>-The facility is one maintenance man short due to illness.</li> <li>-Facility currently has only one maintenance man.</li> </ul> <p>Interview with the dietary supervisor on 5/14/15 at 12:50 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-She had been in her role officially for one week.</li> <li>-She is aware of the inconsistency of the floor and wall cleanliness.</li> <li>-She said that she knew to contact maintenance when anything in the kitchen is in need of repair.</li> <li>-She said all kitchen staff should wipe down walls and floors regularly after each meal.</li> <li>-She stated that the can opener is put in the dishwasher daily.</li> <li>-She stated that the walk-in cooler is swept every Tuesday and Friday before food deliveries.</li> <li>-She stated that she was unaware when the walk-in cooler shelves were last cleaned.</li> <li>-She stated that maintenance cleans the ceilings.</li> </ul>	D 282		
D 298	10A NCAC 13F .0904(d)(2) Nutrition And Food Service	D 298		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE COUNTRY DAY ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 COUNTRY DAY ROAD</b> <b>GOLDSBORO, NC 27530</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) COMPLETE DATE
D 298	<p>Continued From page 4</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure residents were offered snacks three times daily.</p> <p>Interview with the Administrator on 5/12/15 at 9:50 a.m. revealed snacks were offered twice daily (10 a.m., between 2:00 p.m. and 2:30 p.m.)</p> <p>Further interview with the Administrator on 5/14/15 at 11:22 a.m. revealed snacks are offered at 10:00 a.m., between 2:00 p.m. and 2:30 p.m. and between 7:00 p.m. to 8:00 p.m.</p> <p>Interview with the Dietary Supervisor on 5/12/15 at 10:15 a.m. revealed: -Snacks are offered at 10:00 a.m., 2:00 p.m. and at 7:00 p.m. The diabetics received an extra snack at 12:00 a.m. -Dietary prepare the snacks and the personal care aides (PCAs) pass out the snacks. -She was expecting a truck food delivery on 5/12/15.</p> <p>Observation of snacks in the pantry on 5/12/15 at 10:55 a.m. revealed canned fruit cocktail and peaches.</p> <p>Review of the snack menu dated 5/12/15 revealed:</p>	D 298		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE COUNTRY DAY ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 COUNTRY DAY ROAD</b> <b>GOLDSBORO, NC 27530</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) COMPLETE DATE
D 298	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-The residents were to receive ¾ cup fruit yogurt, ½ cup fruit cocktail and assorted crackers and cheese.</li> <li>-The menu did not include the time the snack was to be served.</li> </ul> <p>Interview with a resident on 5/12/15 at 2:15 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Staff put snacks in the hallway.</li> <li>-Snacks are only offered between lunch and dinner. Snacks were last offered on 5/11/15.</li> <li>-The resident picked up snacks when needed.</li> <li>-The resident did not have a problem with the snacks.</li> </ul> <p>Interview with a second resident on 5/12/15 at 2:32 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Snacks are not offered daily.</li> <li>-The resident could not remember when the snacks were last offered.</li> <li>-The resident did not have a problem with the snacks.</li> </ul> <p>Interview with a third resident on 5/12/15 at 2:58 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The facility did not offer snacks.</li> <li>-Snacks were offered when the resident first moved into the facility. The facility stopped offering snacks in the beginning of 2015.</li> <li>-The resident is a diabetic and had purchased personal snacks. The resident may eat popcorn and cookies.</li> <li>-The resident was not hungry between meals.</li> </ul> <p>Interview with a fourth resident on 5/13/15 at 10:50 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-Snacks were offered on 5/12/15.</li> <li>-Snacks are not offered often in the afternoon.</li> <li>-Snacks are only offered once daily between lunch and dinner. Sometimes fruit is offered as a</li> </ul>	D 298		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE COUNTRY DAY ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 COUNTRY DAY ROAD</b> <b>GOLDSBORO, NC 27530</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) COMPLETE DATE
D 298	<p>Continued From page 6</p> <p>snack.</p> <p>-The resident was not a diabetic and the resident did not have a problem with the snacks.</p> <p>Interview with a fifth resident on 5/13/15 at 10:58 a.m. revealed:</p> <p>-Snacks are not offered too often.</p> <p>-The resident last had a snack "a while ago."</p> <p>-Staff does not come by the resident's room to offer a snack.</p> <p>-The resident was a diabetic and was not hungry between meals.</p> <p>-If the resident wanted a snack, the resident had personal snacks in the room.</p> <p>Interview with a PCA on 5/13/15 at 11:53 a.m. revealed:</p> <p>-Snacks are sometimes offered between breakfast and lunch.</p> <p>-Snacks are offered at 2:00 p.m. with an activity.</p> <p>-Sometimes residents are offered snacks between breakfast and lunch and were last offered the week of May 3-9, 2015.</p> <p>-If a resident requested a snack, staff would give the resident a snack.</p> <p>-Most of the time the residents have bananas for snacks.</p> <p>-The PCAs go to each resident's room to offer a snack.</p> <p>-Most of the diabetics have their own snack. If they need a snack, they will request it.</p> <p>Review of the snack menu dated 5/14/15 revealed:</p> <p>-The residents were to receive ¾ cup fruit yogurt, ½ cup pears and 1 cup of assorted cold cereal and milk.</p> <p>-The menu did not included the time the snack was to be served.</p>	D 298		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL096026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE COUNTRY DAY ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>380 COUNTRY DAY ROAD</b> <b>GOLDSBORO, NC 27530</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) COMPLETE DATE
D 298	<p>Continued From page 7</p> <p>Interview with a Medication Aide (MA) on 5/14/15 at 11:10 a.m. revealed;</p> <ul style="list-style-type: none"> <li>-Snacks are mainly offered after lunch between 1:30 p.m. to 2:00 p.m.</li> <li>-The MA was unsure if snacks were offered to residents in the a.m. without the resident's request.</li> <li>-The diabetics received sugar free jello, graham crackers, sherbet and fruit cocktail for snacks.</li> <li>-Staff go by each resident's room to offer snacks to residents when needed.</li> </ul> <p>Interview with the Administrator on 5/14/15 at 11:22 a.m. revealed:</p> <ul style="list-style-type: none"> <li>-Dietary prepare the snacks and the PCAs pass out the snacks.</li> <li>-The PCAs should go to each resident's room to offer snacks to residents.</li> <li>-The Administrator was not aware snacks had not been offered to residents three times daily.</li> </ul> <p>Interview with the Dietary Supervisor on 5/14/15 at 12:50 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-On 5/13/15 for the 10:00 a.m. snacks, she prepared fruit cocktail.</li> <li>-She prepared crackers, corn chips, cookies and water for the 10:00 a.m. snack on 5/14/15.</li> </ul> <p>Observation on 5/12/15 between 2:00 p.m. to 3:00 p.m., on 5/13/15 at 10:00 a.m. and on 5/14/15 at 10:00 a.m. revealed no snacks were offered to residents.</p>	D 298		