

PRINTED: 11/24/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL043027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/30/2015
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NAME OF PROVIDER OR SUPPLIER GREEN LEAF CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2041 NC 210 NORTH LILLINGTON, NC 27546
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(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
C 000	Initial Comments Report of a Biennial Survey by Billy S. Bryant and Greg Cates conducted on 10/30/2015. Records indicate this facility was first licensed on 07/01/1992. The facility is currently licensed for 105 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 (1992 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000	<i>See attached</i>	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. The facility failed to have available for review and maintained on site current (within the calendar year) kitchen sanitation inspections reports. This requirement is to ensure that the facility is inspected on a regular basis by the regulatory authority to ensure compliance with sanitation requirements. Failure to do so could effect all occupants if it was determined that sanitation standards were not met. Finding on 10/29/2015: a. The facility has not had a current sanitation inspection (within the calendar year) for the	C 111		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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C 111	Continued From page 1 building or the kitchen. 2. The facility failed to have available for review and maintained on site current (within the calendar year) the fire official's inspections reports. This requirement is to ensure that the facility is inspected on a regular basis by the regulatory authority to ensure compliance with fire safety/life safety requirements. Failure to do so could effect all occupants if it was determined that fire safety/life safety standards were not met. Finding on 10/29/2015: a. The facility has not had a current (within the calendar year) fire official's inspection report.	C 111		
C 158	Laundry Facilities SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (I) The requirements for laundry facilities are: (1) Laundry facilities shall be large enough to accommodate washers, dryers, and ironing equipment or work tables; (2) These facilities shall be located where soiled linens will not be carried through the kitchen, dining, clean linen storage, living rooms or recreational areas; and This Rule is not met as evidenced by: 1. The facility failed to keep soiled linens separate from clean linen. Failure to keep soiled linens and clothing separated from clean linens and clothing could effect the occupants of the facility by having clean linens contaminated by soiled linens or clothing. Finding on 10/30/2015:	C 158	<i>See attached</i>	

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C 158	Continued From page 2 a. Soiled linens and clothing had been transferred into the laundry room while clean linens and clothing were still temporarily stored in the laundry room.	C 158		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the storage of oxygen bottles was not maintained in a manner that kept the facility free from hazards. Oxygen bottles that are not stored in an oxygen bottle rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility. Finding on 10/30/2015: a. There were oxygen bottles stored in the room without restraints or other means to prevent them from falling or being knocked over. Note: Corrected while surveyor was on site.	C 166	<i>See attached</i>	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult	C 189		

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C 189	<p>Continued From page 3</p> <p>care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation there is a failure to maintain the facility's fire safety systems as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps and openings in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>Findings on 10/30/2015</p> <p>a. Community Bath - There is a gap in the fire resistant rated ceiling at the fire sprinkler head escutcheon.</p> <p>b. Employee Lounge - There is a gap in the fire resistant rated ceiling at the fire sprinkler head escutcheon.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors that do not completely close and latch. Doors are required to completely close and latch in the event of a fire in order to resist the passage of smoke or the spread of fire. All the occupants in the facility could be effected if doors do not latch and remain closed so as to limit the spread of smoke or fire to the area of origin.</p>	C 189	<p><i>See attached</i></p>	

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C 189	<p>Continued From page 4</p> <p>Findings on 10/30/2015:</p> <p>a. "D" Hall, Room D-3 - Door is dragging on the floor impeding its ability to be closed.</p> <p>b. "B" Hall, Room B-11 - The door from the room to the corridor did not completely close and latch.</p> <p>c. "A" & "B" Hall - The cross corridor fire resistant rated doors did not completely close and latch when released from their magnetic hold open devices.</p> <p>3. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were permitted to be blocked open or held open with unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin.</p> <p>Finding on 10/30/2015:</p> <p>a. There was a pattern of wedges placed under doors so the doors would remain in an open position.</p> <p>4. Based on observation there is a failure to install and maintain plumbing piping in a safe condition. Failure to maintain or install plumbing piping in a safe condition could effect all occupants of the facility if because of the unsafe condition the domestic water supply became contaminated.</p> <p>Finding on 10/30/2015:</p> <p>a. The ice maker drain is resting on the floor drain and does not have a minimum 2" gap between the discharge point of the drain pipe and the floor drain.</p>	C 189	<i>see attached</i>	

C111 Fire Marshall completed the inspection 11/9/15. See attached. Facility had quarterly inspection on 08/12/15 (see attached). An additional inspection was completed on 12/3/15. Executive Director or designee will ensure that kitchen is inspected as required by regulations. Our Annual Building Sanitation Inspection is scheduled for 12/16/2015. This will be maintained in a notebook available for review by the Executive Director or designee.

C158 Facility will utilize the soiled linen closets to house soiled linen and laundry until all clean linen and laundry is removed from laundry room to avoid cross contamination. Executive Director or designee will ensure that all clean and soiled laundry is kept separately. Completion date 12/7/2015.

C189 1a. In community bath, the gap in the fire resistant ceiling will be filled in with an approved fire rated foam to ensure no gaps or openings. Executive Director, Maintenance Director or Designee will ensure that there are no gaps or openings in the ceiling by completing monthly sprinkler inspections. Completion date 12/7/2015.

C189 1b. Employee lounge, the gap in the fire resistant ceiling will be filled in with an approved fire rated foam to ensure no gaps or openings. Executive Director, Maintenance Director or Designee will ensure that there are no gaps or openings in the ceiling. Completion date 12/7/2015.

C189 2a. Room D3 bottom of door will be shaved and/or adjusted to ensure proper closing. Executive Director, Maintenance Director or Designee will ensure that no door is impeded from its ability to be closed. Completion date 12/7/2015.

C189 2b. Room B11 door will be adjusted in order to properly close and latch. Executive Director, Maintenance Director or Designee will ensure that no door is impeded from its ability to be closed. Completion date 12/7/2015.

C189 2c. A & B Hall cross corridor fire resistant doors have been adjusted and close completely when released from their magnetic hold. Executive Director, Maintenance Director or Designee will ensure that fire doors properly close. Completion date 12/9/2015.

C189 3a. Effective 12/7/2015 Door wedges will no longer be used. If needed, proper magnetic door holders will be installed. Maintenance Director or designee will ensure that this is being done.

C189 4a. Ice maker drain has a minimum 2" gap between the discharge point of the drain pipe and the floor drain. Completion date 12/7/2015.

FIRE AND BUILDING SAFETY INSPECTION REPORT

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

INSTITUTIONAL BUILDING

☒ CHILD CARING INSTITUTION MATERNITY HOME HOME FOR THE AGED

NAME OF FACILITY: Green Leaf Care Center ADMINISTRATOR: Ms. Heidi Keys

STREET ADDRESS: 2041 North Highway 210

CITY: Lillington STATE: N.C. ZIP: 27546 PHONE: 910-893-8181

TYPE OF POPULATION ADMITTED: Ambulatory/Elderly AGE RANGE OF POPULATION: 35-100

TYPE OF CONSTRUCTION: Type V Wood Frame NUMBER OF STORIES: 1

TYPE OF HEATING SYSTEM: Electric Units LOCATION: Individual Rooms

NUMBER OF U/L APPROVED FIRE EXTINGUISHERS: 15 PROPERLY LOCATED: YES NO PROPERLY MAINTAINED: YES NO

PROPER TYPE FIRE EXTINGUISHERS: YES NO PERSONNEL FAMILIAR WITH USE: YES NO

SMOKE DETECTION SYSTEM: YES NO U/L APPROVED: YES NO MAINTENANCE CONTRACT: YES NO

MANUAL FIRE ALARM: YES NO TYPE: Pull Stations IN WORKING ORDER: YES NO

EVACUATION PLAN POSTED: YES NO FIRE DRILLS: YES NO HOW OFTEN: Quarterly/Each Shift

NUMBER OF APPROVED TYPE FIRE ESCAPES: 13 PROPERLY LIGHTED: YES NO SPRINKLER SYSTEM: YES NO

FIRE RATING OF WALLS AND PARTITIONS: 3/1 Hour CEILING: 1/Hour FURNACE ROOM WALLS AND CEILING: N/A

INTERIOR STAIRWELLS INCLOSED: YES NO EXIT DOORS SWING OUT: YES NO

DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE: YES NO U/L EMERGENCY LIGHTING IN CORRIDORS: YES NO

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: Generator CONDITION: Tested/Maintained

CONDITION OF BASEMENT: N/A USE: N/A

CONDITION OF ATTIC: Good USE: N/A

CONDITION OF BUILDING: SATISFACTORY UNSATISFACTORY

TYPES OF HAZARDS (please check those which apply)

HEATING

- Defective Furnace
- Defective Flue
- Defective Smoke Pipe
- Unsatisfactory Storage of Ashes
- Portable Heaters Used

ELECTRICAL

- Defective Fixtures
- Defective Wiring
- Defective Fuses
- Defective Lighting in Stairways and Halls

EXITS

- Halls Blocked
- Exits Blocked
- Unsatisfactory Fire Exits
- Storage on Escapes
- Inadequate Exit Lighting

MISCELLANEOUS

- Rubbish and Trash
- Unsatisfactory Fire Extinguishers
- Improper Storage and Use of Flammable Materials
- Defective Water Heater
- Storage of Mower and Garden Tractor
- Unsupervised Smoking of Residents

LOCATION OF HAZARDS FOUND: None Noted at Time of Inspection

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY: All Previous Violations Have Been Repaired

INSPECTOR: Harold C. Flowers, Jr. / Harold C. Flowers TITLE: Deputy Fire Marshal

ADDRESS: P.O. Box 370 Lillington, N.C. 27546 DATE OF INSPECTION: 11/09/2015

THIS FIRE INSPECTION IS VALID UNTIL (DATE): 11/09/2016

Food Establishment Inspection Report

Score: 98.5

Establishment Name: GREEN LEAF CARE CENTER

Establishment ID: 5043160019

Location Address: 2041 NC 210 NORTH

Inspection Re-Inspection

City: LILLINGTON

State: NC

Date: 6/8/12/2015 Status Code: A

Zip: 27546

County: 43 Harnett

Time In: 10:26 am Time Out: am

Permittee: SABER HEALTH CARE GROUP

Total Time:

Telephone: (910) 893-8181

Category #: IV

Wastewater system: Municipal/Community On-Site System

FDA Establishment Type:

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations:

Foodborne Illness Risk Factors and Public Health Interventions									
Risk factors: Conditions, foods that increase the chance of developing foodborne illness									
Public Health Interventions: Control measures to prevent foodborne illness or injury									
IR	OUT	NA	NG	Compliance Status	OUT	NA	NG	R	IR
Supervision 2652									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present, Demonstration, Certification by accredited program and perform duties	<input type="checkbox"/>				
Employee Health 2652									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge, responsibilities & reporting	<input type="checkbox"/>				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	<input type="checkbox"/>				
Good Hygienic Practices 2652, 2655									
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	<input type="checkbox"/>				
Preventing Contamination by Hands 2652, 2653, 2655, 2656									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	<input type="checkbox"/>				
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	<input type="checkbox"/>				
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	<input type="checkbox"/>				
Approved Source 2653, 2655									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	<input type="checkbox"/>				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available, shellstock tags, parasite destruction	<input type="checkbox"/>				
Protection from Contamination 2653, 2654									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	<input type="checkbox"/>				
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces, cleaned & sanitized	<input type="checkbox"/>				
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/>				
Potentially Hazardous Food Time/Temperature 2653									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	<input type="checkbox"/>				
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>				
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	<input type="checkbox"/>				
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>				
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>				
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	<input type="checkbox"/>				
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control, procedures & records	<input type="checkbox"/>				
Consumer Advisory 2653									
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>				
Highly Susceptible Populations 2653									
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used, prohibited foods not offered	<input type="checkbox"/>				
Chemical 2653, 2657									
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives, approved & properly used	<input type="checkbox"/>				
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored, & used	<input type="checkbox"/>				
Conformance with Approved Procedures 2653, 2654, 2656									
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	<input type="checkbox"/>				

Good Retail Practices									
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and foreign objects into foods									
IR	OUT	NA	NG	Compliance Status	OUT	NA	NG	R	IR
Safe Food and Water 2653, 2655, 2658									
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>				
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>				
Food Temperature Control 2653, 2654									
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used, adequate equipment for temperature control	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>				
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>				
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	<input type="checkbox"/>				
Food Identification 2653									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled, original container	<input type="checkbox"/>				
Prevention of Food Contamination 2652, 2653, 2654, 2656, 2667									
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present, no unauthorized animals	<input type="checkbox"/>				
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>				
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>				
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths, properly used & stored	<input type="checkbox"/>				
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	<input type="checkbox"/>				
Proper Use of Utensils 2653, 2654									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils, properly stored	<input type="checkbox"/>				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment & linens, properly stored, dried & handled	<input type="checkbox"/>				
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles, properly stored & used	<input type="checkbox"/>				
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>				
Utensils and Equipment 2653, 2654, 2656									
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces, approved, cleanable, properly designed, constructed & used	<input type="checkbox"/>				
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities installed, maintained & used, test strips	<input type="checkbox"/>				
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>				
Physical Facilities 2654, 2656, 2658									
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available, adequate pressure	<input type="checkbox"/>				
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed, proper backflow devices	<input type="checkbox"/>				
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	<input type="checkbox"/>				
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities, properly constructed, supplied & cleaned	<input type="checkbox"/>				
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed, facilities maintained	<input type="checkbox"/>				
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	<input type="checkbox"/>				
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heats, ventilation & lighting requirements, designated areas used	<input type="checkbox"/>				
Total Deductions:									1.5



CR
07



Comment Addendum to Food Establishment Inspection Report

Establishment Name: GREEN LEAF CARE CENTER

Establishment ID: 5043160019

Location Address: 2041 NC 210 NORTH

Inspection Re-Inspection Date: 08/12/2015

City: LILLINGTON State: NC

Comment Addendum Attached? Status Code: A

County: 43 Harnett Zip: 27546

Category #: IV

Wastewater System: Municipal/Community On-Site System

Email 1: jay.mills@saberhealth.com

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: SABER HEALTH CARE GROUP

Email 3:

Telephone: (910) 893-8181

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code

- 4 2-401.11 Eating, Drinking, or Using Tobacco - C Employee drinks must have lids and straws and be stored below food prep tables. CDI

- 21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF Multiple foods in walk in cooler did not have dates of preparation on them: bologna, gravy, butterbeans, lettuce.

- 42 4-904.11 Kitchenware and Tableware-Preventing Contamination - C Employee in dish area must wash hands in a proper hand wash sink after handling dirty utensils and before handling clean utensils.

Person in Charge (Print & Sign): *First Last*

Tara Wilson

Regulatory Authority (Print & Sign): *First Last*

Gale Greene DHHS

REHS ID: 1727 - GREENE, GALE

Verification Required Date: / /

REHS Contact Phone Number: () -



Food Establishment Inspection Report

Score: 92.5

Establishment Name: GREEN LEAF CARE CENTER

Establishment ID: 5043160019

Location Address: 2041 NC 210 NORTH

Inspection Re-Inspection

City: LILLINGTON

State: NC

Date: 12 / 03 / 2015 Status Code: A

Zip: 27546

County: 43 Harnett

Time In: 09 : 56 am pm

Time Out: : am pm

Permittee: SABER HEALTH CARE GROUP

Total Time:

Telephone: (910) 893-8181

Category #: IV

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type:

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 1

Foodborne Illness Risk Factors and Public Health Interventions									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.									
Public Health Interventions: Control measures to prevent foodborne illness or injury									
IN	OUT	MA	NO	Compliance Status	OUT	CDI	R	VR	
Supervision 2652									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present, Demonstration-Certification by accredited program and perform duties	<input checked="" type="checkbox"/>	0			
Employee Health 2652									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge, responsibilities & reporting	<input checked="" type="checkbox"/>	0			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting restriction & exclusion	<input checked="" type="checkbox"/>	0			
Good Hygiene Practices 2652, 2653									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	<input checked="" type="checkbox"/>	0			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	<input checked="" type="checkbox"/>	0			
Preventing Contamination by Hands 2652, 2653, 2655, 2656									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	<input checked="" type="checkbox"/>	0			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	<input type="checkbox"/>	0			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	<input checked="" type="checkbox"/>	0			
Approved Source 2653, 2655									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input checked="" type="checkbox"/>	0			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	0			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	<input checked="" type="checkbox"/>	0			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available, shellstock tags, parasite destruction	<input type="checkbox"/>	0			
Protection from Contamination 2653, 2654									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	<input checked="" type="checkbox"/>	0			
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces cleaned & sanitized	<input type="checkbox"/>	0			
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned & unsafe food	<input checked="" type="checkbox"/>	0			
Potentially Hazardous Food Time/Temperature 2653									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	<input type="checkbox"/>	0			
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	0			
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	<input checked="" type="checkbox"/>	0			
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	0			
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input checked="" type="checkbox"/>	0			
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	<input type="checkbox"/>	0			
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control procedures & records	<input type="checkbox"/>	0			
Consumer Advisory 2653									
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	0			
Highly Susceptible Populations 2653									
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used, prohibited foods not offered	<input checked="" type="checkbox"/>	0			
Chemical 2653, 2657									
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives, approved & properly used	<input type="checkbox"/>	0			
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored, & used	<input checked="" type="checkbox"/>	0			
Conformance with Approved Procedures 2653, 2654, 2658									
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	<input type="checkbox"/>	0			

Good Retail Practices									
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods									
IN	OUT	MA	NO	Compliance Status	OUT	CDI	R	VR	
Safe Food and Water 2653, 2655, 2658									
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input checked="" type="checkbox"/>	0			
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input checked="" type="checkbox"/>	0			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	0			
Food Temperature Control 2653, 2654									
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used, adequate equipment for temperature control	<input checked="" type="checkbox"/>	0			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	0			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	0			
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	<input checked="" type="checkbox"/>	0			
Food Identification 2653									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled, original container	<input checked="" type="checkbox"/>	0			
Prevention of Food Contamination 2652, 2653, 2654, 2656, 2657									
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present, no unauthorized animals	<input checked="" type="checkbox"/>	0			
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input checked="" type="checkbox"/>	0			
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	0			
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths, properly used & stored	<input type="checkbox"/>	0			
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	<input checked="" type="checkbox"/>	0			
Proper Use of Utensils 2653, 2654									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils, properly stored	<input checked="" type="checkbox"/>	0			
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens, properly stored, dried & handled	<input checked="" type="checkbox"/>	0			
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles, properly stored & used	<input checked="" type="checkbox"/>	0			
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input checked="" type="checkbox"/>	0			
Utensils and Equipment 2653, 2654, 2658									
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	<input checked="" type="checkbox"/>	0			
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities, installed, maintained, & used, test strips	<input checked="" type="checkbox"/>	0			
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input checked="" type="checkbox"/>	0			
Physical Facilities 2654, 2656, 2656									
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available, adequate pressure	<input checked="" type="checkbox"/>	0			
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed, proper back-flow devices	<input checked="" type="checkbox"/>	0			
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	<input checked="" type="checkbox"/>	0			
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities, properly constructed, supplied & cleaned	<input checked="" type="checkbox"/>	0			
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed, facilities maintained	<input checked="" type="checkbox"/>	0			
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	<input checked="" type="checkbox"/>	0			
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements, designated areas used	<input checked="" type="checkbox"/>	0			
Total Deductions:									7.5

Comment Addendum to Food Establishment Inspection Report

Establishment Name: GREEN LEAF CARE CENTER
 Location Address: 2041 NC 210 NORTH
 City: LILLINGTON State: NC
 County: 43 Harnett Zip: 27546
 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: SABER HEALTH CARE GROUP
 Telephone: (910) 893-8181

Establishment ID: 5043160019
 Inspection Re-Inspection Date: 12/03/2015
 Comment Addendum Attached? Status Code: A
 Category #: IV
 Email 1: jay.mills@saberhealth.com
 Email 2:
 Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code

- 1 2-102.12 Certified Food Protection Manager - C There was not PIC with food protection manager training.

- 14 The container of sanitizer was empty at dish sink. There was no sanitizer in sink while employee was doing dishes. Sanitizer was refilled during inspection. There were not spray bottles of sanitizer in kitchen and buckets that were made did of have proper strength of sanitizer in it. 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P

- 21 3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF Multiple foods in walk in cooler did not have dates of preparation or date of package opening: deli meats, soups, pepperoni/sausage mix. Dates on soups were past 7 day allowance.

Person in Charge (Print & Sign): *terese* First Last

Terese Vinson

Regulatory Authority (Print & Sign): *gale* First Last

Gale Greene REHS

REHS ID: 1727 - GREENE, GALE

Verification Required Date: / /

REHS Contact Phone Number () -

