

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
--	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HEARTFIELDS AT CARY

1090 CRESCENT GREEN DRIVE
CARY, NC 27511

(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 The Adult Care Licensure Section conducted an annual survey on June 1-2, 2016.	D 000		
D 105	10A NCAC 13F .0311(a) Other Requirements 10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the reach-in cooler and the stove with the double oven doors in the centralized kitchen were maintained in safe and working condition. The findings are: Observation of the reach-in cooler in the facility's centralized kitchen on 06/01/16 at 11:20 a.m. revealed the gasket at the bottom of the door of the reach-in cooler hung approximately 3 inches below the bottom of the door. Interview with the Dietary Manager on 06/01/16 at 11:25 a.m. revealed: -He was not aware of the gasket being broken on the door of the reach-in cooler. -He had a gasket in his office to replace the broken gasket of the reach-in cooler. -He would contact maintenance to see when the gasket of the reach-in cooler could be replaced. Interview with the Maintenance Director on 06/01/16 at 3:30 p.m. revealed he had replaced the gasket of the reach-in cooler in the facility's	D 105		

See attached



Division of Health Service Regulation

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Cheryl Fields
G1C711

Executive Director

6/30/16

Accepted & Approved

Christy Clark
7/1/16

If continuation sheet 1 of 18

Name of Community: Heartfields at Cary

Address: 1050 Crescent Green Drive Cary, NC 27511

Annual Survey Date (s): June 1st and June 2nd

Name and Title of Representative Signing the Plan of Correction:

Lakisha Fields, Executive Director

Signature of Representative:

Date of Submission: 6/30/16

Lakisha Fields, ED

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.	7/11/2016 On-going	A. With respect to how the facility will assure that the reach-in cooler and the stove with the double oven doors in the centralized kitchen will be maintained in safe and operating condition. The facility stopped utilizing current reach in cooler in the centralized kitchen area. The facility has ordered a new stove with double oven doors, as well as a new reach-in cooler. Order was placed on 6/26/16 and is expected to be delivered and installed no later than 7/11/16. Food Service Director will routinely check all kitchen equipment to ensure that all equipment is maintained in safe and operating condition. Any malfunctions, inoperable equipment, etc. will be communicated to Executive Director to ensure that it is fixed, and or replaced timely.

10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen dining and food storage areas shall be clean, orderly and protected from contamination.	On-going 7/15/16 7/5/16 7/13/16 7/15/16	A. With respect to how the facility will ensure that the kitchen, dining, and food storage areas are clean, orderly, and protected from contamination. Daily and Weekly cleaning schedules have been put in place to address findings noted. Food Service Director will do daily walk through to ensure that schedules are being utilized, and make changes to cleaning schedules to ensure compliance to the rule. Executive Director will also do weekly walk through alongside Food Service Director. Paneling in both the kitchen will be replaced. The FRP panel is expected to be delivered and installed the week of 7/11 thru 7/15/ 2016. A new gasket was ordered on 6/24/16 to replace torn gasket for the reach in cooler located in the memory care unit. New gasket is expected to be put in place no later than 7/5/16. New anti-fatigue perforated gel floor mats (2) were ordered on 6/24/16. New floor mats are expected to be put in place no later than 7/13/16. 2 inch tile missing from baseboard area next to the kitchen cleaning supply closet and the piece of wood floor laminate on the left side of the dishwasher in memory care unit are expected to be replaced and installed no later than 7/15/16.
---	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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 105	Continued From page 1 centralized kitchen earlier in the day on 06/01/16. Observation of the reach-in cooler in the facility's centralized kitchen on 06/01/16 at 4:30 p.m. revealed: -The door of the reach-in cooler was curved and the gasket of the reach-in cooler was unable to seal properly. -The temperature inside the reach-in cooler was approximately 45 degrees Fahrenheit. -A box of butter packets and 2 pounds of cheese were inside the reach-in cooler. -No odors were noted coming from the reach-in cooler. -The containers in the reach-in cooler were cool to touch. Observation of the stove with double oven doors located in the facility's centralized kitchen on 06/01/16 at 4:25 p.m. revealed the left oven door could not be completely closed and remained opened approximately 4 inches. Interview with Dietary Manager on 06/01/16 at 4:40 p.m. revealed: -He was not aware that the temperature in the reach-in cooler in the facility's centralized kitchen was 45 degrees Fahrenheit. -He would remove the food items in the reach-in cooler. -He had talked with Maintenance Director who had changed the gasket to the reach-in cooler and they realized the door of the reach-in cooler was curved. -The Maintenance Director was supposed to check to see if a new door could be ordered for the reach-in cooler. -The oven door on the stove with the double oven doors had just broken on 06/01/16 and the stove with the double oven doors had not been used to	D 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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 105	Continued From page 2 prepare food in facility for over a month. Interview with the Maintenance Director on 06/02/16 at 10:00 a.m. revealed: -Needed repairs were reported to him by the department managers and the Administrator. -It had not been reported to him prior to 06/01/16 the gasket was broken on the reach-in cooler on the main kitchen. -The entire reach-in cooler in the facility's centralized kitchen was going to be replaced. -It had been reported to him within the last week the stove with the double oven doors had broken oven doors. -The stove with the double oven doors had not been used by the cooks for at least one week. -The stove with the double oven doors was going to be replaced. Interview with the Administrator on 06/02/16 at 10:15 a.m. revealed: -The Regional Director of Health Services had talked to her about the door of the reach-in cooler and the double oven were not working. -She was not aware of any needed repairs for the reach-in cooler or the stove with the double oven doors in the facility's centralized kitchen prior to 06/02/16. -It was expected for employees to report any needed repairs to their department manager to be reported to maintenance. -She did not know why the needed repairs for the reach-in color was not reported to sooner. -The reach-in cooler and the stove with double oven doors in the facility's centralized kitchen were going to be replaced. Interview with a Cook on 06/02/16 revealed: -He didn't know the gasket of the door of the reach-in cooler was broken.	D 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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 105	Continued From page 3 -He didn't know the door of the reach-in cooler was warped. -The Dietary Manager had removed the food from the reach-in cooler in the facility's centralized kitchen and notified the cooks not to use the reach-in cooler on 06/01/16. -The left door of the stove with the double oven doors had been broken since 05/28/16. -The right door of the stove with the double oven doors had been broken for about a month. -The cooks had been using the stove with the double oven doors for a food warmer for this week (05/31/16 to 06/02/16). -The cooks did not use the stove with the double oven doors to cook the food for the facility.	D 105		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the reach in-coolers, walk-in cooler, walk-in freezer, kitchen storage areas, ice machines, doors, floors and walls in the kitchen areas were cleaned, in good repair and free of contamination. The findings are: Observation of drink station for the kitchen on the first floor on 06/01/16 at 10:50 a.m. revealed: -Two of two walls had numerous brown stains to	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 4 the middle third of the walls. -The legs of the stainless table for the drink station were covered with brown sticky spots. -The wall under the drink station had numerous brown sticky spots. -The baseboard of both walls had dark brown residue build-up. Observation of the kitchen located on the first floor on 06/01/16 at 10:55 a.m. revealed: -The door next to the ice machine leading from the drink station into the kitchen had dark brown drip stains. -The metal plate to the bottom of the door had a 2-inch black mark that extended across 2/3s of the plate. -There was a black stained area to the baseboard area located on the left of the door. -The baseboards on all four walls had dark brown residue build-up. -Four of four walls in the kitchen had dried brown stains that covered the lower 2/3s of each wall. -Approximately 8 inches of the lower corner trim of the door frame of the kitchen cleaning supply closet door was missing. -Approximately 3 inches of the lower corner trim of the wall next to the dishwashing station was missing. -The area around the light switch next to the dishwashing station had tan food particles spattered on the wall. -The exhaust hood over the dishwashing station had several areas of rust stains around the lip and interior of the exhaust hood. -The window sill and window frame between the reach-in cooler and the steam table had white chipped paint covered with numerous brown spots. -The white window blind on the window between the reach-in cooler and the steam table had	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 5 scattered brown stains of the lower third of the window blind. -The seal between the wall and the steam table was covered with rust stains. -The outside of the steam stable was covered with hazy white and brown stains. -The exterior of the reach-in cooler was covered with hazy white and brown stains. -The exterior of the gasket to the door of the reach-in cooler was covered with scattered brown spots. -The rubber seal on the interior of the door of the reach-in cooler was covered with brown spots. -There was a reddish-brown stain that measured approximately 2-inches wide at the top of the mouth of the reach-in cooler. -The interior walls of the reach-in cooler were covered with hazy white, orange, and brown spots. -Two of two of the metal shelves inside of the reach-in cooler had several areas of rust stains. -There were white food particles in the bottom of the reach-in cooler. -The metal prep table next to the dishwashing stations had scattered brown and orange sticky food stains. -The underside of the shelf over the metal prep table was covered with rust stains and brown spots. -The black metal rack in the kitchen was covered with hazy white and brown spots. -The floor under the black metal rack had brown residue build-up with white, brown, and orange food particles. -The exterior of the ice machine was covered with white hazy spots. -There was a brown drip stain to the bottom left area of the exterior of the ice machine that extended from the opening of the lid down to the bottom of the ice machine.	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 6 -The exterior lid of the ice machine was covered with white dust. -A hazy brown residue was on the upper interior of the lid of the ice machine. -A white residue was on the interior bottom rim of the opening of the ice machine -There was a brown splatter stain approximately 2-feet wide at the base the ice machine. Observation of the kitchen located on the memory care unit on 06/01/16 at 11:15 a.m. revealed: -A piece of wood floor laminate on the left side of the dishwasher was missing. -The exterior of the reach-in cooler was covered with hazy white and brown stains. -The gasket to the interior of the door of the reach-in cooler was covered with scattered brown spots -The gasket was torn on the right lower corner of the interior door of the reach-in cooler and hung down approximately 4 inches. -The interior walls of the reach-in cooler were covered with hazy white and brown spots. -Two of two of the metal shelves inside of the reach-in cooler had several areas of rust stains. Observation of the facility's centralized kitchen on 06/01/16 at 4:25 p.m. revealed: -Four of four walls in the kitchen were covered with brown and orange stains along the lower 2/3s of the wall. -A hole approximately 4 inches long and 2 inches wide was in the wall located above the baseboard leading to the dry good storage room. -The baseboards of 4 of 4 walls had dark brown residue build-up. -Three fourths of the grout area of the kitchen floor was stained with dark greyish black stains. -The floor surrounding the drain of the	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 7 dishwashing station had rust stains. -The metal rack next to the dishwashing station was covered with a hazy white residue. -The floor under the metal rack next the oven had scattered rust colored stains. -A 2-inch section of tile was missing from the baseboard area next the kitchen cleaning supply closet. -A white potato, scattered onion peelings, and dark brown stains were on the floor under the storage rack located next to the kitchen cleaning supply closet. - A daily cleaning schedule with a handwritten title of March 2016 was posted on the wall next the kitchen cleaning supply closet. - The cleaning schedule was unsigned. -The underside of the shelf next to the dietary manager's office had several areas of rust stains. -The metal counter of the drink station had several tea stains which dripped down into the sink. -The food slicer was covered with white spots and brown food particles. -The exterior of the deep fryer was covered with white spots. -The floor between the deep fryer and oven was stained with brown greasy stains. -The oven next to the deep fryer was covered with hazy white spots and greasy residue. -The interior of the oven next to the deep fryer had burned black and brown stains. -Four of four racks inside of the oven next to the deep fryer were covered with brown greasy burned-on residue. -The backsplash behind the stove and oven areas was covered with white greasy residue. Observation of the walk-in freezer located in the facility's centralized kitchen on 06/01/16 at 4:25 p.m. revealed:	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 8 -Four of four walls had white hazy spots inside of the walk-in freezer. -Four of four floor corners had brown stains and yellow food particles inside of the walk-in freezer. -Sixteen of sixteen shelves had brown residue and white food particles. -A black residue was on the cover of the light fixture inside of the walk-in freezer. Observation of the walk-in cooler in the facility's centralized kitchen on 06/01/16 at 4:28 p.m. revealed: -Four of four walls had white spots scattered throughout the walk-in cooler. -Four of four floor corners had brown stains inside of the walk-in cooler. -Brown, green, and white food particles were scattered all over the floor. -A brown-colored muffin was on the floor under the metal rack to left of the walk-in cooler entrance. -Twenty-three of twenty-three shelves had brown hazy residue and white food particles. -Black dirt particles covered the vent cover inside the walk-in cooler. -There was a black moldy wet substance on cover of the light fixture inside of the walk-in cooler. -There was a white powdery build-up with rust stains which extended across the entire seam of the ceiling of the walk-in cooler. -There were black dust particles on the wall over the entrance of the walk-in cooler. Observation of the stove with double oven doors located in the facility's centralized kitchen on 06/01/16 at 4:25 p.m. revealed: -The top of the stove was covered with a gray residue to its entire surface. -The exterior of the stove was covered with white	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 9 hazy spots and greasy residue. -The left oven door located below the stove was broken and opened approximately 4 inches. -The interior of both sides of the stove with the double oven doors was covered with dark black and brown stains. Observation of the dry goods storage room located in the facility's centralized kitchen on 06/01/16 at 4:30 p.m. revealed: -Four of four walls with brown and black marks to the lower 2/3s of each wall. -The lower third of the wall behind the storage room door had white chipped paint. -Two orange anti-fatigue perforated gel floor mats approximately 6 feet long and 3 feet wide were 75% stained with a black sticky residue. -White and brown food particles were visible through the holes of the orange perforated floor mats. -The floor of the storage area had scattered brown and black stains and white and brown food particles. -Several areas of the floor grout had a dark greyish black stain. -Nine of nine shelves had hazy black brown build-up. -There were containers of soy sauce and balsamic vinegar which had dried dark brown drip stains from the mouth of the containers which dripped down their sides. Observation of the ice machine located in the facility's centralized kitchen on 06/01/16 at 4:35 p.m. revealed: -The exterior of the ice machine was covered with white spots. -A brown residue was on the upper interior of the lid of the ice machine. -There was a white residue along the interior	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 10 bottom rim of the opening of the ice machine. Review of the facility's centralized kitchen daily cleaning schedule on 06/01/16 at 4:40 p.m. revealed there was no documentation of any cleaning in the main kitchen since 03/21/16. Interview with the Dietary Manager on 06/01/16 at 10:20 a.m. revealed: -The dietary aides were expected to serve the residents' meals, wash the dishes, clean the dining rooms, drink stations, and the kitchens on the first floor and memory care units. -The cooks were expected to prepare all the residents' meals and keep the facility's centralized kitchen and storage areas cleaned. -The cooks were supposed to sign off on the daily cleaning schedule for the facility's centralized kitchen when cleaning tasks were completed. -She was responsible for monitoring the staff's cleaning schedule adherence. Interview with the Regional Director of Health Services on 06/01/16 at 11:30 a.m. revealed: -She was the contact person in the absence of the administrator on 06/01/16. -The dietary manager was expected to ensure that all kitchens on the first floor and memory care unit were cleaned. -The dietary aides were responsible for cleaning all of the kitchen areas and the kitchen storage areas. -She was not aware of any problems with the cleanliness in the kitchens on the first floor or the memory care unit. -She was not aware of any repair needs in the kitchen areas on the first floor or the memory care unit. -She would follow-up with the dietary manager regarding the cleanliness of all the kitchen areas	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 11 on the first floor and the memory care unit. -She would follow-up with maintenance to see what could be done about repairing the reach-in cooler on the first floor and the memory care unit. -She would follow-up with maintenance to see about repairing the missing corner bead in the kitchen on the first floor. -She would follow-up with maintenance to see about replacing the missing wood laminate next to the dishwasher on the memory care unit. Interview with Dietary Manager on 06/01/16 at 4:40 p.m. revealed: -The dietary aides were supposed to clean the kitchen areas on the first floor and the memory care unit every day by wiping down the drink stations, prep table, steam table, ice machine, reach-in coolers, and all other kitchen equipment. -The dietary aides were supposed to clean the walls and sweep and mop the floors in the kitchens on the first floor and the memory care unit every day. -He was not aware of any problems with the cleanliness in the kitchens on the first floor or the memory care unit. -The cooks did all the cleaning in the facility's centralized kitchen and dry goods storage area daily. -The heaviest cleaning was done in the facility's centralized kitchen each Tuesday when the stock was low. -The cleaning had not been performed since 05/31/16 because dietary staff were busy preparing for family night on 06/02/16. -The walk-in cooler had been last cleaned on 05/31/16 and the walk-in freezer was cleaned last week. -The racks in the walk-in cooler and walk-in freezer cleaned by the cooks once a week. -He would replace the orange floor mats in the	D 282			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 12 dry goods storage room. -The cooks cleaned the walls and swept and mopped the floors in the facility's centralized kitchen and storage areas every day. -The oven next to the fryer was used for cooking at the facility and it was last cleaned on the 05/23/16. -The burned-on food stains in the oven were from the preparation of the residents' meals from the previous week. -He would talk with maintenance about the hole in the wall and the missing tile area on the baseboard in the main kitchen. -He would talk with maintenance about the chipped paint in the dry good storage area. -The cooks had documented on the kitchen cleaning checklist but the dates on the checklist had not be updated since the week of 03/21/16. Interview with the Regional Director of Health Services on 06/01/16 at 4:45 p.m. revealed: -It was expected the dietary manager was to make sure the facility's centralized kitchen was cleaned as assigned to staff. -It was expected for the cooks to clean the facility's centralized kitchen and dry good storage area. -She was not aware of any problems with the cleanliness in the facility's centralized kitchen area or the dry good storage area. -She would follow-up with the dietary manager regarding the cleanliness in the facility's centralized kitchen area and the dry good storage area. -She would check with maintenance to see about repairing the hole in the wall in the facility's centralized kitchen and the chipped paint area in the dry good storage areas. Interview with the Maintenance Director on	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 13 06/02/16 at 10:00 a.m. revealed: -Needed repairs were reported to him by the department managers and the administrator. -Prior to 06/01/16 he was not informed that the gasket was broken on the reach-in cooler on the memory care unit. -He had repaired the gasket on the reach-in cooler on the memory care unit. -He knew about the missing wood laminate tile of the floor on the memory care unit. -He would try to find another tile to replace the missing one. Interview with Administrator on 06/02/16 at 10:15 a.m. revealed: -The Regional Director of Health Services had talked to her about the cleanliness of all the kitchen areas. -She was not aware of any problems with the cleanliness or any needed repairs for any of the kitchen areas or dry food storage area. -It was the responsibility of the Dietary Manager to ensure the cleaning schedule was being followed by staff. -She would be working with the Dietary Manager and Regional Food Services Director to improve the cleanliness of the kitchen areas and the dry food storage area. Interview with a Dietary Aide on 06/02/16 at 9:55am revealed: -The dietary aides were responsible to serve the residents' meals, wash dishes, and to clean the kitchens on the first floor and memory care unit. -The dietary aides were supposed to clean the reach-in coolers, dishwashing areas, drink stations, steam tables, and shelves in the kitchens on the first floor and memory care unit daily. -The dietary aides were supposed to wipe down	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 14 all kitchen appliances, ice machines, and tables in the kitchens on the first floor and memory care unit daily. -The dietary aides were supposed to clean the walls and sweep and mop the floors of the kitchens on the first floor and memory care unit at least daily. -Most of the cleaning in the kitchens on the first floor and memory care unit was not done daily as it was expected. -There was no explanation why the cleaning schedule was not being followed. -The reach-in coolers in the kitchens on the first floor and memory care unit were cleaned about 2-3 times per week by the dietary staff. -She was unsure of the last time the reach-in coolers on the first floor and memory care unit had been cleaned. -The walls in the kitchens on the first floor and memory care unit were not cleaned daily. -She cleaned the walls when she saw the walls needed to be cleaned about once a week. -The floors of the kitchens on the first floor and memory care unit were swept and mopped daily by the dietary aides. -The dietary aides did not have a kitchen cleaning checklist to document when their kitchen cleaning tasks were completed. -She did not recall if the cleanliness of the kitchens on the first floor and memory care unit were checked by the dietary manager. -If repairs were needed in the kitchens or dining rooms on the first floor or the memory care unit, she notified the dietary manager and the dietary manager contacted maintenance of any needed repairs. -The area of the corner beam in the kitchens of the first floor had been missing for several months but she was not sure how long. -She did not know if anyone had notified the	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 15 dietary manager about the missing corner beam area. -She did not know about the missing wood laminate flooring in the kitchen of the memory care unit. Interview with a second Dietary Aide on 06/02/16 at 10:05am revealed: -The dietary aides were supposed to clean the reach-in coolers, dishwashing areas, drink stations, ice machine, steam tables, and shelves in the kitchens on the first floor and memory care unit daily. -The dietary aides were supposed to clean the walls and sweep and mop the floors of the kitchens on the first floor and memory care unit at least daily. -She knew the drink station in the kitchen on the first floor could be cleaned better. -The floors were swept and mopped in the kitchens on the first floor and memory care unit at least once daily. -The dietary aides do not have enough time to clean the kitchens on the first floor and memory care unit as they really should be cleaned. -The dietary aides used to have a cleaning checklist for the kitchens on the first floor and memory care unit but there was not kitchen cleaning checklist currently. -The kitchen cleaning checklist had not been used by the dietary aides for several months. -Any needed repairs in the kitchens on the first floor or memory care units were supposed to be reported to the dietary manager and the dietary manager contacted maintenance. -She was not aware of any needed repairs for the kitchens on the first floor or the memory care unit. Interview with a Cook on 06/02/16 at 10:20am revealed:	D 282			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 16 -The cooks were responsible to cook all of the residents' meals. -The cooks cleaned the floors, walls, and the bottom of the counters in the facility's centralized kitchen areas as needed. -The cooks cleaned the food prep tables, the tops of the counters, drink station, ice machine, and other kitchen appliances in the facility's centralized kitchen when the areas needed to be cleaned. -The walls in the main kitchen were cleaned about 2 times per week. -The oven was cleaned as needed and he was unsure of the last time the oven was cleaned. -The floors of the walk-in cooler and the walk-in freezer were swept and mopped every Tuesday before weekly kitchen supplies came in. -The walls and shelves of the walk-in cooler and the walk-in freezer were cleaned as needed but the cooks usually cleaned them about every other week. -All of the cooks were responsible to clean the dry goods storage area in the facility's centralized kitchen. -The floor in the dry good storage areas was cleaned about 2-3 times per week. -He was unsure of when the last time the walls in the dry storage had been cleaned. -The orange floor mats in the dry goods storage had been stained for several months but he wasn't sure exactly how long. -He did not know about the chipped paint in the dry good storage areas. -The hole in the wall in the facility's centralized kitchen had been there for as long as he could remember. -Repairs were supposed to be reported to the dietary manager to report to maintenance. -He did know if the hole in the wall or the chipped paint had been reported to the dietary manager.	D 282		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092156	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/02/2016
NAME OF PROVIDER OR SUPPLIER HEARTFIELDS AT CARY		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CRESCENT GREEN DRIVE CARY, NC 27511		
(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	Continued From page 17 -The kitchen cleaning checklist was posted on the wall in the facility's centralized kitchen but he did not remember the last time that checklist had been used by the cooks.	D 282		