STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: _____ B. WING _____	08/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	6970 NC HWY 135 MAYODAN, NC 27027

(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 08/16/17 and 08/17/17 with a telephone exit on 08/18/17.	D 000		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure that food stored in the refrigerator was protected from contamination. The findings are: Observation on 8/16/17 at 11:09 am of the kitchen area revealed: -Four cardboard trays of fresh eggs were stored on the second shelf above a plastic container full of lettuce heads in the refrigerator. -The container of lettuce heads was uncovered. -A large box of fresh eggs was stored on the bottom shelf of the refrigerator. -The Dietary Manager moved the trays of fresh eggs to the bottom shelf of the refrigerator in front of the large box of fresh eggs. Review of the sanitation grade posted in the kitchen revealed a sanitation grade of 98.5 effective 7/21/17. Observation on 8/16/17 at 11:12 am revealed a second refrigerator had approximately 30 cartons	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: _____ B. WING _____	08/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	6970 NC HWY 135 MAYODAN, NC 27027

(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 283	Continued From page 1	D 283		

of liquid eggs stored on the first and second shelf above jugs of orange juice.

Interview on 8/16/17 at 12:34 pm with the Dietary Manager revealed:
-She was aware that eggs were supposed to be stored on the bottom shelf of the refrigerator.
-One of the cooks put the trays of fresh eggs on the second shelf because there was standing water on the bottom shelf due to condensation.
-She had reported the standing water to the maintenance staff.
-The maintenance staff suctioned the standing water on the bottom shelf of the refrigerator several times a week.
-She had been employed at the facility since 2013.
-She received training as a Certified Dietary Manager.

Observation on 8/16/17 at 12:34 pm of the refrigerator revealed:
-The trays that held the fresh eggs were soaked by the standing water in the bottom of the refrigerator.
-The dietary manager placed the crates of fresh eggs into a plastic container to prevent further damage to the trays and placed the eggs back onto the bottom shelf of the refrigerator.

Interview on 8/16/17 at 12:45 pm with the Administrator revealed:
-She was not aware that fresh eggs and liquid eggs were not on the bottom shelf of the refrigerator.
-The dietary staff knew how to store food properly in the refrigerator.
-"They have been told about that."
-The kitchen sanitation grade was 100, but it dropped to 98.5 during the last inspection on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079053	A. BUILDING: _____ B. WING _____	08/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH POINTE OF MAYODAN	6970 NC HWY 135 MAYODAN, NC 27027

(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 283	Continued From page 2 7/21/17 due to egg storage. -She had not been informed that there was standing water in the refrigerator again.	D 283		