Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041060	A. BUILDING: 01 B. WING _____	12/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTSWOOD AT IRVING PARK ASSISTED LI	3506 FLINT STREET GREENSBORO, NC 27405

(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 Construction Section Biennial Survey by Ed Miller, conducted on December 13, 2018. Records indicate this facility was first licensed on 5-28-1998, for 28 residents. Therefore, we are requiring that this facility meet the 1996 Regulations for Homes for the Aged and Disabled; Minimum standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Deficiencies were cited that require a Plan of Correction.	C 000		
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. Based on record review, and interview with Maintenance Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on December 13, 2018: a. The current Fire and building safety Inspection Report is not available for review by the Surveyor. b. The current Kitchen Sanitation Inspection Report is not available for review by the Surveyor.	C 111	Fire department contacted to conduct annual inspection Replacement Sanitation grade requested. The inspection is included W1 95.5 score from 3/26/18	1/28/19 1/4/19

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

Executive Director 1/4/19

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	HAL041060	A. BUILDING: 01 B. WING _____	12/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTSWOOD AT IRVING PARK ASSISTED LI	3506 FLINT STREET GREENSBORO, NC 27405

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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 Building is not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on December 13, 2018: a. Bedroom 112 - 18 portable medical oxygen cylinders are standing up on the floor and 5 portable medical oxygen cylinders are standing up in a plastic crate not physically secured in racks, stands or chained to the structure.	C 166	Vendor to provide appropriate cylinder holder for all residents with oxygen.	1/~~28~~/19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.	C 185	Annual schedule produced to ensure that rehearsals happen in accordance with requirement. Along w/ schedule, records w/ dates & times have been added to notebook to be completed and signed at time of rehearsal	1/8/19

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	HAL041060	A. BUILDING: 01 B. WING _____	12/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTSWOOD AT IRVING PARK ASSISTED LI	3506 FLINT STREET GREENSBORO, NC 27405

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C 185	Continued From page 2 (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Maintenance Director the Facility failed to document a short description of what the rehearsal involved. Findings on December 13, 2018: a. The rehearsal records had little to no description of what the rehearsal involved like location of simulated fire, how staff directed/moved residents, or the duration.	C 185	Maintenance team has been inserviced on the information/ descriptions that need to be provided for each rehearsal	1/7/19
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 care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on December 13, 2018: a. Activity Room Corridor Exit- there are gaps around two cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. Exit near Bedroom 106 - there is a gap	C 189	Install fire caulk in all gaps	1/12/19

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C 189	Continued From page 3 around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 2. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on December 13, 2018: a. Activity - the pair of doors to the corridor are not smoke tight. There is a 3/8 inch gap between their meeting stiles. 3. Based on observations, the Building is not being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler spray pattern cannot reach all areas of a room. Findings on December 13, 2018: a. Bedroom 105 Closet - items are being stored within the minimum clearance area of 18 inches below the fire sprinkler deflector. b. Bedroom 109 Closet - items are being stored within the minimum clearance area of 18 inches below the fire sprinkler deflector. 4. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on December 13, 2018: a. Electrical/Mech Room in Soiled Utility - electrical panel PB1 has an open breaker slot. This allows access to energized components that are not guarded against accidental contact. b. Bedroom 114 - there is a multiple plug adaptor, behind the TV, that does not have integral overcurrent protection. The multiple plug adaptor has several attached flexible electrical power cords with electrical devices connected. c. Healthy Strides Office - an 25 foot extension cord is being used to power office equipment. Extension cords cannot substitute for permanent	C 189	Install sheet metal plate to seal gap between doors Shelving removed/moved that impacts needed clearance Install breaker slot filler removed multiple plug adapter removed extension cord	1/28/19 1/28/19 1/28/19 12/13/19 12/13/19

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBOTSWOOD AT IRVING PARK ASSISTED LI	3506 FLINT STREET GREENSBORO, NC 27405

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C 189	Continued From page 4 wiring.	C 189		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to maintain the required lighting levels. Findings on December 13, 2018: a. Residents Laundry - there is only one illuminated bulb in the two, 2 x 4 fluorescent light fixtures and it is at half strength.	C 197	Replaced defective bulbs	12/13/18

Food Establishment Inspection Report

Score: 95.5

Establishment Name: ABBOTSWOOD FOOD SERVICE **Establishment ID:** 3041013750

Location Address: 3506 FLINT ST.

(●) Inspection ( ) Re-Inspection

City: GREENSBORO **State:** NC **Date:** 03 / 26 / 2018 **Status Code:** A

Zip: 27405 **County:** 41 Guilford **Time In:** 01 : 00 ( ) am (●) pm **Time Out:** 4 : 30 ( ) am (●) pm

Permittee: ABBOTSWOOD @ IRVING PARK/KISCO **Total Time:** 3 hrs 30 minutes

Telephone: **Category #:** IV

Wastewater System: (●) Municipal/Community ( ) On-Site System **FDA Establishment Type:** Nursing Home

Water Supply: (●) Municipal/Community ( ) On-Site Supply **No. of Risk Factor/Intervention Violations:** 6

No. of Repeat Risk Factor/Intervention Violations:

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

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	IN	OUT	N/A	N/O	Compliance Status	OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658									
28			●		Pasteurized eggs used where required	1 0			
29	●				Water and ice from approved source	2 1 0			
30			●		Variance obtained for specialized processing methods	1 0			
Food Temperature Control .2653, .2654									
31		●			Proper cooling methods used; adequate equipment for temperature control	1 0			
32	●				Plant food properly cooked for hot holding	1 0			
33	●				Approved thawing methods used	1 0			
34	●				Thermometers provided & accurate	1 0			
Food Identification .2653									
35		●			Food properly labeled; original container	2 1 ● ●			
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	●				Insects & rodents not present; no unauthorized animals	2 1 0			
37	●				Contamination prevented during food preparation, storage & display	2 1 0			
38		●			Personal cleanliness	1 ●			
39		●			Wiping cloths: properly used & stored	1 0			
40	●				Washing fruits & vegetables	1 0			
Proper Use of Utensils .2653, .2654									
41	●				In-use utensils: properly stored	1 0			
42	●				Utensils, equipment & linens: properly stored, dried & handled	1 0			
43		●			Single-use & single-service articles: properly stored & used	1 0			
44	●				Gloves used properly	1 0			
Utensils and Equipment .2653, .2654, .2663									
45		●			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 ●			
46		●			Warewashing facilities: installed, maintained, & used; test strips	1 0			
47		●			Non-food contact surfaces clean	1 0			
Physical Facilities .2654, .2655, .2656									
48	●				Hot & cold water available; adequate pressure	2 1 0			
49	●				Plumbing installed; proper backflow devices	2 1 0			
50	●				Sewage & waste water properly disposed	2 1 0			
51	●				Toilet facilities: properly constructed, supplied & cleaned	1 0			
52		●			Garbage & refuse properly disposed; facilities maintained	1 0			
53		●			Physical facilities installed, maintained & clean	1 0			
54		●			Meets ventilation & lighting requirements; designated areas used	1 0			

Total Deductions: 4.5

Comment Addendum to Food Establishment Inspection Report

Establishment Name: ABBOTSWOOD FOOD SERVICE
Establishment ID: 3041013750

Location Address: 3506 FLINT ST.
City: GREENSBORO State: NC
County: 41 Guilford Zip: 27405
Wastewater System: ☒ Municipal/Community ☐ On-Site System
Water Supply: ☒ Municipal/Community ☐ On-Site System
Permittee: ABBOTSWOOD @ IRVING PARK/KISCO
Telephone:

☒ Inspection ☐ Re-Inspection Date: 03/26/2018
Comment Addendum Attached? ☐ Status Code: A
Category #: IV

Email 1:
Email 2:
Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding will change to 41 degrees

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 Observed employee beverages/ items in work stations on shelves, counters etc. not in designated areas- also in silver wrapping room must have a seperate wait break area away from wrapping table.2-401.11 Eating, Drinking, or Using Tobacco - C

* For the silverware Rolling, we need a seperate table for drinks Food, etc. They cannot be on same table as silver, napkins, et
* We need to designate specific "drink" areas in kitchen

14 Several glasses and some plates had spots and debris on them - all items must be properly washed rinsed and sanitized (prewashing better will help prior to loading dish machine and a rotating hand washing of glassware as needed)- corrected by rewashing items. Food transport carts and cutting boards(recommend high clean detergent (ie. dawn) and chlorine sanitizing(mixed as discussed)- to help remove stains (resurface as needed as discussed-- must be cleaned after each use - all in service utensils must be washed rinsed and sanitized at least every 4 hours or as needed.4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P Specifically the white plastic cart with the cutting board on top.

18 Observed food that had been cooled but had no records - corrected-food discarded that could not be determined and or cooled -- must have records and meet temps/ time.- Record sheet sample is available-- foods were cold (40 from 3/23- other foods in same unit were 38-39-) sheets must be used on cooling3-501.14 Cooling - P

have to teach Cooling on sheet

Lock Text ○

Person in Charge (Print & Sign): First: Kendrick Last: Brunson

Regulatory Authority (Print & Sign): First: Floyd Last: Thomas

REHS ID: 1114 - Thomas, Floyd Verification Required Date ___/___/_____

REHS Contact Phone Number (336) 669-6151

Comment Addendum to Food Establishment Inspection Report

Establishment Name: ABBOTSWOOD FOOD SERVICE **Establishment ID:** 3041013750

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.

19 All hot foods must be held at or above 135 - sauteed onions were 130-134- corrected by reheating (187)3-501.16 (A)(1) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P

21 date coding must be clear and include proper discard date, time, product, prep date, initials-- training is needed and a procedure for time to hold.**** It is better than before and was corrected during insp. as only foods not date coded had recently been prepped and were in cooks station.
3-501.17 Ready-To-Eat Potentially Hazardous Food (Time/Temperature Control for Safety Food), Date Marking - PF

26 A bottle of chemical was under the sink in grill area that was not labelled and a non food chemical was stored in the hostess station - must label bottles and store all chemicals to prevent cross contamination.7-201.11 Separation-Storage - P7-102.11 Common Name-Working Containers - PF

31 When foods warm during prep must be quickly back below 41- sliced ham and turkey, cut veggies and salad were at 50 cooled back in freezer ~15 min. -- foods that are cooked / held then cooled must have written records and include food; temps and times; employee; date; etc. May use prechilled pans, ice baths, freezer, shallow pans/ stiring, blast chiller, etc. but must be done.
3-501.15 Cooling Methods - PF

35 All items not in original container must be labelled as to the product name as discussed. A few items were not labelled most were clearly recognizable -

38 All persons handling food and utensils must have proper hair restraints.- (also gloves , aprons, etc. as needed). Observed employee handling / preparing/ washed ready to eat fruit without hair restraint- corrected.2-402.11 Effectiveness-Hair Restraints - C

39 All wet / wiping cloths must be in sanitizer (one was on a table others were in cold soapy solution on bottom shelves - corrected by removing - soapy water must be above 110 and should only be out when in use to prevent cross contamination and prevent cooling.3-304.14 Wiping Cloths, Use Limitation - C

Establishment Name: ABBOTSWOOD FOOD SERVICE **Establishment ID:** 3041013750

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.

43 Several single service items (sautee cups, plates, cups, to go trays, etc. were stored on shelves that need cleaning outside of wrap in cabinets and in drawers) must be stored in a manner to prevent contaimination as discussed.4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C

45 All equipment must be in good repair- ice cream cabinet and drain, bar hand sink, leak on 3 comp. sink, cutting board surfaces, etc.4-501.11 Good Repair and Proper Adjustment-Equipment - C

46 the dish machine rinse pressure is very high and must be corrected- the sanitizer compartment and clean drainboard (sink and clean dish machine drainboard) was greasy(was cleaned and changed)-- the sink faucet was leaking - must be corrected- train best way to use cut offs / faucets- the dish machine had some food in it - must prewash and properly load utensils better4-203.13 Pressure Measuring Devices, Mechanical Warewashing Equipment - C4-204.113 Warewashing Machine, Data Plate Operation Specifications - C4-603.12 Precleaning - C4-501.14 Warewashing Equipment, Cleaning Frequency - C

47 All areas must be clean (shelves, counters , under shelves, etc.) detail cleaning is needed on equipment4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C4-602.13 Nonfood Contact Surfaces - C

52 The can wash area must be cleaner and waste water from cleaning must be contained in the can wash area (a curb would be recommended to help.) 5-501.116 Cleaning Receptacles - C

53 The floors walls and ceilings must be in good repair- no holes, access panel and holes / unfinished surfaces in hot counteraccess area, opens around pipes, debris behind and under equipment, etc.6-201.11 Floors, Walls and Ceilings-Cleanability - C6-501.12 Cleaning, Frequency and Restrictions - C

54 The hood needs beter cleaning (grease accumilated and dripping, grease tray 1/2 full and loose,) balance of exhaust vs. make up air should be checked to see if proper.4-301.14 Ventilation Hood Systems, Adequacy - C4-204.11 Ventilation Hood Systems, Drip Prevention - C