STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041060	A. BUILDING: _____ B. WING _____	01/21/2026

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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on January 21, 2026.	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) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A .1300 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure the kitchen and food storage areas were clean and free from contamination, including the reach-in and walk-in coolers, the freezer, and the food storage areas. The findings are: Review of the facility's environmental health inspection report conducted by the local	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041060	A. BUILDING: _____ B. WING _____	01/21/2026

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
D 283	Continued From page 1	D 283		

department of health dated 01/21/26, revealed:
-The facility received a score of 95.
-The inspector documented that the shelving needed to be cleaned.

Review of the facility's environmental health inspection report conducted by the local department of health dated 12/29/25 revealed:
-The facility received a score of 97.
-The inspector documented that food such as milk, slaw, and salad needed to be dated.

Observation of the facility's kitchenette on 01/21/26 at 1:00pm revealed:
-There were three individual containers of slaw that were not dated to indicate when they were prepared and packaged.
-There were individual containers of apple cobbler that were not covered to prevent contamination or dated to indicate when they were prepared.

Interview with the dietary aide responsible for the kitchenette on 01/21/26 at 2:33pm revealed:
-The slaw was used on 01/20/26 and should have been dated.
-The apple cobbler was a dessert that was available all week for the residents.
-The apple cobbler should have been covered in plastic.
-Whoever was working in the kitchenette was responsible for ensuring the food was covered and dated.

Observation of the facility's primary kitchen reach-in cooler on 01/21/26 at 1:47pm revealed:
-There was a food container labeled as cranberry sauce that had a use-by date of 01/14/26.
-There was a food container that was not labeled to indicate the contents or dated to indicate when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041060	A. BUILDING: _____ B. WING _____	01/21/2026

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
D 283	Continued From page 2	D 283		

it was opened.
-There was a container of guacamole with a use-by date of 01/18/26.
-There was a container of sour cream with a use-by date of 01/15/26.
-There was a second food container that was not labeled to know the contents or dated to indicate when it was opened.
-There was a container of pimento cheese that was not dated to indicate when it was opened.
-There was a container of sour cream that was not dated to indicate when it was opened.

Observation of the facility's primary kitchen dry storage area on 01/21/26 at 1:51pm revealed:
-There was a bag of pasta that was not closed to prevent contamination.
-Two sets of shelves in the dry storage area had a build-up of dirt and grime.

Observation of the facility's primary kitchen walk-in freezer on 01/21/26 at 2:00pm revealed multiple 3-gallon ice cream tubs that were not closed to prevent contamination.

Second observation of the facility's primary kitchen reach-in cooler on 01/21/26 at 2:05pm revealed:
-There was an open box of uncovered brownies with a spatula lying inside the box that was not dated to indicate when it was opened.
-There was another open box of brownies that was partially covered, but it was not dated to indicate when it was opened.
-There was a deep metal pan with slices of dessert bread that was partially covered with plastic wrap that was not dated to indicate when it was opened.
-There were 3 uncovered plates with 1 slice of pie on each plate, with no date to know the use-by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041060	A. BUILDING: _____ B. WING _____	01/21/2026

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
D 283	Continued From page 3	D 283		

date.
-There were 2 large metal pans with lids that were not labeled to know the contents or dated to know the use-by date.

Observation of the facility's primary kitchen ice cream freezer on 01/21/26 at 2:08pm revealed 8 three-gallon ice cream tubs that were not closed to prevent contamination.

Review of signage above the ice cream freezer revealed that the ice cream in the freezer needed to be covered at all times when not in use.

Interview with a cook on 01/21/26 at 2:16pm revealed:
-Food should be labeled with the date it was prepared and/or opened, and a use-by date by whoever opened or prepared the item.
-Expired food should be removed from the reach-in cooler by whoever saw the expired item.
-The Kitchen Manager checked to make sure the food was dated and labeled.
-There was no one specifically responsible for cleaning the shelves, but it was usually a utility staff member, whoever was available.
-There was no utility person currently available for interview.
-The ice cream containers should be covered with the lids when stored.

Interview with a shift lead manager on 01/21/26 at 2:24pm revealed:
-Food that had been opened or prepared should be labeled with the date it was made and an expiration date, which was three days after it was prepared.
-One of the managers should check each night to ensure all food items were labeled and dated.
-The Dietary Director and the Kitchen Manager

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041060	A. BUILDING: _____ B. WING _____	01/21/2026

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
D 283	Continued From page 4	D 283		

made the decision when food was to be discarded.
-The ice cream lids should not be left open.

Interview with the Administrator on 01/21/26 at 2:47pm revealed:
-The Dietary Director and the Kitchen Manager were both out of the facility and not available.
-It was the responsibility of all dietary staff to make sure all food was labeled and dated.
-The Dietary Director and Kitchen Manager were ultimately responsible for ensuring food had been labeled, dated, and covered.
-Expired food should have been discarded.
-The pasta package should have been closed.
-He expected the shelving to be cleaned as needed.
-The ice cream containers should have been covered to prevent anything from falling into them.
-The servers who worked in the kitchenette were responsible for labeling, dating, and covering any leftover food that had been delivered to the kitchenette.
-The county Environmental Health Inspector "dinged" the facility on dates and labels, today, 01/21/26.

Interview with the Assisted Living Director on 01/21/26 at 3:07pm revealed:
-Staff in food services were responsible for inspecting the kitchenette.
-All food should be labeled and dated.
-She went into the kitchenette at least once per week and had not seen food that was not labeled, dated, and/or covered.

Telephone interview with a representative at the local health department on 01/21/26 at 3:23pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041060	A. BUILDING: _____ B. WING _____	01/21/2026

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
D 283	Continued From page 5 -All food should be labeled and dated the day it was opened and/or prepared. -The ice cream containers should be covered when not in use to prevent environmental factors from getting into the containers. -Food should be dated to prevent spoilage and contamination. -The shelving needed to be cleaned to prevent contamination.	D 283		