

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Stanly Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 625 Bethany Church Road Albemarle, NC 28001	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations and staff interviews, the facility failed to label and date open containers of food and discard expired food items in 1 of 1 walk-in cooler, and secure open food containers in the freezer, and prevent the freezer compressor from dripping condensation directly into open boxes stored under the compressor in 1 of 1 freezer. The findings included: a. The kitchen was toured on 1/5/26 with the Dietary Manager at 10:22 AM. During the observation, the walk-in cooler was observed to have an open container of liquid eggs. The container did not have a date when it was opened. The Dietary Manager reported that the eggs were used at breakfast on 1/5/26 and the cook should have labeled the open container. A container of open potato salad dated open on 12/25/25 was noted on the shelf of the walk-in cooler. The Dietary Manager reported that the potato salad was expired and should have been discarded. The Dietary Manager discarded the potato salad. During the observation of the walk-in cooler, an open bag of white chocolate chips was noted in an open plastic bag inside a box. Neither the box nor the bag were labeled with an open date. The Dietary Manager explained that the white chocolate chips were used during the holidays and were expired and should be discarded. The Dietary Manager could not recall exactly when the white chocolate chips were opened and reported the box should have been labeled. Cook #1 was interviewed on 1/5/26 at 10:28 AM and she reported she had opened the liquid eggs for breakfast this date and should have labeled the carton but forgot. [NAME] #1 reported she did not know anything about the white chocolate chips. b. The walk-in freezer was observed on 1/5/26 at 10:30 AM. During the observation it was noted that frozen hashbrowns were in an open box without a date and the bag containing the hashbrowns inside the box was open to air. An open box of bagged frozen bread was sitting under the freezer compressor. The box had frozen liquid on the top of the box, the box was open and the bread inside of a plastic bag was open to air. The Dietary Manager reported he was not aware the compressor was dripping onto the boxes and the bags with the frozen food should have been closed. A follow-up interview was conducted with the Dietary Manager on 1/8/26 at 10:10 AM. The Dietary Manager reported he typically checked the freezer and walk-in cooler daily for expired foods, but he had not been able to do that task on 1/5/26 before the tour of the kitchen. The Dietary Manager reported he expected dietary staff to label open foods, secure the food in bags, and discard expired food. The Administrator was interviewed on 1/8/26 at 11:17 AM. The Administrator reported the kitchen had monthly inspections and they had not observed any issues with open food labels or food open to air. The Administrator reported she was not aware the freezer compressor was dripping on boxes stored under the compressor and she expected a work order to be completed. The Administrator reported the Dietary Manager had returned from vacation on 1/5/26 and had not had the opportunity to check the freezer and the walk-in cooler before the tour of the kitchen. The Administrator reported she expected the dietary staff to label open food, discard expired food, and secure open food in bags.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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