

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court SC Ctr at Tryon Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 619 Laurel Lake Drive Columbus, NC 28722	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37014</p> <p>Based on observations and staff interviews, the facility failed to discard food items with signs of spoilage and liquid nutritional supplements that were past the expiration date in 1 of 1 walk-in cooler and label and date prepared food items in 1 of 1 reach-in cooler. These practices had the potential to affect food and drink items served to the residents.</p> <p>Findings included:</p> <p>a. An initial observation of the walk-in cooler on [DATE] at 8:50 AM revealed the following:</p> <p>a) A bag of fresh parsley dated ,d+[DATE] that had a dark brown, slimy substance on some of the parsley leaves.</p> <p>b) A tray containing 30, eight-ounce cartons of liquid nutritional supplements with an expiration date of [DATE].</p> <p>During an interview on [DATE] at 8:50 AM, the Nutrition Services Manager confirmed the bag of fresh parsley had visible signs of spoilage on some of the leaves, the nutritional supplements were past the expiration date and stated both should have been removed from the cooler and discarded. The Nutrition Services Manager stated that all dietary staff were responsible for checking the cooler and discarding any food items with signs of spoilage or past the expiration date.</p> <p>During an interview on [DATE] at 4:54 PM, the Administrator revealed she expected dietary staff to check the coolers and discard any items that were expired or had visible signs of spoilage.</p> <p>b. An initial observation of the reach-in cooler on [DATE] at 8:57 AM revealed an unlabeled and undated clear storage container with plastic wrap covering the top that was half-way filled with a white liquid mixture with brown specks throughout the liquid.</p> <p>During an interview on [DATE] at 8:57 AM, the Nutrition Services Manager revealed the liquid in the container was a mixture for making French Toast. She was unsure when the mixture was prepared and stated the container should have been labeled with the name of the product, date prepared and use by date.</p> <p>(continued on next page)</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 4:54 PM, the Administrator revealed she expected dietary staff to label and date all prepared food items stored in the kitchen coolers and/or refrigerators.</p>