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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345505 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>07/02/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Carolina Rehab Center of Cumberland |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4600 Cumberland Road<br>Fayetteville, NC 28306 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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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>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 discard expired food items stored in 3 of 4 nourishment room refrigerators (Unit 1, Unit 2 and Unit 3) . This practice had the potential to cause foodborne illnesses.</p> <p>Findings included:</p> <p>Observations of the nourishment room refrigerators with the facility's Dietary Manager (DM) on 6/25/25 revealed the following:</p> <p>a. An unopened pack of chicken breast strips and green beans with the use by date of 5/13/25 was observed in the freezer of Unit 1 nourishment refrigerator at 11:53 AM. The DM placed the food item in the trashcan.</p> <p>b. A 10-pack box of prepacked store-bought sandwiches with the best if used by date of 4/27/25 was observed in the freezer of Unit 3 nourishment refrigerator at 12:01 PM. The box was approximately half full. The DM placed the food items in the trashcan.</p> <p>c. Two bottles of nutritional shake with the expiration date of 5/6/25 were observed in Unit 2 nourishment refrigerator at 12:10 PM. The DM placed the food items in the trashcan.</p> <p>The Dietary Manager, who was present during the observations, stated that dietary and nursing staff were supposed to ensure that expired food items in the nourishment refrigerator were discarded.</p> <p>During an interview on 6/25/25 at 2:30 PM with the Director of Nursing (DON), she stated that she expected dietary and nursing staff to inspect the nourishment room refrigerators to ensure expired food items were not left in the refrigerator or freezer.</p> <p>During an interview with the facility Administrator on 6/27/25 at 8:25 AM she indicated her expectation was to have no outdated food items in the refrigerator or freezer and that any expired food items should have been thrown out.</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.

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