DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/16/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONS	TRUCTION	COMPLETED	
		0.151.47		G	_		05/10	
		345447		1			05/10	12012
10.00.0000	OVIDER OR SUPPLIER RIDGE REHAB AND CA	ARE C		25	REYNO	DRESS, CITY, STATE, ZIP CODE DLDS MOUNTAIN BOULEVARD LLE, NC 28804		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			PREF	PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO T		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	6	F	000				-
F 371 SS=E	complaint investigati 483.35(i) FOOD PRO STORE/PREPARE/S The facility must - (1) Procure food from considered satisfact authorities; and (2) Store, prepare, of under sanitary cond This REQUIREMENT by: Based on observat facility record review food slicer stored as The findings are: The facility policy efform the food policy stated that all taken to the three-comethod for manual An observation on facility kitchen, reverse counter covered with removed from the food of dried, beige food	m sources approved or ory by Federal, State or local distribute and serve food litions IT is not met as evidenced lions, staff interviews and by, the facility failed to clean a	F	· 371	3.	Dietary Manager will rep of QI monitoring to the R Management/Quality Imp Committee monthly x 12	the this Manager slicer ty Dietary urrent clean and e. Facility t Dietary ly hired pers during Assistant duct the food ry use and ge. QI cted 5 x 3 x weekly kly for 1 chly for 9 Assistant ort results cisk provement months for	5/23/2012
		ger (DM) was present at the				continued compliance an revision.	u/OI	
LABORATOR		ERISUPPLIER REPRESENTATIVE'S SIGNATU	RE		<u></u> Δλ.	TITLE NIÀ STVATOV	.5/	(X6) DATE
() homed Si	A Comment			TOU	111111111111111111111111111111111111111	7/0	101

Any deficiency statement ending with an asterick (*) 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.

MAY 2 4 2012 sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/16/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(a)		LE CONSTRUCTION	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED C		
			A. BUII	.DING		С			
		345447 B. WING		G		05/10/2	05/10/2012		
NAME OF PROVIDER OR SUPPLIER EMERALD RIDGE REHAB AND CARE C				STREET ADDRESS, CITY, STATE, ZIP CODE 25 REYNOLDS MOUNTAIN BOULEVARD ASHEVILLE, NC 28804					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (X5) ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE			
			i			Ti di			
F 371	revealed that after each should be taken apar particles, and then put be washed and san food slicer to be cle using the slicer, after further revealed that and cleaned on Mo for open-faced hot evening meal. An interview on 05/ #1 revealed that after the food slicer was get off all observed.	TV	F	371	Preparation and/or execution correction does not constitute agreement by the provider w of deficiencies. The plan of prepared and/or executed bec required by provision of Federegulations.	e admission or ith the statement correction is cause it is			
	#2 revealed he had and sliced the turke hot-turkey sandwic turkey was sliced the and the food slicer after use. During ereturned to clean the soapy rag to clean handle. No part of the dish machine. that Cook #2 did no sanitize the part of that held the meat that on 05/07/12 predemonstrated the	doy/12 at 2:48 PM with Cook worked Monday, 05/07/12 by for the open faced thes. On Monday, after the ne kitchen became very busy was not cleaned immediately evening clean-up, Cook #2 ne food slicer and used a hot the blade, machine and the food slicer was placed in The interview further revealed to observe, clean, wash or the food slicer with the prongs in place. Cook #2 also stated fror to evening cleanup, the DM proper procedure for sanitizing the food slicer.				•			