DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/28/2012 FORM APPROVED *-

OLIVILIV	O I ON MEDIOANE &	MEDICAID SERVICES				- ONIO IN	U. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
345123			B. WING			06/14/2012		
NAME OF PROVIDER OR SUPPLIER CAROLINA VILLAGE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 600 CAROLINA VILLAGE RD HENDERSONVILLE, NC 28792				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP DEFICIENCY)			(X5) COMPLETION DATE	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions		F	371	The food that the surveyor observed to be out of date was immediately removed.	l	6/13/12	
-	by: Based on observation facility failed to date a	is not met as evidenced as and staff interviews, the and/or dispose of out of date available for use in one s.			 and disposed of by dietary staff on 6/13/12. All dietary associates will provided education related proper disposal techniques and procedures regarding labeled and dated food. The cleaning schedule will 	be I to	6/18/12 7/5/12	
	06/13/12 at 9:05 AM retwo (2) containers of piece of masking tape 06/04/12; a container a piece of masking tape 06/07/12; a container sealed with plastic was cooked pork, sealed v 06/07/12; and a container with plastic wrap laber 06/07/12. An interview on 06/13 #1, a first shift superview	kitchen walk-in cooler on evealed the following items: prepared egg salad, with a on the container lid dated of prepared ham salad with be on the container lid dated of baked chicken breasts ap not dated; a container of vith plastic wrap and dated iner of cooked ham sealed ed " for chef salads" dated			be updated to assign a dietary associate to monito all food that is located in the walk-in cooler. 4. The Dietary Manager (DM his designee will inspect the in the walk-in cooler 5 time week for three weeks begin 06/18/2012. The DM or hid designee will continue to make for outdated foods two time week for three weeks, then per week for three weeks. DM will report his findings Quality Assurance committed.	or ne food es per uning s nonitor es per once The		
ABORATORY I	DIRECTOR'S OR PROVIDERS	UPPLIER REPRESENTATIVE'S SIGNATURE	//	ŀ	TITLE		(X8) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency while 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: NZTY11

Facility ID: 923066

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

PRINTED: 06/28/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		345123	B. WING		06/1	4/2012	
	ROVIDER OR SUPPLIER A VILLAGE INC			REET ADDRESS, CITY, STATE, ZIP CODE 100 CAROLINA VILLAGE RD HENDERSONVILLE, NC 28792			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL) REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION		HOULD BE COMPLÉTION	
F 371	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 371				