

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

PRINTED: 10/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345433</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/24/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLAY COUNTY CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>86 VALLEY HIDEAWAY DRIVE</b> <b>HAYESVILLE, NC 28904</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and staff interview the facility failed to remove (25) 8 ounce (oz) cartons of buttermilk with an expiration date of 9/20/15 from the kitchen walk in refrigerator.</p> <p>Findings included:</p> <p>An initial tour of the kitchen was conducted on 09/21/15 at 10:45 AM with the Dietary Manager. Observation of the walk-in refrigerator revealed (23) 8 oz cartons of buttermilk with an expiration date of 9/20/15. In addition, (2) 8 oz cartons of buttermilk was in a blue cooler in the walk-in refrigerator and had an expiration date of 9/20/15. The Dietary Manager removed the 2 buttermilk cartons out of the blue cooler, and placed them with the 23 expired cartons of buttermilk. She labeled the expired cartons of buttermilk so they would not be available for use.</p>	F 371	<p>No residents were injured related to this citation. On 9-21-2015 the Dietary manager labeled the expired case of buttermilk " DO NOT USE" and on 9-22-2015, the facility received a credit for the expired milk t and it was removed from he facility.</p> <p>All residents have the potential to be affected. The dietary manager audited all facility refrigerators on 9-22-2015. There were no items expired.</p> <p>The dietary manager in serviced the dietary staff on 9-24-2015 regarding checking expiration dates of food products. The dietary manager and/or designee will check for expired items 5 x weekly for 1 month. This check will be</p>	10/9/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/05/2015

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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F 371	<p>Continued From page 1</p> <p>Review of the Health Care Services Group HCSG Policy 015 - Food Preparation Policy Statement revealed it was the center policy that all foods were prepared in accordance with the guidelines of the USDA Food Code.</p> <p>Action Steps: #7 It would be the morning Cook's responsibility to dispose of any/all expired foods in the refrigerators and freezers upon shift arrival prior to food service preparation.</p> <p>An interview with the Dietary Manager on 09/21/15 at 11:00 AM revealed the items in the blue cooler were ready to be served at the lunch meal on 09/21/15. She verified a total of (25) 8 oz cartons of buttermilk with an expiration date of 09/20/15 had been in the walk-in refrigerator and had been available for resident use.</p> <p>An interview with the Dietary Manager on 09/23/15 at 8:58 AM revealed the buttermilk probably came in on Friday, 09/18/15 . She stated she was the person responsible to check for expired food items every day, and she did not check the buttermilk cartons on the morning of 09/21/15.</p> <p>An interview with the Dietary Manager on 09/24/15 at 8:40 AM revealed the expired buttermilk cartons had an expiration date of 09/20/15, which was a Sunday. She stated it was her expectation of the kitchen staff to follow the facility policy and remove any expired products, and place them in a carton with a label that read expired, do not use. She stated it was all kitchen staffs' responsibility to remove expired food items, so they would not be used. She stated the kitchen aides had prepared the breakfast cooler</p>	F 371	<p>completed by 8 am each morning. The Dietary Manager and or Executive Director will perform Quality improvement monitoring for expired food items for 3 x weekly for 2 months, 2 x weekly for 2 months then weekly for 2 months for a total of 6 months.</p> <p>The dietary manager and/or designee will check for expired items 5 x weekly for 1 month. This check will be completed by 8 am each morning. The Dietary Manager and or Executive Director will perform Quality improvement monitoring for expired food items for 3 x weekly for 2 months, 2 x weekly for 2 months then weekly for 2 months for a total of 6 months. This information will be reported to the Quality Performance Improvement Committee consists of but is not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse.</p>		

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F 371	Continued From page 2	F 371			
F 520 SS=E	on 09/21/15 and had put the 2 expired buttermilk cartons in that cooler, for use at breakfast.  483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS  A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.  The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.  A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.  Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.  This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility's Quality Assessment and Assurance (QA and A) Committee failed to maintain implemented procedures and monitor the interventions that the committee put in place	F 520	No residents were affected related by this citation.  The Executive Director and the Director of Clinical Services have been re educated	10/9/15	

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F 520	<p>Continued From page 3</p> <p>in October of 2014. This was for one deficiency that was cited in October 2014 on a Recertification survey. This deficiency was re-cited on the current recertification survey. The deficiency was in the area of Food Procurement, Storage, Preparation and Distribution. The continued failure of the facility during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assessment and Assurance Program.</p> <p>The findings included:</p> <p>This tag is cross referenced to:</p> <p>F 371: Food Procurement, Storage, Preparation and Distribution: Based on observation and staff interviews the facility failed to remove (25) 8 ounce cartons of buttermilk with an expiration date of 9/20/15 from the kitchen's walk-in refrigerator.</p> <p>During the recertification survey of October 2014, the facility was cited for F 371 for failing to ensure the minimal required temperature was obtained for the dishwashing machine's final rinse cycle and the facility failed to remove dented cans in dry storage room placed on the shelf in the ready for use area. On the current survey the facility was cited for failing to remove expired buttermilk from the kitchen's walk-in refrigerator.</p> <p>An interview on 09/24/15 at 4:11 PM with the Administrator about the facility's continued non-compliance with F 371 revealed the QA &amp; A committee had worked on Root Cause Analysis of the citations from the October 2014 Recertification survey for the past 3 months since he became Administrator. When asked what he</p>	F 520	<p>on the regulation F 520 and the facilities policy and Procedure for the Quality Assurance Improvement by the Regional Director of Clinical services on 10-5-2015.</p> <p>The Regional Vice President of Operations and/or the Regional Director of Clinical Services will attend the monthly QAPI meeting to monitor the facility's QAPI process by attending the QAPI meeting, to ensure that issues identified are handled appropriately using an action plan. The RVPO and/or RDCS will attend QAPI meeting 1 x monthly for 3 months. When substantial compliance is obtained the QAPI team will continue review and discuss citations cited during subsequent meetings to maintain compliance and identify new or reoccurring issues.</p> <p>The Regional Director of Clinical Services presented the plan of correction to the Quality Assurance Performance Improvement Committee for review on 10-5-2015. The RVPO and/or RDCS will report results to the QAPI Committee x 3 months and continue Monthly x 3 months and/or until substantial compliance is obtained. The QAPI members consists of but are not limited to the Executive Director, Director of Clinical Services, Assistant Director of Clinical Services, Medical Director, Social Services Director, Activities Director, Maintenance Director and Minimum Data Assessment Nurse.</p>		

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F 520	Continued From page 4 thought was the breakdown in sustaining compliance, he stated he thought staff failed to notice the expiration date on the milk. When asked what his expectation was for discarding of expired food products, he stated his expectation was that no resident would be put in jeopardy by being served an expired food product.	F 520		