

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

PRINTED: 11/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/21/2022
NAME OF PROVIDER OR SUPPLIER CAROLINA VILLAGE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 600 CAROLINA VILLAGE ROAD SUITE Z 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced onsite revisit and complaint investigation were conducted on 9/21/2022. Tags F692 and F842 were corrected as of 9/21/2022. A repeat tag was cited. The facility is still out of compliance. Event ID# 88PX12.	F 000			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to label, date and seal open food items stored for use in 1 of 1 walk-in freezer and 1 of 1 reach-in cooler. This practice had the potential to affect the food served to residents. The findings included:	F 812	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; During follow up tour, items found in Freezer, Cooler and Prep Cooler were either removed or dated to ensure	10/14/22	

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

TITLE

(X6) DATE

Electronically Signed

10/11/2022

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 812	<p>Continued From page 1</p> <p>An initial tour of the kitchen was made on 09/20/22 at 11:25am with the Dietary Manager (DM). The following problems were observed in the walk-in freezer:</p> <ul style="list-style-type: none"> - 2 packs frozen hotdogs in unmarked clear, sealed plastic bag. No expiration date or best by date observed on packaging. - 1/2 box gluten free pancakes, opened and not sealed with no label or date. - 1 box gluten free double chocolate chip cookies opened and not sealed. - 2 1/2 empty boxes gluten free glazed doughnuts opened and not sealed. - 1/2 bag potato crusted cod w/ chives & cheddar opened and not sealed. - 3/4 full 3-gallon tub vanilla ice cream, opened with no label or best by date. <p>An observation of the reach-in cooler was made on 09/20/22 at 11:40am with the DM. The observation revealed the following problems:</p> <ul style="list-style-type: none"> - 1/2 milk carton 32 ounce (oz), opened with no label or date. - 1/2 grape juice carton 46 oz, opened with no label or date. - 1/4 bottle 32 oz bottle creamer, opened with no label or date. - 2 16 oz jars prunes prunes, opened with no label or date. - 1/2 bottle Prune juice 46 oz, opened with no label or date. - 1/2 Carton probiotic immune support guava citrus juice 32 oz, opened with no label or date. <p>Interview with the DM on 09/20/22 at 11:45am further revealed the items identified in the walk-in freezer & fridge were supposed to be labeled & dated when opened.</p>	F 812	<p>compliance that was not found during inspection.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>Since this deficient practice has the ability to affect all residents an updated audit of storage areas was done by designated staff member on 9/21/2022 when problem identified. All items checked and ensured compliance with a label noted on items or it was discarded accordingly.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>An additional in-service education completed with all dietary staff regarding food storage, labeling of items and when to discard items completed on 9/28/22. Additional in-service education will be completed again on 10/12/2022 and 10/13/2022. All full time and part time employees received the official in-service training. PRN employees did not receive the training on these specific dates they were in-serviced on their next scheduled work day.</p> <p>Clarification given at in-service regarding what areas are to be inspected. These areas include the Freezer, Cooler and Prep Cooler of facility kitchen. A new dating/labeling form created by Dietary Manager is in place that requires specific documentation of items checked in three</p>		

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F 812	<p>Continued From page 2</p> <p>Interview with Dietary staff #2 on 9/20/22 at 12:00pm revealed that if he opened a food item, it was to be put into a sealed container and labeled with open date and placed in the refrigerator.</p> <p>Follow up Interview with Dietary Staff #1 at 3:30pm revealed he had been the staff member that had performed the daily "Dating/Labeling Check Sheet" on 9/20/22 and had not seen the unlabeled or undated items. Dietary Staff #1 stated that during his daily check he had been in a hurry as they had started the shift short on staff.</p> <p>During a follow up Interview with the DM on 9/20/22 at 3:40pm revealed she had been occasionally checking behind the staff performing the daily checks but had ultimately not been checking close enough due to staffing shortages. She also stated frozen foods were very difficult to write on or stick anything to because the label comes off. All dietary staff were to label & date items prior to them being placed back into the refrigerator or freezer once opened.</p> <p>Interview with Administrator on 9/20/22 at 3:50pm revealed that dietary staff stated they were to complete a daily worksheet for the labeling & dating of food items.</p>	F 812	<p>areas listed above.</p> <p>In addition, employees were given the official Food Storage policy for the facility with a highlighted section of the freezer policy and open cases in the freezer. An attached document with a clear and concise explanation of when items are opened/seals are broken they must label and date the item with an "open by" date, where as some specific items according to facility policy must also contain the throw away date. An attached spreadsheet was attached with items and what their storage dates should be via 3 days, 7 days, or expiration date according to facility policy.</p> <p>Staff were trained to label and date every item they have opened or broke the seal on, no matter if the item has an expiration date the item must be labeled as opened. Every employee is responsible for dating/labeling the items they open. Cooks are the designated employees to fill out and complete the dating/labeling form. Second Shift cook will complete walk thru for the night for the dating/labeling check list before closing the kitchen. Dietary manager or First shift cook is responsible for going through the dating/labeling check list the following morning to make sure items are still found in compliance. The cooks were notified of this responsibility during the Inservice on 10/12 and /10/13.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained;</p>		

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F 812	Continued From page 3	F 812	Dietary manager or designee will review new dating/labeling daily for completion and inspect storage areas daily until compliance has been achieved. Upon compliance, Dietary Manager or designee will inspect weekly x3 months and monthly thereafter to ensure compliance. This will be documented on the new dating/labeling checklist regarding proper labeling/discarding of items stored in kitchen. Dietary Manager or designee also will be utilizing a neon-colored label for items that come without a label to have a discard date on those items. Designated dietary staff shown how to use the neon labels. In addition, Administrator and campus Director of Dining Services will alternate a weekly inspection of freezer, cooler and prep cooler for compliance of dating/labeling of items. Include dates when corrective action will be completed. The date 10/14/22 is when the new corrective action of the dating/labeling check list was to take effect so all staff were prepared and in-serviced/trained. Dietary manager will continue to monitor daily until compliance is achieved among the dating/labeling check list.		
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must:	F 867		10/14/22	

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F 867	<p>Continued From page 4</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor interventions previously put in place following the recertification survey of 8/04/22. This was for one deficiency cited during the 8/04/22 survey and subsequently recited on the 9/21/22 survey. The repeated deficiency was in the area of Food Safety Requirements. The facility's continued failure during two federal surveys shows a pattern of the facility's inability to sustain an effective QAA program.</p> <p>The findings included:</p> <p>This tag is cross referenced to:</p> <p>F812- Based on observations and staff interviews, the facility failed to label, date and seal open food items stored for use in 1 of 1 walk-in freezer and 1 of 1 reach-in cooler. This practice had the potential to affect the food served to residents.</p> <p>On the recertification survey completed 08/04/22 the facility failed to label and date food items in 1 of 1 walk-in cooler and 1 of 1 walk-in freezer. This practice had the potential to affect the food served to residents.</p> <p>An interview was conducted on 9/20/22 at 3:50pm with the Administrator who also headed the QAA committee. He stated dietary deficiencies were addressed by the Dietary Manager (DM) and based on reports from the</p>	F 867	<p>Dietary Manager or Designee will check Dating/Labeling sheets daily for compliance of the two staff members checking per day for compliance with labels and items dated. These sheets will be submitted daily to Dietary Manager and Dietary Manager will give weekly to Administrator or designee for review.</p> <p>Administrator will review for compliance and with Dietary Manager will report weekly findings to facility clinical meeting. Dietary Manager will also continue to monitor forms submitted from weekly checks and follow up with staff when discrepancies are noted.</p> <p>In addition, Administrator and Community Director of Dining Service or designee will alternate a weekly audit of Freezer, Cooler and Prep Cooler to complete own audit of areas as another layer of monitoring.</p> <p>Substantial compliance for dating/labeling is when zero items have been found consecutively for 30 days. Weekly summary reports with percentage of items out of compliance for the week are reported during our weekly clinical meetings, along with a continued plan of correction discussion. Once substantial compliance is reached with no findings for 30 days. Check list will then be completed weekly instead of daily for the next 3</p>		

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F 867	Continued From page 5 weekly QAA meetings this was being completed. The DM oversaw the monitoring and brought findings to the QAA for discussion and revision. He revealed that items should be labeled & dated once opened.	F 867	months to ensure continued compliance. If percentage of items during weekly checks start to rise, daily checks will then take effect for the following weeks until substantial compliance is reached again. These findings will be reported to QAA/QAPI meeting.		