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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345556 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/08/2024 |
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| NAME OF PROVIDER OR SUPPLIER DEERFIELD EPISCOPAL RETIREMENT | STREET ADDRESS, CITY, STATE, ZIP CODE 1617 HENDERSONVELLE ROAD ASHEVILLE, NC 28803 |
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| (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 |
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| E 000 | Initial Comments | E 000 | | |
| F 000 | INITIAL COMMENTS | F 000 | | |
| F 812 SS=E | <p>A recertification and complaint investigation survey was conducted from 2/5/24 through 2/8/24. Event ID# U2IY11. The following intake was investigated NC00212180. 1 of 1 complaint allegation did not result in deficiency</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§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</p> | F 812 | " The expired food items and items not | 3/6/24 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 02/19/2024 |
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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>facility failed to remove expired food stored for use from 2 of 3 kitchen refrigerators (#1 and #2). This practice had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>On 2/5/24 at 10:20 AM an observation of the kitchen's reach-in refrigerator #1 with the Dietary Manager (DM) revealed expired food items. On the top shelf, a clear plastic bag of red peppers contained a pepper with black spotted and fuzzy areas. The DM removed and immediately disposed of the pepper. The bottom shelf of the refrigerator contained 2 box sheets of desserts that were opened and individually wrapped with the date 1/23/24 written on them. The DM stated during the observation that the desserts might have been frozen and thawed to use over the weekend. The DM disposed of the desserts.</p> <p>An observation of reach-in refrigerator #2 on 2/5/24 at 10:30 AM with the DM revealed 2 plastic storage bags that contained previously opened sandwich meat. The storage bags were dated 1/3 and the DM immediately disposed of the bags.</p> <p>The DM stated on 2/7/24 at 11:54 AM that the expired foods in the refrigerators were overlooked and should have been removed when the dietary staff checked the refrigerators earlier in the day.</p> <p>The Administrator stated on 2/8/24 at 10:03 AM in an interview that the DM completed regular in-servicing and kitchen inspections and has experienced staff. The Administrator said the expired and outdated food items were overlooked and should have been removed.</p> | F 812 | <p>properly stored and labeled identified by the surveyor (a clear plastic bag of red peppers containing a pepper with black fuzzy and spotted areas, two box sheets of opened, out of date desserts, and two plastic storage bags of outdated, previously opened sandwich meat) was thrown out immediately on February 05, 2024 by the Dietary Manager.</p> <p>" On February 05, 2024, the Dietary Manager and Director of Culinary Services inspected food storage areas, coolers and refrigerators for outdated food items and properly labeled food items. Upon completion of the licensed area food storage inspection, no further expired or improperly labeled items were noted.</p> <p>" All dining staff were in-serviced by the Dietary Manager and Director of Culinary Services regarding discarding expired food items, proper labeling and storage of food items. All licensed area dining staff received this required education by February 19, 2024. Newly hired dining staff employees will be educated on discarding expired food items, proper labeling and storage of food items during their orientation.</p> <p>" At the start of each shift the Dining Manager, the Director of Culinary Services, or their designee will inspect the coolers to ensure no outdated product is in the coolers. If outdated items are found, they will be discarded immediately.</p> <p>" The Dietary Manager, the Director of</p> | | |

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

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| F 812 | Continued From page 2 | F 812 | <p>Culinary Services, or their designee will audit/inspect the coolers, refrigerators and food storage areas to determine if food has been labeled with an opened date and the date is not expired (needs discarding). These audits will be done 2 times a week for 2 weeks, then weekly for 1 week. An audit tool entitled Food Storage was developed to record these results. The Dietary Manager, or Director of Culinary Services, or their designee will report the results at the monthly Quality Assurance Performance improvement Committee meetings where the results will be reviewed and discussed. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> <p>Anticipated Audit Completion date: March 6, 2024</p> | | |