

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345206	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation			STREET ADDRESS, CITY, STATE, ZIP CODE 345 Manor Road , Mars Hill, North Carolina, 28754	
(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
E0000	Initial Comments An unannounced recertification survey was conducted on 02/08/26 through 02/11/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #1E2FCF-H1	E0000		
F0000	INITIAL COMMENTS A recertification survey was conducted from 02/08/26 through 02/11/26. Event ID# 1E2FCF-H1 This survey was originally scheduled on 01/25/26 through 01/28/26 but due to Winter Storm Fern (ice/snow making travel unsafe) had to be postponed. The survey was rescheduled for 02/02/26 through 02/05/26 but the federal government shutdown on 01/31/26 and the issuance of QSO 26-04 All and Winter Storm Gianna (large accumulation of ice/snow travel unsafe) necessitated this survey to be rescheduled for the second time.	F0000		
F0812 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.	F0812		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0812 SS = E	<p>Continued from page 1</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to discard food with signs of spoilage and remove expired food items in 1 of 1 walk-in cooler; maintain a clean and sanitary ice machine for 1 of 1 ice machine; date an opened food item in 1 of 1 dry storage room; and label and date opened food items for 1 of 1 kitchen. These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>a. An initial observation of the kitchen on 02/08/26 (Sunday) at 9:27 AM made without staff present revealed the following:</p> <ul style="list-style-type: none"> - an undated bin of sugar - an undated bin of flour - an undated bin of cornmeal <p>b. An observation of the ice machine on 02/08/26 at 9:31 AM revealed pink and brown substances scattered across the entire baffle (white plastic piece of the machine that helps manage ice flow) of the machine.</p> <p>c. An observation of the dry storage room on 02/08/26 at 9:34 AM revealed an opened and undated bag containing five submarine sandwich rolls.</p> <p>d. An observation of the walk-in cooler on 02/08/26 at 9:37 AM revealed the following:</p> <ul style="list-style-type: none"> - a cart with a bin of yogurt that contained seven four-ounce containers of assorted flavors of yogurt with a use-by date of 01/29/26 - a box of eight heads of lettuce with brown discoloration - twelve four-ounce containers of assorted flavors of yogurt with a use-by date of 01/29/26 sitting on a shelf <p>An interview with the Dietary Manager on 02/08/26 at 2:16 PM revealed first and second shift cooks were responsible for ensuring all food was labeled and</p>	F0812		

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F0812 SS = E	<p>Continued from page 2 dated. She stated dish aides were responsible for checking use-by dates on yogurt and discarding them on or before the use-by date. The Dietary Manager stated she asked staff on second shift (she was unable to recall which staff members) to discard the lettuce on 02/06/26, but it should have been used or discarded before showing signs of spoilage.</p> <p>A follow-up interview with the Dietary Manager on 02/08/26 at 2:37 PM revealed Maintenance was responsible for cleaning the inside of the ice machine, but she would expect the ice machine to be clean.</p> <p>An interview with the Administrator on 02/10/26 at 1:42 PM revealed she expected all opened food to be labeled and dated and expired food or food with signs of spoilage should be discarded. The Administrator stated the dietary department was responsible for cleaning the ice machine and maintenance was responsible for cleaning the ice machine filter.</p> <p>A follow-up interview with the Administrator on 02/11/26 at 12:39 PM revealed she felt the expired and undated food were a result of the dietary staff feeling overwhelmed due to the recent ice storm because some of the staff had to stay in the facility during the bad weather.</p>	F0812		