

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

PRINTED: 11/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/08/2012
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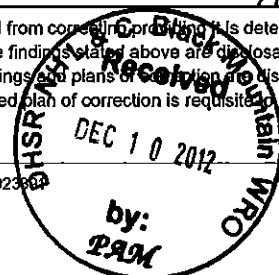
NAME OF PROVIDER OR SUPPLIER  LUTHERAN HOME - HICKORY WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 1125 10 ST BLVD NW HICKORY, NC 28601
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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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F 371 SS=D	<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Based on observation and staff interviews the facility failed to discard outdated, thawed nutritional supplement shakes intended for resident consumption.</p> <p>The findings are:</p> <p>During an inspection of the kitchen on 11/05/12 at 10:50 AM the following food storage issue was observed: The walk in cooler contained four (4) plastic crates with thawed nutritional supplement shakes. Crate #1 contained five (5) thawed shakes with "10-14" written on a piece of cardboard in the crate. Crate #2 contained thirty-six (36) thawed shakes with "10-13" written on a piece of cardboard in the crate. Crate #3 contained eleven (11) thawed shakes with "10-17" written on a piece of cardboard in the crate. Crate #4 contained thirteen (13) thawed shakes with "10-12" written on a piece of cardboard in the crate. Printed on each nutritional supplement shake was a label that read, "Store frozen, thaw at or below forty (40)</p>	F 371	<p>F371 Food Procure, Store/ Prepare/Serve-Sanitary</p> <p><u>For the residents found to have been affected:</u></p> <p>The thawed nutritional shakes were discarded immediately by Dietary Manager on 11/5/12.</p> <p><u>For those having the potential to be affected:</u></p> <p>On 11/5/12 Dietary Manager audited nutritional shakes. No other shakes were outdated.</p> <p><u>Measures to ensure compliance:</u></p> <p>Dietary Manager or designee will label each individual shake with "use by date" when removed from the freezer.</p> <p>Dietary staff was in serviced on thawing and rotation of nutritional shakes on 11/5/12 and 11/6/12 by Dietary Manager. New hires will be educated on the importance of thawing and rotation of nutritional shakes.</p> <p><u>Measures to make sure solutions are sustained:</u></p> <p>Dietary Manager or designee will audit twice weekly for 90 days to ensure there are no outdated shakes.</p> <p>Dietary consultant will be auditing for outdated nutritional shakes monthly. The Dietary Manager will report findings to the Administrator at the QA Committee monthly and quarterly.</p> <p><u>Corrective action completed:</u> on 11/27/12</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Sandy Hilliard, Administrator</i>	TITLE  Administrator	(X6) DATE  11-28-12
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided 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 required for continued program participation.



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F 371	<p>Continued From page 1 degrees, use thawed product within fourteen (14) days, keep refrigerated".</p> <p>An interview was conducted on 11/05/12 at 11:00 AM with the Dietary Manager (DM). The DM stated that the nutritional supplement shakes were placed in plastic crates in the cooler to be thawed. The date the shakes were placed in the cooler to thaw was written on a piece of cardboard from the shipping box, after the product was transferred into the plastic crates. The DM stated that the nutritional supplement shakes located in the plastic crates were thawed and ready to be served. The DM reviewed the label on a shake carton and confirmed that all the shakes in the four (4) crates were expired. The DM stated that she and the Assistant Dietary Manager (ADM) were responsible to check and remove all out of date products from the kitchen and that these shakes got overlooked.</p> <p>An interview was conducted on 11/05/12 at 11:12 AM with the ADM. The ADM stated that the corporate dietician had recently had a meeting to discuss nutritional supplement shakes. The information presented in the meeting for dietary staff included the fact that the nutritional supplement shakes were to be used within fourteen (14) days of thawing and to thaw only a few shakes at a time, to reduce waste. The ADM stated that she checked to make sure shakes were thawed and available on 11/05/12, but did not check the date the shakes were thawed.</p>	F 371			