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

PRINTED: 02/06/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING B. WING				
345198			5, 1111			01/2	5/2013
NAME OF PROVIDER OR SUPPLIER ASTON PARK HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 380 BREVARD RD ASHEVILLE, NC 28806			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPROPRIATE OF		HOULD BE	(X5) COMPLETION DATE
F 371 SS=F	,		F	371	Aston Park Health Care Center's Response to this statement of Deficiencies and plan of correction Does not denote agreement with the statement of deficiencies not does it constitute an admission that any deficiency is accurate. Further, Aston Park Health care Center understands its right to refute any deficiency on this statement of deficiencies through informal dispute resolution, formal appeal and/or other administrative or legal procedures.		
					F 371: Corrective Action: Dish machine repairman has contacted about the gauge of registering proper temperated 1-2-13 and specifically on of 1-22-13 prior to the survinto the kitchen. Repairmated adjusted the booster heater on 1-2-13. After the booste been turned up there were pairman came back out a determined that the wrong on the machine and put and the correct gauge as the value popping off indicating that was getting too hot. This was invoiced as the machine was warranty. As the new gauge on order, when repairman or	the morning reyor coming in had temperature er heater had problems and indigauge was order in for live was the water was not as still under ge had been	
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	REGNII	n di	re Director	21	(X6) DATE

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 patient (32e 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 providing the date these documents are made available the facility. If dehadnoises are cited, an approved plan of correction is requisite to continued

program participation.

FEB 1 9 2013 Event ID: LZ

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A. BUILDING					
B. WNG					
345198	/25/2013				
NAME OF PROVIDER OR SUPPLIER ASTON PARK HEALTH CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 380 BREVARD RD ASHEVILLE, NC 28806	380 BREVARD RD				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE				
F 371 Continued From page 1 1/12/13-supper temperature 175 degrees F 1/18/13-supper temperature 175 degrees F 1/18/13-supper temperature 175 degrees F 1/18/13-supper temperature 175 degrees F Continuous observations were made of staff using the dish machine in the facility kitchen on 01/22/13 from 8:50 AM-9:35 AM. The Food Service Director (FSD) stated a new motor had been put into the dish machine approximately a month prior and there had been issues with the dish machine requiring service. The FSD identified the dish machine as a high temperature machine which required a minimum final rinse temperature of 180 degrees F to santize dishware. The FSD ran a rack of dishes through the dish machine and left the dish shadine area. Approximately five minutes later a dietary aide entered the kitchen, removed this rack of dishes from the dish machine and placed them in dish storage. The FSD did not intervene or provide any instruction to the dietary aide, a second aide came to the area of the dish machine. Observations were made of staff using the morning of 1-22-13 be informed us that the new gauge had come in and he would be out to replate it. He did come in that morning to install it. As soon as it was install, it registered temps at 180 or greater, as surveyor stated she observed. Dietary Staff was assuming that it was safe to continue use of the machine based on the information given by the requirer, salt was sas ton the information given by the requirers as surveyors dated she observed. Dietary Staff was assuming that it was safe to continue use of the machine based on the information given by the registered temps as surveyor stated she observed. Dietary Staff was assuming that it was safe to continue use of the machine based on the information given by the registered temps as surveyor stated she observed. Dietary Staff was assuming that it was safe to continue use of the machine and registering correctly and he had a new gauge on order. Aston Park Operation Manager weart that the gauge was not registering corre					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345198			(X2) MU	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		iberiii ib, (iio, iiio, iiiberii	A. BUILDING					
		B. WING	·—		01/25/2013			
NAME OF PROVIDER OR SUPPLIER ASTON PARK HEALTH CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 380 BREVARD RD ASHEVILLE, NC 28806				(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE	
F 371	machine were placed aide. At 9:15 AM the Regist asked about the dish she was aware there dish machine but was concerns. The obserwere reported to the a concern to have low with the dish machine. At 9:17 AM the FSD company had been not dish machine on 01/2 was aware of the low was waiting for the seand service the machine. From approximately dietary aides continuate dish machine. Continuent dish machine. Continuent dish machine was in to staff working in the At 9:35 AM the service kitchen and stated he problems with the dishese if replacing the ficorrect the issue. At final rinse gauge the the final rinse temper greater than 180 degreeter than 180 de	tered Dietitian (RD) was machine. The RD reported had been problems with the sonot aware of the specific wed final rinse temperatures RD and the RD stated it was wifinal rinse temperatures etc. The reported the service of the service company to come in the service company to come in the service of the se	F3	371	do if the temperatures are not the proper temperatures. Corrective Action for Pote Deficient Practice: All kitchen staff was inserved proper procedures when open machine and steps to take we sanitation temperature regist 180 degrees. Policy was reall staff of the following profif the sanitation temperature machine is below 180 degree manager on shift will inform employees not to use the machine are written work or verbally inform the head of maintenance and the administenance and the administenance and the administenance and the situation. The managers inform the Metz district machine has been fixed and and consistently reaching the temperatures will the managinform the employees to prothe dish machine.	ential iced on the erating the dischen the ters lower that viewed with ocedure: c on the dishes, the in the achine until result der and distrator of s will also mager about e dishes properly er on shift		

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		345198	B. WIN	IG		01/2	5/2013
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F 371	1 Continued From page 3 temperatures of 185 degrees F. On 01/22/13 at 11:00 AM the facility operations manager stated the FSD was instructed that dishes should have been hand washed if there were concerns the final rinse temperature of the dish machine was not reaching minimum requirements of 180 degrees F. The facility operations manager stated the service company reported the wrong gauge had been placed on the dish machine and felt that was what caused the final rinse temperatures to be less than 180 degrees F. Based on multiple observations the dish machine temp did not reach 180 degrees during the final rinse. Based on multiple observations the dish machine temp did not reach 180 degrees during the final rinse.		F	371	Daily monitors will be condu Dietary Manager and Assista Manager/Dietitian to assure t staff is following proper prosanitation of dishes. Monitor Plan of Facility: The Staff Development Coordesignee will complete a componce a week for 3 months and thereafter for continued comp Results of the audits will be revaluated by the Facility's Quassurance Committee for a 3 period and then randomly the assure compliance.	nt he dietary cedures in dinator or apliance audi frandomly bliance. eviewed and ality month reafter to	
	temperature did not r 180 degrees during ti				2-22-13		