

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

PRINTED: 04/18/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/30/2017
NAME OF PROVIDER OR SUPPLIER SKYLAND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 193 ASHEVILLE HIGHWAY SYLVA, NC 28779		
(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 371 SS=E	<p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure perishable foods were dated, labeled, and stored appropriately in 1 of 1 reach-in freezer, 1 of 1 walk-in freezer and in 2 of 3 nourishment refrigerators.</p> <p>The findings included:</p> <p>1. Observations of the kitchen's reach-in freezer and walk-in freezer revealed the following problems with food storage:</p>	F 371	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.	4/10/17	

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

TITLE

(X6) DATE

Electronically Signed

04/07/2017

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 371	<p>Continued From page 1</p> <p>1a. On 03/27/17 at 8:57 AM an observation of the kitchen's reach in freezer was conducted with the Dietary Manager (DM). Observations of food stored in this reach in freezer revealed an undated and unlabeled clear plastic bag that had been opened which contained 8 three inch in diameter beef patties, 6 hot dogs in a clear plastic bag that was ¾ full of ice crystals, an undated and unlabeled 1 pound bag of diced green peppers, a 1 pound bag of a breaded food which had been opened and was not labeled with the bags contents which the DM identified as breaded okra and an opened 5 pound box which contained exposed and loose chocolate chips. The DM immediately removed the beef patties, hotdogs, diced green peppers, breaded okra, and chocolate chips and disposed of them in the trash.</p> <p>On 03/27/17 at 9:27 AM an interview was conducted with the DM who stated the reach in freezer was to be checked on a daily basis to assure food was appropriately dated, labeled, and stored. The DM stated food was required to be dated and labeled when opened and/or when removed from its original packaging when stored in the reach in freezer. The DM verified the beef patties had not been dated and labeled, the hot dogs had not been labeled and the clear plastic bag contained ice crystals, the diced green peppers had been removed from the original packaging and had not been dated and labeled, the breaded okra had been removed from the original packaging, had been opened and had not been labeled, and the chocolate chips should have not been stored exposed and loose in the opened box.</p>	F 371	<p>F371</p> <p>1. The facility coolers/freezers were audited on 3/28/2017 to ensure foods were labeled/dated properly per regulation and facility policy.</p> <p>In order to ensure that frozen items are able to be labeled appropriately, we have purchased special freezer markers and labels to facilitate labeling items that are received frozen.</p> <p>To ensure frozen products that are received from suppliers will be properly labeled/dated, upon arrival of these food items the box/case shipped to Skyland will be opened and each individual item will be labeled and dated on the date of receipt.</p> <p>Dietary Staff was in-serviced on 3/30/2017 by the Dietary Manager regarding the new labeling/dating process. The dietary personnel scheduled to put stock away will be responsible for ensuring this process is followed.</p> <p>In the event the facility finds items damaged upon receipt of delivery, the items will be properly discarded and items noted to be damaged will be properly discarded and reported to the Dietary Manager.</p> <p>All facility staff will be in-serviced regarding labeling/dating of products placed in nourishment refrigerator. The in-service will be completed by 4/10/2017.</p>		

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F 371	<p>Continued From page 2</p> <p>On 03/27/17 at 3:08 PM an interview was conducted with the Administrator who stated the undated, unlabeled, and opened food should not have been in the kitchen's reach in freezer as per facility policy.</p> <p>1b. On 03/27/17 at 2:49 PM an observation of the kitchen's walk in freezer was conducted with the Dietary Manager (DM). Observations revealed an undated and unlabeled 1 pound bag of breaded sticks which the DM identified as breaded vegetable sticks and one undated and unlabeled 2 pound bag of breaded nuggets which the DM identified as hush puppies. The DM immediately removed these items from the walk in freezer.</p> <p>On 03/27/17 at 2:55 PM an interview was conducted with the DM who stated the 1 pound bag of breaded vegetable sticks and 2 pound bag of breaded hush puppies were out of their original packaging and they should have been dated and labeled by dietary staff when stored in the walk in freezer. The DM stated it was her responsibility that food stored in the walk in freezer was appropriately dated and labeled.</p> <p>On 03/27/17 at 3:08 PM an interview was conducted with the Administrator who stated it was the responsibility of the DM or her designee to check the walk in freezer daily to assure foods were appropriately dated and labeled.</p> <p>2. Observations of the facility's nourishment rooms revealed the following problems with food storage:</p> <p>2a. On 03/27/17 at 9:35 AM an observation of the East Hall nourishment refrigerator was conducted with the Dietary Manager (DM) and</p>	F 371	<p>The nourishment refrigerators were audited for compliance on 3/27/2017.</p> <p>The dietary supervisor has been individually in-serviced on the facility's expectations and will be subject to the facility progressive disciplinary policy up to and including termination of employment.</p> <p>2. The facility coolers/freezers were audited on 3/28/2017 to ensure foods were labeled/dated properly per regulation and facility policy.</p> <p>In order to ensure that frozen items are able to be labeled appropriately, we have purchased special freezer markers and labels to facilitate labeling items that are received frozen.</p> <p>To ensure frozen products that are received from suppliers will be properly labeled/dated, upon arrival of these food items the box/case shipped to Skyland will be opened and individual item(s) will be labeled and dated on the date of receipt.</p> <p>Dietary Staff was in-serviced on 3/30/2017 by the Dietary Manager regarding the new labeling/dating process. The dietary personnel scheduled to put stock away will be responsible for ensuring this process is followed.</p> <p>In the event the facility finds items damaged upon receipt, the items will be properly discarded and items noted to be</p>		

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F 371	<p>Continued From page 3</p> <p>Housekeeping Manager (HM). Observations of foods stored in this refrigerator revealed one unopened 4 ounce strawberry nutritional shake that was undated and 2 undated and unlabeled plastic bowls which contained an unidentified food. The DM identified the contents in each bowl as fruit cocktail. The HM immediately removed the strawberry mighty shake and the 2 bowls of fruit cocktail from the East Hall nourishment refrigerator.</p> <p>On 03/27/17 at 9:40 AM an interview was conducted with the DM who stated the 4 ounce strawberry nutritional shake per manufacturers' recommendations was good for 14 days once removed from the freezer. The DM stated the strawberry shake should have been dated by the dietary staff with an expiration date prior to being stored in the East Hall nourishment refrigerator because there was no way to determine when the mighty shake would have expired. The DM stated the 2 bowls of fruit cocktail should have been dated and labeled when placed in the East Hall nourishment refrigerator. The DM stated the HM was responsible to check the East Hall nourishment refrigerator daily to assure food was appropriately dated and labeled and was responsible to discard outdated and unlabeled food.</p> <p>On 03/27/17 at 11:52 AM an interview was conducted with the HM who stated food placed in the East Hall nourishment refrigerator was required to be dated and labeled. The HM manager stated she was responsible to check the East Hall nourishment refrigerator daily to assure food was appropriately labeled and dated and was responsible to remove outdated and unlabeled food and discard. The HM stated she</p>	F 371	<p>damaged will be properly discarded and reported to the Dietary Manager.</p> <p>All facility staff will be in-serviced regarding labeling/dating of products placed in nourishment refrigerator. The in-service will be completed by 4/10/2017.</p> <p>The nourishment refrigerators were audited for compliance on 3/27/2017.</p> <p>3. To ensure frozen products that are received from suppliers will be properly labeled/dated, upon arrival of these food items the box/case shipped to Skyland will be opened and each individual item will be labeled and dated on the date of receipt.</p> <p>To ensure frozen products that are received from suppliers will be properly labeled/dated, upon arrival of these food items the box/case shipped to Skyland will be opened and each individual item will be labeled and dated on the date of receipt.</p> <p>In order to communicate with staff, a bulleted reminder of labeling/dating procedure was placed on each nourishment room refrigerator. This will assure that all new hires are aware of our labeling/dating procedure.</p> <p>The nourishment room refrigerators will be placed on a new weekly audit. A checkoff sheet will be placed on the refrigerator door to be signed off by third shift CNAs. In addition the housekeeping supervisor will be responsible for doing</p>		

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F 371	<p>Continued From page 4</p> <p>had been busy performing other duties and had not checked the East Hall nourishment refrigerator and missed the undated strawberry nutritional shake and 2 bowls of undated and unlabeled fruit cocktail.</p> <p>On 03/27/17 at 3:08 PM an interview was conducted with the Administrator who stated it was the responsibility of the HM or her designee to have checked the East Hall nourishment refrigerator daily to assure foods were appropriately dated and labeled.</p> <p>2b. On 03/27/17 at 9:45 AM an observation of the West Hall nourishment refrigerator was conducted with the Dietary Manager (DM) and the Housekeeping Manager (HM). Observations revealed 1 pint of melted chocolate ice cream that was undated when opened and was stored in the refrigerator and not in the freezer, one unopened 4 ounce grape juice that was undated, and 1 bunch of undated and unlabeled green grapes. The HM removed the melted chocolate ice cream, grape juice, and the grapes from the West Hall nourishment refrigerator.</p> <p>On 03/27/17 at 9:50 AM an interview was conducted with the DM who stated the melted chocolate ice cream should have been dated when opened and stored in the freezer. The DM stated the 4 ounce grape juice per manufacturers' recommendations was good for 14 days once removed from the freezer. The DM stated the dietary staff should have placed an expiration date on the grape juice prior to placing in the West Hall nourishment refrigerator because there was no way to tell when the grape juice had expired. The DM stated the bunch of grapes should have been dated and labeled when placed</p>	F 371	<p>weekly audits to verify compliance. As aforementioned, the Dietary Aides will audit all refrigerators as they stock the nourishments at least twice per week.</p> <p>4. The Dietary Manager/Assistant Manager will monitor freezers/coolers and products in manufacturers packaging twice per week to assure items are labeled/dated correctly. The cooks will monitor on their respective shift. These checks will assure newly hired employees are following proper policy/procedures when labeling/dating food.</p> <p>The nourishment room refrigerators will be placed on a new weekly audit. A checkoff sheet will be placed on the refrigerator door to be signed off by third shift CNAs. In addition the housekeeping supervisor will be responsible for doing weekly audits to verify compliance. As aforementioned, the Dietary Aides will audit all refrigerators as they stock the nourishments at least twice per week.</p> <p>The administrator will conduct a weekly audit for 1 month and a monthly audit thereafter for 12 months of the coolers/freezers/nourishment room refrigerators before the monthly QAPI meeting to assure compliance. These audits will be monitored and corrective actions taken as necessary to ensure compliance.</p> <p>The administrator is overall responsible for compliance.</p>		

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F 371	Continued From page 5 in the nourishment refrigerator. The DM stated the HM was responsible to check the West Hall nourishment refrigerator daily to assure food was appropriately dated and labeled and outdated and unlabeled food was discarded. On 03/27/17 at 11:52 AM an interview was conducted with the HM who stated food placed in the West Hall nourishment refrigerator was required to be dated and labeled. The HM manager stated she was responsible to check the West Hall nourishment refrigerator daily to assure food was appropriately labeled and dated and was responsible to remove outdated and unlabeled food and discard. The HM stated she had been busy performing other duties and had not checked the West Hall nourishment refrigerator and missed the undated grape juice, undated and unlabeled grapes, and melted undated chocolate ice cream that was not stored in the freezer. On 03/27/17 at 3:08 PM an interview was conducted with the Administrator who stated it was the responsibility of the HM or her designee to have checked the West Hall nourishment refrigerator daily to assure foods were appropriately dated, labeled, and stored.	F 371			
F 520 SS=E	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:	F 520		4/7/17	

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F 520	<p>Continued From page 6</p> <p>(i) The director of nursing services;</p> <p>(ii) The Medical Director or his/her designee;</p> <p>(iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and</p> <p>(g)(2) The quality assessment and assurance committee must :</p> <p>(i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility's Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor the interventions that the committee put into place in</p>	F 520	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of</p>		

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F 520	<p>Continued From page 7</p> <p>February 2016. This was for one recited deficiency which was cited in February of 2016 on a Recertification survey and subsequently recited on the current recertification survey. The deficiency was in the area of food storage. The continued failure of the facility during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referenced to:</p> <p>F371 Based on observations and staff interviews the facility failed to ensure perishable foods were dated, labeled, and stored appropriately in 1 of 1 reach-in freezer, 1 of 1 walk-in freezer and in 2 of 3 nourishment refrigerators.</p> <p>During a recertification survey of 02/04/16 the facility was cited for F371 for failure to dispose of spoiled food and properly store foods together in refrigerator #1, label and date previously cooked food items in refrigerator #2, and label and date an item in the freezer. F371 was cited again on the current recertification survey for failing to date, label and appropriately store perishable foods in 1 of 1 reach-in freezer, 1 of 1 walk-in freezer and in 2 of 3 nourishment refrigerators.</p> <p>During an interview on 03/30/17 at 11:51 AM with the Administrator about the recurrence of problems identified with food storage that were similar to those identified on the facility's last recertification survey, the Administrator stated she felt like the problem in the kitchen had occurred in the past few weeks due to having 3 or 4 newly hired employees in the kitchen that were</p>	F 520	<p>deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>1. Skyland currently holds and will continue to hold daily, monthly, and quarterly QAA meetings to ensure compliance</p> <p>The Dietary Manager will report to the QAA committee deficient practices identified during the physical inspections and findings will be presented to the QAA committee to discuss results and if corrective actions as necessary including use of the facility progressive disciplinary policies that may include disciplinary actions up to and including termination of employment.</p> <p>The Administrator will audit the freezers/coolers weekly for one month and then monthly thereafter for twelve months before reporting to the QAA committee to assure compliance with the implemented interventions. The administrator will be responsible for identifying any breakdowns in the new system and to ensure corrective actions are taken to ensure compliance.</p> <p>2. Skyland currently holds and will continue to hold daily, monthly, and quarterly QAA meetings to ensure compliance</p>		

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F 520	Continued From page 8 still in training. She stated the facility had a new Registered Dietician that the Dietary Manager (DM) had been spending a lot of time with and was providing training for on the electronic record and facility policies/practices. The Administrator stated she had talked to the DM about the concerns and stated she thought the breakdown occurred when food deliveries were made and staff got in a hurry when the container was first opened and didn't label the container.	F 520	<p>The Dietary Manager will report to the QAA committee deficient practices identified during the physical inspections and findings will be presented to the QAA committee to discuss results and if corrective actions as necessary including use of the facility progressive disciplinary policies that may include disciplinary actions up to and including termination of employment.</p> <p>The Administrator will audit the freezers/coolers weekly for one month and then monthly thereafter for twelve months before reporting to the QAA committee to assure compliance with the implemented interventions. The administrator will be responsible for identifying any breakdowns in the new system and to ensure corrective actions are taken to ensure compliance.</p> <p>3. The Administrator will audit the freezers/coolers weekly for one month and then monthly thereafter for twelve months before reporting to the QAA committee to assure compliance with the implemented interventions. The administrator will be responsible for identifying any breakdowns in the new system and to ensure corrective actions are taken to ensure compliance.</p> <p>4. Interventions put into place will be</p>		

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F 520	Continued From page 9	F 520	<p>monitored and reported to daily, monthly QAA meeting. Any deficient finding will be addressed and a plan of action will be started.</p> <p>The interventions will be monitored/audited as stated in the plan of correction to assure the corrections are sustained and achieved.</p> <p>The Administrator will audit the freezers/coolers weekly for one month and then monthly thereafter for twelve months before reporting to the QAA committee to assure compliance with the implemented interventions. The administrator will be responsible for identifying any breakdowns in the new system and to ensure corrective actions are taken to ensure compliance.</p>		