

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/01/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF MARION			STREET ADDRESS, CITY, STATE, ZIP CODE 1264 AIRPORT ROAD MARION, NC 28752	
(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 000	INITIAL COMMENTS No deficiencies were cited as a result of this complaint investigation. See CMS 2567 11/01/18. Event ID #PYF511.	F 000		
F 812 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. §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 facility failed to remove a mold-like substance from 1 of 1 kitchen ice machines. Findings included: An observation on 10/29/18 at 9:20 AM of the kitchen's ice machine revealed mold-like substance on the upper inner part of the ice machine where ice was stored. The Dietary	F 812	Disclaimer Preparation and submission of this plan of correction is required by State and Federal law. This plan of correction does not constitute an admission for purposes of general liability, professional malpractice, or any other court proceeding. F812 Upon identification of the substance on	12/3/18

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

TITLE

(X6) DATE

Electronically Signed

11/20/2018

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>Manager (DM) was able to easily remove part of the mold-like substance from the ice machine with a dish cloth.</p> <p>An interview with the Dietary Manager at the time of the observation revealed she would not expect to find a mold-like substance in the ice machine and that it would be emptied and cleaned immediately. The Dietary Manager also stated the ice machine was last cleaned at the end of last month by dietary staff.</p> <p>The dietary staff member who cleaned the ice machine last month was not available for interview.</p> <p>An interview with the Administrator on 11/01/18 at 3:31 PM revealed there should not be a mold-like substance in the ice machine as it was cleaned monthly.</p>	F 812	<p>10-29-2018 the ice machine located in the kitchen was placed out of use. The Dietary Manager/ Designee emptied the ice machine, sprayed the interior with a food safe cleaner and manually cleaned with a cloth and hot water, then rinsed thoroughly. The air filter was also removed and cleaned at this time. The Dietary manager performed a visual inspection for cleanliness after the process and replaced air filter and placed ice machine back in operation. There were no Residents identified to have a negative outcome from this practice. All Residents had the potential to have been affected by this practice. In order to monitor and maintain compliance the following revisions for Dietary cleaning schedule are as follows: -Visual checks for cleanliness of the Ice machine and air filter will be performed and documented on the audit tool by the Dietary Manager/Designee daily x 1 month, then 2x weekly for 1 month, then 1x weekly for 1 month. -Revised Dietary cleaning schedule for ice machine will include, cleaning ice machine and air filter per manufactures recommendations (spray with food safe cleaner, cleanse with cloth and hot water then rinse thoroughly). This will performed and documented on the Audit tool every 2 weeks by Dietary Manager/ Designee indefinitely. The results of the audits will be forwarded to the facility monthly Quality Assurance Performance Improvement Committee x 3 months for further review and recommendations.</p>		

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

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F 812	Continued From page 2	F 812	The title of the person responsible for implementing the acceptable plan of correction is the Administrator.		