

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

PRINTED: 04/18/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  346204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/12/2012
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NAME OF PROVIDER OR SUPPLIER  STONECREEK HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 466 VICTORIA ROAD ASHEVILLE, NC 28801
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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 166 SS=D	<p><b>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</b></p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility documents and resident and staff interviews the facility failed ifollow up on a grievance regarding missing money for one (1) of three (3) sampled residents. (Resident #49)</p> <p>The findings are:</p> <p>Review of the facility document entitled Concern Form Policy dated January 2012 read in part: "All concerns relayed to any staff member should be filled out on a concern form. Once the form has been completed it should be given to the social worker. Once the concern has been resolved the resident and /or family member will be notified of the resolution. The social worker will keep a log of all concern forms in order to track trends and to ensure that concerns are followed up on in a timely manner."</p> <p>Resident #49 was admitted to the facility with the diagnoses of osteoarthritis, congestive heart failure and chronic pain. Review of Resident #49's most recent MInimum Data Set (MDS) dated 01/25/12 revealed she was cognitively intact.</p> <p>An interview was conducted on 04/10/12 at 9:49 AM with Resident #49. She reported she had</p>	F 166	<p><b>F 166 - Right to Prompt Efforts To Resolve Grievances</b></p> <p><i>StoneCreek Health and Rehabilitation requests to have this Plan of Correction serve as our written allegation of compliance. Our alleged date of compliance is April 26, 2012. Preparation and/or execution of this plan of correction does not constitute admission to nor agreement with either the existence of, our scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and executed to ensure continuing compliance with Federal and State regulatory law.</i></p> <p>The facility will continue to ensure that residents have the right to prompt efforts by the facility to resolve grievances.</p> <p>The Social Worker was in-serviced by the Administrator on April 11, 2012 regarding the proper Policy and Procedure for reporting, investigating, and prompt efforts to resolve a resident grievance.</p> <p>The Director of Social Services immediately investigated and resolved the grievance for resident # 49. The resident expressed satisfaction with the resolution.</p>	4-26-12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 4/27/12

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.

APR 27 2012  
BY: *[Signature]*



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F 166	Continued From page 1 seventeen (17) dollars taken out of her room. She reported she kept the money in the purse. Resident #49 reported she told the Social Worker about the missing mone and stated the Social Worker looked in her purse but nothing further was done about the missing money.  An interview was conducted on 04/11/12 at 2:39 PM with the Social Worker (SW). The SW stated she did remember Resident #49 reporting the missing seventeen (17) dollars and looking into her purse. She stated she did not fill out a concern form (grievance form) when Resident #49 reported this to her. She stated she should have filled out a concern form and followed up with a grievance. She could not remember when exactly this incident had occurred but she looked up the resident's personal funds account and a withdrawal had been made in December of 2011 for seventeen (17) dollars. She did not offer an explanation for why a grievance had not been done regarding the missing money.  An interview was conducted on 04/12/12 at 9:37 AM with the facility's Administrator. She stated an investigation should have been done regarding Resident #49's missing money.	F 166	All interview able residents and/or their family members were interviewed to determine any outstanding grievances. All grievances were addressed according to the facility policy/procedure and resolved appropriately by April 23, 2012.  All staff members were inserviced by the Director of Nursing, Dietary Manager, and Administrator during inservices held from April 15, 2012 through April 23, 2012 regarding the Grievance Policy and Procedure.  To ensure Quality Assurance, the Administrator and/or designee will meet ongoing, at least weekly, with the Department Managers to ensure any grievances are reported, investigated, and resolved per the Grievance Policy and Procedure. Additional education/training will be provided for any issues identified.	
F 371 SS=E	483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditlions	F 371	Continued compliance will be monitored on-going through the facility's Quality Assurance Program. The Administrator and/or Social Worker will present any identified areas of noncompliance in the Quality Assurance Meeting.	

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F 371	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to properly store, date, and discard outdated foods intended for resident consumption.  The findings are:  1. During an inspection of the kitchen on 04/09/12 at 10:10 AM the following food storage issues were observed:  a.) In the reach in cooler, stored and ready for use were approximately twenty-five (25) individual frozen nutritional supplements that were thawed and undated. Printed on the box was "Keep frozen contains milk" .  b.) In the reach in cooler, stored and ready for use was a tray of approximately forty (40) individual nutritional milk shake supplements, with expiration date of 04/07/12.  c.) In the walk in cooler were two (2) individual cartons of nutritional shake supplements with an expiration date of 03/13/12 and 03/25/12.  An interview was conducted on 04/12/12 at 1:21 PM with the Dietary Manager. The Dietary Manager stated she did not know until she read the box that the frozen supplements contained milk and were good only for five (5) days after they were thawed. She reported she discarded the frozen supplements. She reported in the	F 371	<b>F -371 Store/Prepare/Serve – Sanitary Dietary Services</b> The facility will continue to ensure food is procured from sources approved or considered satisfactory by Federal, State or local authorities; and store, prepare, distribute and serve food under sanitary conditions.  The fish, sausage, bacon, nutritional milk shakes, and frozen nutritional supplements were discarded at the time of survey.  An inspection was completed by the Certified Dietary Manager (CDM) of all food and food storage areas during survey. No further issues were identified.  Dietary staff was inserviced by the CDM regarding food procurement and storage on April 17, 2012.  A QA Monitoring tool will be utilized by the Dietary Manager/Designee to ensure ongoing compliance of food storage daily x 4 weeks.	4-26-12



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F 371	<p>Continued From page 3</p> <p>future she would date these supplements. She reported the outdated nutritional milk shake supplements should have been discarded. She reported she did not see them as they were behind another tray. She stated the two out dated nutritional shakes in the walk in cooler should have been discarded as well. She stated their process is when the nutritional supplements are taken from the freezer they are stamped with the date they will explre. She stated the nutritional shakes are good for fourteen (14) days after thawing.</p> <p>2. During an inspection of the kitchen on 04/09/12 at 10:10 AM the following food storage issues were observed:</p> <p>a.) One box of sausage links and one box of sausage pattles were observed stored in a walk in refrigerator, both boxes of sausages where thawed and undated. Printed on the link sausage box was "store at zero (0) degrees or below".</p> <p>b.) In the walk in freezer a box of frozen breaded fish was observed uncovered and open to air. The corners of the fish were noted to have no breading and white in color.</p> <p>An interview was conducted on 04/12/12 at 1:21 PM with the Dietary Manager. She stated the boxes of sausage had been removed from the freezer that morning at 5:00 AM to be used for breakfast. She did not know why the cook had put them back into the cooler instead of the freezer. She stated the boxes of sausage should have been dated and put back into the freezer. She stated staff should have sealed the inner bag containing the fish and closed the box not leaving</p>	F 371	<p>Audit results will be reported to the QA Committee for the next two meetings or until resolved. Additional education/training will be provided by the CDM and/or Registered Dietician for any issues identified.</p> <p>Continued compliance will be monitored by the Food Service Director and designees through routine kitchen observations. The QA Monitoring Tool will be completed at least monthly and reviewed by the dietician and/or Administrator and through the facility's Quality Assurance Program.</p>	

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