

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

PRINTED: 02/21/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/07/2013
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NAME OF PROVIDER OR SUPPLIER  BRIAN CTR HEALTH & REHAB/HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1870 PISGAH DRIVE HENDERSONVILLE, NC 28791
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F 000	INITIAL COMMENTS	F 000	F166	
F 166 SS=D	<p>No deficiencies were cited as a result of the complaint investigation. Event #IPOU11.</p> <p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</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 resident interview, staff interviews and record reviews the facility failed to address and resolve a grievance related to timely response to care for one of three residents. (Resident #191)</p> <p>The findings include:</p> <p>A review of the undated facility policy on ' Truly Listening to Our Customers (TLC)' program OP 20306.00 included that staff receiving concerns should acknowledge receipt of concern and immediately address the concern if possible and document the resolution. The policy detailed that it should be forwarded immediately to the supervisor or the Administrator/Director of Nursing for follow-up.</p> <p>Resident #191 was admitted on 1/18/13 with diagnoses which included acute cerebellar stroke, cardiovascular accident, Raynaud's syndrome, hypertension and anemia. The admission Minimum Data Set (MDS) dated 1/30/13 coded</p>	F 166	<p>A Concern Form for resident #191 was completed on 2/5/2013. The Resident was interviewed by the Administrator and his concern was addressed and documented on the concern form. In a follow up interview Resident #191 expressed satisfaction with the outcome. RCS #1, Nurse #1 and Nurse #3 were trained on Our Truly Listening to Our Customer Program and concern form process.</p> <p>Rounds were conducted by Department Managers and no other residents were found to be affected by the deficient practice.</p> <p>Department Managers were assigned halls and rounds are completed each morning Monday-Friday to see if there are any concerns to be addressed. Manager on Duty or Nurse Supervisor round on the weekend and document and address any concerns on the weekend. Concern forms are available at the front door and main Nurses' Station for families, staff and residents. Staff was in-serviced on Truly Listening To Our Customer program.</p> <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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	3-6-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kathryn Souther</i>	TITLE <i>Interim Administrator</i>	(X6) DATE 3-7-13
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her 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.



*original signature 3-1-13 mh*



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F 166	<p>Continued From page 1</p> <p>Resident #191 to be cognitively intact with no short term or long term memory issues and had a BIM (Brief Interview of Mental status) score of 15. The care plan for Resident #191 dated 1/28/13 included a problem area of bladder incontinence with approaches which included to observe for incontinence episodes at regular and frequent intervals and as needed.</p> <p>During an interview on 2/4/13 at 1:52 PM Resident #191 stated he had some concerns with the 3rd shift staff not responding appropriately when required. Resident #191 stated he complained to the 3rd shift nursing staff without any resolution. Resident #191 stated he described the situation to first shift Nursing Assistant (NA) #1 who was very receptive to the concerns and stated he would report the concern to nursing staff to resolve the issues. Resident #191 stated that since reporting the concern staff had not talked to him to resolve the issues.</p> <p>A review of grievance log for the month of January and February 2013 did not have any concerns documented related to Resident #191.</p> <p>On 2/6/13 at 1:23 PM NA #1 revealed that Resident #191 had discussed the concerns related to the care and he had reported the resident's concerns to Nurse #1 and Nurse #3. NA #1 stated that Resident #191 was still having some concerns related to incontinence care.</p> <p>On 2/6/13 at 1:26 PM Nurse #1 reported she was not aware of any concerns related to Resident #191. Nurse #1 stated she could not recall any nursing assistants bringing any concerns to her attention.</p>	F 166	<p>Daily rounds are conducted Monday-Friday by Department Managers, and on weekends by Manager on Duty and/or Nurse Supervisor. All concerns are discussed during the Morning Meeting Monday-Friday daily until they are resolved. Weekend Concerns are discussed on Monday. Each concern is recorded on the Electronic Care Management Board until it is resolved. At that time, it is removed from the Board and the form is placed in our Concern book.</p> <p>Effectiveness of process will be discussed weekly X 4 weeks during Morning Meeting and then monthly during QAPI.</p> <p>Completion Date: 3/6/2013</p> <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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.”</p>	

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F 166	Continued From page 2  On 2/6/13 at 9:11 PM Nurse #3 reported she was not aware of any issues from Resident #191 and no one had brought any concerns to her attention.  On 2/6/13 at 1:41 PM the Administrator and Director of Nursing reported they were not aware of any concerns related to Resident #191. Once brought to their attention, the administrator and DON investigated the concerns and resolved all grievances concerning Resident #191.	F 166		
F 281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews the facility failed to follow physician orders for 3 of 12 sampled residents. (Residents #10, #59, #177)  The findings are:  1. Resident #177 was admitted to the facility 11/19/12 with diagnosis which included craniotomy and post traumatic seizures.  Progress notes by the nurse practitioner dated 12/11/12 included documentation related to falls Resident #177 had since admission. The nurse practitioner noted the falls might have been related to episodes of hypotension. The nurse practitioner ordered Midodrine (a medication to treat hypotension) 2.5 milligrams three times a	F 281	F 281  Resident #177 was affected by the deficient practice. The physician was notified on 2/7/13 regarding resident #177. The physician assessed the resident on 2/7/13 and ordered Midodrine to be increased to 2.5mg po three times a day. Blood pressure parameters were d/c'd. Resident #59 was affected by the deficient practice. A Prilosec order was not transcribed on the February MAR for 1 additional week. The physician was notified on 2/6/13 regarding Resident #59. No new orders were written. The physician stated he was not aware of any discomfort the resident was having from not receiving the last week of Prilosec.  "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."	3-6-13



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F 281	Continued From page 3 day. On 12/24/12 the nurse practitioner did a follow-up visit to assess the initiation of Midodrine for Resident #177. The nurse practitioner noted, "hypotension-no lows as before, no further falls. Some high blood pressure. Will decrease Midodrine noon dose. Staff to notify in communication book if systolic less than 100 or greater than 180". A corresponding physician's order was written 12/24/12 to, Decrease Midodrine 2.5 milligrams to twice a day and to continue daily blood pressures. Place note in communication book for systolic less than 100 or greater than 180.  Review of the vital sign sheet for Resident #177 noted sixteen instances since 12/24/12 when the systolic blood pressure of Resident #177 was documented as less than 100. These blood pressures were: 01/08/2013 99/51 01/16/2013 96/53 01/17/2013 97/52 01/17/2013 90/55 01/18/2013 96/58 01/19/2013 99/47 01/20/2013 90/58 01/20/2013 89/49 01/22/2013 90/52 01/24/2013 89/50 01/25/2013 90/50 01/29/2013 92/54 01/30/2013 98/62 02/03/2013 99/58 02/05/2013 99/57 02/06/2013 81/40 Review of the medical record revealed the resident's last fall was 12/27/12.	F 281	Resident #10 was affected by the deficient practice on 2/5/13 regarding the transcription order. The Nurse Practitioner was notified and stated resident #10's last K+ level did not render him harm by the four additional days of K+ supplementation. No new orders were written.  Residents with the potential to be affected by the alleged deficient practice include, current facility residents with parameter monitoring orders and all residents with new medication orders each month. The Director of Nursing and Unit Managers conducted an audit to identify residents with parameter monitoring orders and audited charts to verify all orders were transcribed and noted. The audit was completed on 3/1/13 with no further discrepancies identified.  "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."	

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F 281	<p>Continued From page 4</p> <p>Review of the January 2013 Medication Administration Record (MAR) for Resident #177 revealed the order for Midodrine and note for "Daily blood pressures. Place note in communication book for systolic less than 100 or greater than 180." The MAR had only one recorded blood pressure for the month of January and that entry was 01/01/13 with a documented blood pressure of 83/54.</p> <p>Review of the February 2013 MAR revealed the instruction for daily blood pressure and reporting any less than 100 or greater than 180 in the communication book had not been included on the MAR.</p> <p>On 2/7/13 at 11:30 AM Nurse #4 (working on the unit Resident #177 resided) stated the communication book for the nurse practitioner was kept at the main nurses station. This communication book was located and reviewed and did not have any notations about the low blood pressures for Resident #177 since 12/24/2012. Nurse #4 also reviewed the February 2013 MAR for Resident #177 and verified there were no instructions to take blood pressures, parameters or when to notify the nurse practitioner.</p> <p>On 2/7/13 at 1:46 PM the unit supervisor (over the unit Resident #177 resided) and the Director of Nursing (DON) stated either nursing assistants or nursing staff take resident blood pressures. The DON stated the blood pressures are recorded by nursing staff on individual resident vital sign sheets in the medical record. The DON stated she expected nurses to report blood pressures that fell out of the ordered parameters for Resident #177 either to the nursing supervisor</p>	F 281	<p>The Director of Nursing and Unit Managers began in-service education for licensed nurses on 2/7/13 regarding parameter monitoring and reporting to MD. The Unit Managers or designee will review all new orders daily. Orders requiring monitoring of parameters will be added to the daily monitoring tool. The Unit Manager or designee will be responsible for following up daily to see that monitoring is being evaluated and acted upon. Any parameters outside of the physician's ordered guidelines will be called to the physician. In-service education will be completed on 3/4/13. The monitoring tool will be done daily x 30 days, then weekly ongoing. The monitoring tool will be compared daily to MD orders and MARS for accuracy.</p> <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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	



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F 281	<p>Continued From page 5</p> <p>or directly in the nurse practitioner communication book. The DON reviewed Resident #177's vital sign sheet and nurse practitioner communication book and could not explain why the sixteen blood pressures (with a systolic pressure recorded less than 100) were not communicated to the nurse practitioner or physician of Resident #177 as ordered. The DON stated instructions on the MARs should have triggered staff to review the resident's blood pressures. The DON could not explain why the blood pressure parameters and instructions had not been included on the resident's February MAR. After the interview, the DON informed the physician of Resident #177 of the low blood pressures and adjustment was made to the Midodrine.</p> <p>2. Resident #59 was originally admitted to the facility 05/26/10 and readmitted 01/13/13 after hospitalization for a respiratory infection. On 01/17/13 a nurse practitioner order was written for "Prilosec (a medication used to treat gastroesophageal reflux) 20 milligrams, twice a day for 1 week, then once a day for 2 weeks, then discontinue". An order was also written for Tums (an antacid) three times a day as needed for heartburn.</p> <p>Review of the January 2013 Medication Administration Record (MAR) for Resident #59 revealed the handwritten order for the Prilosec. The Prilosec was documented as given twice a day from 01/18/13-01/24/13 and once a day from 01/25/13-01/31/13. Handwritten on the January 2013 MAR beside the last dose of Prilosec was a note indicating to administer one more week. Review of the February 2013 MAR for Resident #59 noted the Prilosec was not given once a day</p>	F 281	<p>Systemic changes include, charts with new orders will be placed in a designated area to be signed off by a Licensed Nurse. The Director of Nursing and Unit Managers completed in service education on 3/6/13 regarding new systems in place. The Unit Managers/designee will add all new medication orders to the order audit tool. This tool will ensure that all medication orders are transcribed correctly to the MAR and entered into the computer correctly. The 11-7 nurses will complete chart checks on assigned hallways. The order audit tool will be used daily x 30 days, then weekly ongoing. The Director of Nursing will be conducting random MAR checks weekly beginning 3/4/13 x 4 weeks, then monthly on-going to ensure compliance.</p> <p>The Director of Nursing will review data obtained from audits to determine continued compliance/patterns. Trends will be identified, analyzed and reported in QAPI x 4 weeks, then monthly thereafter. The QAPI committee will evaluate effectiveness of the plan based on trends identified and develop and implement additional interventions as needed to assure continued compliance.</p> <p><u>Completion Date: 3/6/13</u></p> <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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	
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F 281	<p>Continued From page 6</p> <p>for one additional week. Review of the February 2013 MAR for Resident #59 revealed the Tums was not administered to Resident #59 during this time frame.</p> <p>On 02/06/13 at 10:20 AM the medical records director stated she typed up resident MARs and monthly orders. The medical records director reviewed the February MAR and February physician orders for Resident #59 and stated the Prilosec had inadvertently been left off the MAR and orders which resulted in the resident missing the last week of Prilosec.</p> <p>On 02/06/13 at 10:30 AM the Director of Nursing (DON) stated the weekend supervisor checked resident MARs for accuracy. The DON stated the weekend supervisor checked the MAR against the prior month MAR as well as physician orders (after the date the MAR being checked was printed). The DON stated the weekend supervisor was not available for interview and felt it was an oversight the Prilosec had not been included on the February MAR which resulted in Resident #59 missing the last week of the medication.</p> <p>On 2/6/13 at 2:30 PM the physician of Resident #59 stated the Prilosec and Tums had been ordered for Resident #59 after being on antibiotics. The physician stated he was not aware of any discomfort the resident was having as a result of not receiving the last week of Prilosec.</p> <p>3. A review of Resident #10's medical record revealed a medical order sheet with orders dated 02/01/13. One of the orders decreased the dose</p>	F 281	<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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	



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F 281	<p>Continued From page 7</p> <p>of the medication atorvastatin calcium (which lowers cholesterol) from 80 milligrams (mg) to 40 mg to be given at 9 PM. Another order discontinued the medication potassium chloride, previously ordered at a 20 milliequivalent (mEq) dose for 9 AM and 9 PM. Laboratory orders directed blood specimens be collected for a fasting lipid panel (FLP) in 3 months and a basic metabolic panel (BMP) in 1 month. An illegible signature in the nurse signature block was noted.</p> <p>A review of Resident #10's medication administration record (MAR) on the medication cart for the month of February, 2013 revealed an order for atorvastatin calcium 80 mg for 9 PM, with initials in date blocks from 02/01/13 to 02/04/13, and discontinuation of this same order in the 02/05/13 initial block. Another order for atorvastatin calcium 40 mg was handwritten on the MAR and dated 02/05/13, with initials in the block for 02/05/13 for administration on that day at 9 PM. An order was noted for potassium chloride 20 mEq for 9 AM and 9 PM, with initials in date blocks from 02/01/13 to 02/05/13, and discontinuation of this same order in the 02/05/13 block for 9 PM. Handwritten orders were noted on the MAR for a BMP in 1 month and FLP in 3 months, with both orders dated 02/05/13.</p> <p>On 02/06/13 at 12:20 PM Nurse #1, the Unit Nurse Manager, was interviewed. He stated he found the medical orders dated 02/01/13 for Resident #10, transcribing the orders from the chart to the MAR on 02/05/13. He stated Resident #10's new medical orders were flagged for nurse attention and the chart should not have been returned to the rack until the orders were transcribed. Nurse #1 stated to prevent orders</p>	F 281	<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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	
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F 281	Continued From page 8 from being missed, nurses on 11 PM to 7 AM shifts were expected to do a 24 hour chart check. He stated Resident #10 received a higher dose of atorvastatin calcium than ordered on 02/01/13 for and received potassium chloride after it was discontinued on 02/01/13, with Medication Variance Reports filed for facility review. Nurse #1 stated he communicated to the nurse practitioner who wrote the orders dated 02/01/13 of the missed transcription and was told Resident #10's last potassium level did not render him harmed by four additional days of potassium supplementation.  On 02/07/13 at 9:04 AM Nurse #2 was interviewed. She stated she had been employed by the facility for six months and worked the hallway where Resident #10 resided on the 11 PM to 7 AM shifts of 02/01/13, 02/02/13 and 02/03/13. Nurse #2 stated she relied on the off-going nurse who gave her shift report to update her on any new orders for assigned residents. She stated she did not know 11 PM to 7 AM shift nurses were expected to perform 24 hour chart checks for new orders.  On 02/07/13 at 4:10 PM the Director of Nursing (DON) was interviewed. She stated her expectation that 11 PM to 7 AM shift nurses performed 24 hour chart checks for new orders. The DON stated she was notified by the Unit Nurse Manager Resident #10's medical orders dated 02/01/13 were not transcribed to the MAR until he found them on 02/05/13. She stated these orders should have been transcribed the day they were written.	F 281		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	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."	

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345312</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/HENDERSONVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1870 PISGAH DRIVE HENDERSONVILLE, NC 28791</b>
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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	<p>Continued From page 9</p> <p>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 conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the Facility failed to (1) discard perishable food items which were open and exposed to air and past recommended storage dates and (2) maintain cleanliness of an air conditioning unit and adjoining window frame in the kitchen.</p> <p>Findings included:</p> <p>1. Review of a facility document titled "Storage Periods: Refrigerated Foods" with a revision date of March 2009 revealed various foods storage periods in refrigerators, freezers and on an unrefrigerated shelf. The storage period for opened lunch meats was noted as 3-5 days. The storage period for pancakes was noted as 3-5 days.</p> <p>On 02/04/13 at 8:35 AM the following observations were made:</p> <p>a. A 2 gallon sized plastic storage bag with a zip type enclosure was observed in a walk-in</p>	F 371	<p>F371</p> <p>The pancakes and ham were disposed of on 2/4/2013. Perishable food items were checked for recommended storage dates and sealed storage. No additional food items were found to be out of storage date and all food items were properly sealed. The window mounted air conditioning unit was cleaned, including the plastic air intake grill and fan-folded crevices on 2/8/2013. The window frame was also cleaned on 2/8/2013.</p> <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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	
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F 371	<p>Continued From page 10</p> <p>refrigerator. The date 01/05 was written on the bag with the year illegible. The zip type enclosure was open at the top of the bag exposing the pancakes to air.</p> <p>b. A 1 gallon sized plastic storage bag with a zip type enclosure containing sliced ham in its original and opened manufacturer packaging was observed in a walk-in refrigerator. The date 01/25/13 was written on the bag. The zip type enclosure was closed but a cut was noted immediately below the zip type enclosure and along the full width of the bag exposing the sliced ham to air.</p> <p>On 02/04/13 at 8:35 AM the Dietary Manager was interviewed. She stated she checked for storage dates during the week and the cook or cook's aide would check them on weekends. The Dietary Manager stated her expectation that perishable foods found opened or beyond their recommended storage dates should be discarded. She stated the pancakes and sliced ham would be discarded immediately.</p> <p>2. On 02/04/13 at 8:08 AM a window mounted air conditioning (AC) unit was observed. A dusty and greasy substance was noted on the plastic air intake grill of the AC unit. The AC unit was on and blowing cool air over a metal table located to the right side of a three compartment sink. Black dusty debris was noted on and in the fan-folded crevices of plastic cowling from both sides of the AC unit to the window frame. On the window frame dust was noted along the vertical window tracks and cob webs in the upper left corner.</p> <p>On 02/05/13 at 3:55 PM, 02/06/13 at 9:40 AM and</p>	F 371	<p>Dietary staff was in-serviced on food storage guidelines on 2/28/2013 by the Dietary Manager. The air conditioning unit and window frame were added to the routine cleaning schedule and the Dietary Staff was in-serviced on the new cleaning schedule by the Dietary Manager On 2/28/2013.</p> <p>Dietary Manager, Assistant Dietary Manager or Cook will check items daily for proper storage of foods and record on the sanitation-monitoring tool. The Dietary Manager or Assistant Dietary Manager will round daily Monday-Friday X 4 weeks, then weekly ongoing to assure the cleaning schedule is followed and record findings on the sanitation-monitoring tool.</p> <p>Dietary Manager or Assistant Dietary Manager will report findings during Morning Meeting daily Monday-Friday X 4 weeks, then weekly X 4 weeks and then monthly during QAPI.</p> <p>Completion Date: 3/6/2013</p> <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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.”</p>	
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NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/HENDERSONVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1870 PISGAH DRIVE HENDERSONVILLE, NC 28791</b>		
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F 371	<p>Continued From page 11</p> <p>02/07/13 at 9:40 AM a dusty and greasy substance was observed on the plastic air intake grill of the AC unit. The AC unit was on and blowing cool air over a metal table, located to the right side of a three compartment sink, on which sat a rack of clean pitchers and carafes. Black dusty debris was noted on and in the fan-folded crevices of plastic cowling from both sides of the AC unit to the window frame. On the window frame dust was noted along the vertical window tracks and cob webs in the upper left corner.</p> <p>On 02/07/13 at 9:40 AM the Dietary Manager was interviewed. She stated that dietary staff was assigned something to clean each shift and all identified areas were covered during a calendar week. The Dietary Manager stated that cleaning of the AC unit and window frame was not an identified area on the cleaning schedule. She stated that due to proximity of clean dishes the AC unit and window frame should be regularly cleaned.</p>	F 371	<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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>		