

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

PRINTED: 03/12/2013  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>345418 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>03/01/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ASHEVILLE HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1984 HIGHWAY 70<br>SWANNANOA, NC 28778 |
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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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| <p>F 000 INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigation. Event ID# NC00087171.</p> <p>F 371 483.35(i) FOOD PROCURE, SS=D STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -<br/>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br/>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observations and staff interview, the facility failed to remove dented cans from the dry storage area, failed to seal an opened container of bread crumbs and failed to ensure kitchenware was dry before stacking for storage.</p> <p>The findings included:</p> <p>1. During an observation of the facility kitchen on 02/25/13 at 2:30 PM, food service pans which were identified by the Food Service Director (FSD) as hotel pans, were observed stacked together one inside the other on a shelf used to store pans that were ready for use. One stack contained 6 one-third size hotel pans. The other stack contained 10 full size hotel pans. Upon examination moisture droplets were visible across the inside surface of each pan.</p> |  | <p>F 000</p> <p>F 371</p> | <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p><b>How the corrective action will be accomplished for the resident(s) affected.</b> All residents are at risk for potential food borne illness. The remaining bread crumb container was immediately discarded. The wet nested hotel pans were immediately removed from the shelf, washed, and air-dried. The dented #10 cans were removed from the shelf.</p> |  |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>Evelyn Leigh</i> | TITLE<br><i>Administrator</i> | (X6) DATE<br><i>3-20-13</i> |
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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 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

During an interview on 02/25/13 at 3:03 PM, the FSD revealed that food service pans should have been stacked to allow them to air dry and not stored wet.

During an interview on 03/01/13 at 1:00 PM, the Administrator stated the pans should have not been stored wet but should have been stacked to allow them to air dry.

2. During an observation of the dry storage area in the facility kitchen on 02/25/13 at 2:45 PM, a 25 pound bag of bread crumbs was stored on a shelf with other food items. The top of the bag was open to air with approximately 5 pounds bread crumbs remaining in the bag.

During an interview on 02/25/13 at 3:03 PM, the FSD stated the bag of bread crumbs should have had the top of the bag sealed.

During an interview on 03/01/13 at 1:00 PM, the Administrator stated the bag containing the bread crumbs should have not been left open to air but should have had the top of the bag sealed.

3. During an observation of the dry storage area in the facility kitchen on 02/25/13 at 2:50 PM canned goods were observed on a storage rack, ready for use. Two #10 cans of grape jelly had dented sides extending under the rim of the can; one #10 can of tomato paste had an indentation in the rim, and two 50 ounce cans cream of celery soup had dented rims that started at the top lip of the can and extended outward causing a protruding V-shape in the rim of the can.

During an interview on 02/25/13 at 3:03 PM, the

**How corrective action will be accomplished for those residents with the potential to be affected by the same practice.** All kitchen staff were in-serviced by the Dietary Manager on wet-nesting of dishware, ensuring closure of open items, and removal of dented cans from supplies upon delivery. A shelf was designated for dented can returns. Posters were displayed for visual reference for proper dented can disposal. Posters were also placed in the dish machine area for visual reference for proper air-drying of pans.

*2/26/13*

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FSD stated the dented cans should have been removed from the dry storage area and placed in her office so they weren't available for use.

During an interview on 02/28/13 12:00 PM, the FSD stated she gets a food delivery every Tuesday and Thursday. She stated the dietary staff who puts the canned goods in the dry storage area are responsible for checking the cans for dents and placing any cans with dents in her office so they are not available for use.

During an interview on 03/01/13 at 1:00 PM, the Administrator stated the dented cans should have been removed from the dry food storage area and not available for use.

F 371 **Measures in place to ensure practices will not occur.** Cooks will audit twice daily for compliance of dented cans, closure of open items, and proper air-dried dishware for three weeks, then daily for 3 weeks then weekly for 2 weeks.. The Dietary Manager will audit weekly for compliance of established audits for 8 weeks. Any areas found out of compliance by Dietary Manager will result in one on one coaching up to disciplinary action. The Administrator will have the discretion to request an audit be completed at anytime during the initial audits and after completion of the Dietary Manager's audits if deemed necessary or additional insurance of compliance is warranted.

**How the facility plans to monitor and ensure correction is achieved and sustained.** The Dietary Manager will present the results of daily and weekly audits to the QA Committee for continued compliance/revision to plan if needed.

3-26-13