DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/16/2014 FORM APPROVED OMB NO. 0938-0391

	CENTE	KO POK WEDICAKE	A MEDICAID SERVICES		<u> </u>	MD MO. 0990-099	
STREET ADDRESS, CITY, STATE, ZIP CODE TRANSYLVANIA REGIONAL HOSPITAL INC  SUMMARY SUFFICIENT OF DEFICIENCES BERUARD, NO. 28712  SUMMARY SUFFIGHENT OF DEFICIENCES BERUARD, NO. 28712  FOR JONE SOLUTION OF CORRECTION (ACA! COMMISSITE SURVEY SUNDAMATION)  F 371  483.35(I) 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 conditions  This REQUIREMENT is not met as evidenced by; Based on observations and staff Interview the facility failed to remove expired foods and dented canned goods from storage, completely cover stored foods and ensure the kitchen's silcer was cleaned for use.  The findings included:  1. Observations of the facility's kitchen on 09/30/14 from 0:30 AM to 10:00 AM revealed the following problems with food storage: a. Observations of the facility's kitchen on 09/30/14 from 0:30 AM to 10:00 AM revealed the following problems with food storage: a. Observations of foods stored in the kitchen's solored foods atored in the kitchen's walk-in refrigerator revealed sk (8) 32 ounce containers of yogunt that had expired, expiration dates of 00/12/14, Further observations of foods stored in this refrigerator revealed an opened turkey breast that was not completely covered.  Interview with the facility's Food Service Director (FSD), at the time of the observation, revealed staff should check the expiration dates of stored foods daily and diseard any foods found with an organizory principoles on propagarizory their preparessymments and delicitation will be organizory principoles on propagarizory their preparessymments and delicitation were to receive and the propagarizory the content of the observation, revealed staff should check the expiration dates of stored foods daily and diseard any foods found with an organizory principoles on propagarizory their preparesservity and process.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 10/01/2014	
TRANSYLVANIA REGIONAL HOSPITAL INC  PAGID  PREFIX  GRADI DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)  F 374  483.36(I) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must- (1) Procure food from sources approved or considered salisfactory by Federal, State or local authoritiles; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by; Based on observations and staff interview the facility falled to remove expired foods and dented canned goods from storage, completely cover stored foods and ensure the kitchen's slicer was cleaned for use.  The findings included:  1. Observations of the facility's kitchen on 09/30/14 from 9:30 AM to 10:00 AM revealed the following problems with food storage:  a. Observations of the facility's kitchen on 09/30/14 from 9:30 AM to 10:00 AM revealed the following problems with food storage:  a. Observations of the facility's kitchen on 09/30/14 from 9:30 AM to 10:00 AM revealed the following problems with food storage:  a. Observations of the facility's kitchen on 09/30/14 from 9:30 AM to 10:00 AM revealed the following problems with food storage:  a. Observations of the facility's kitchen on 09/30/14 from 9:30 AM to 10:00 AM revealed the following problems with food storage:  a. Observations of the facility's kitchen on 09/30/14 from 9:30 AM to 10:00 AM revealed the following problems of looks and observation, revealed skit (6) 32 ounce containers of yogurt, that had expired, expiration dates of 09/12/14. Further observations of foods stored in this refrigerator revealed an opened turkey breast that was not completely covered.  Interview with the facility's Food Service Director (FSD), at the time of the observation, revealed staff should check the expiration dates of stored foods adally and discard any toods found with an observation of process.			345484	B, WING			
TRANSYLVANIA REGIONAL HOSPITAL INC  (XN)ID  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (REGULATORY OR LSG IDENTIFYING INFORMATION))  F 371  483.35(I) 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 conditions  This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility falled to remove expired foods and dented canned goods from storage, completely cover stored foods and ensure the kitchen's slicer was cleaned for use.  The findings included:  1. Observations of the facility's kitchen on 09/30/14 from 9:30 AM to 10:00 AM revealed the following problems with food storage:  a. Observations of oods stored in this refrigerator revealed sk (8) 32 ounce containers of yogunt, that had expired, expiration dates of 09/12/14, Further observations of foods stored in this refrigerator revealed an opened turkey breast that was not completely covered.  Interview with the facility's Food Service Director (FSD), at the time of the observation, revealed staff should check the expiration dates of stored foods daily and discard any loods found with an abstinct of the preparation and the preparation of th	NAME OF	PROVIDER OR SUPPLIER					
F 371 REQUIREMENT Is not met as evidenced by; Based on observations and staff Interview the facility falled to remove expired foods and dented canned goods from storage, completely cover stored for sea, on 09/30/14 from 3:30 AM to 10:00 AM revealed the following problems with food storage:  a. Observations on 09/30/14 at 9:30 AM of 10:00 AM revealed the following problems with foods stored in this kides of 09/12/14, Further observations of loods stored in the kine of the observation, revealed staff should check the expiration dates of stored foods adily and discard any foods found with an astaffsk't) denotes a delicitory statement and for process.  Frame (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TARGET TO THE APPROPRIATE TARGET TARGET TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE TARGET TO THE APPROPRIATE TARGET TO THE APPROPRIATE STATE TO THE APPROPRIATE STATE TARGET TO THE APPROPRIATE STATE TAR	TRANSY	LVANIA REGIONAL H	OSPITAL INC		BREVARD, NC 28712		
F 371 483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered salisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to remove expired foods and dented canned goods from storage, completely cover stored foods and ensure the kitchen's value.  The findings included:  1. Observations of the facility's kitchen on 09/30/14 from 9:30 AM to 10:00 AM revealed the following problems with food storage:  a. Observations on 09/30/14 at 9:30 AM of foods stored in the kitchen's valk-in refrigerator revealed six (6) 32 outnee containers of yogurt that had expired, expiration dates of 09/12/14, Further observations of foods stored in this refrigerator revealed an opened turkey breast that was not completely covered.  Interview with the facility's Food Service Director (FSD), at the time of the observation, revealed foods aliy and discard any foods found with an opparting previous process.  Brail 100% of staff education will be completed by 10/28/2014.  New Staff will be educated through the Departmental Orientation process.	(X4) ID PREFIX YAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETION	
ON JUNE MAS, RN, RAC-CT D'VECTO, CONFIGUEUR S		The facility must - (1) Procure food fro considered satisfact authorities; and (2) Store, prepare, cunder sanilary conditions and satisfact authorities; and (2) Store, prepare, cunder sanilary conditions and satisfact authorities; and (2) Store, prepare, cunder sanilary conditions and satisfact authorities; and conned goods from stored foods and encleaned for use.  The findings include 1. Observations of the finding problems was a. Observations on stored in the kitchem revealed six (6) 32 of that had expired, exprurther observations refrigerator revealed was not completely content and completely content and staff should check til	inn sources approved or lory by Federal, State or local distribute and serve food service was distributed by the storage, completely cover sure the kitchen's slicer was distributed by the storage; completely cover sure the kitchen's slicer was distributed by the kitchen on AM to 10:00 AM revealed the with food storage; containers of yogurt point of the containers of yogurt point of the covered by the service of the observation, revealed the expiration dates of stored in the covered.	F 371	the safety and quality of care of all paths staff and visitors seriously. Appropriate and Mission Health System (MHS) lead team members were notified regarding citation to be issued as a result of the survey immediate abatement actions were take through disposal of six (6) 32 ounce containers of yogurt, one (1) open turke breast, one (1) package of cookle doug (4) 14 ounce cans of condensed milk at (4) half pint expired milks.  Transylvania Regional Hospital's (TRH) and Nutrition Staff were re-educated an verbalized understanding regarding the policy number 3PC.DIET 074 related to procurement, storage, preparation and serving. This education was initiated on 10/16/2014 by the Staff Registered Diet (RD) at a staff meeting. Education will completed by 10/28/14 by the Staff Registered Diet (RD) at a staff meeting. Education will completed by 10/28/14 by the Staff Registered Diet (RD) at a staff meeting. Education will scompleted by 10/28/14 by the Staff Registered Diet (RD) at a staff meeting. Education will scompleted by 10/28/14 by the Staff Registered Diet (RD) at a staff meeting. Education will be completed by 10/28/2014.  N=18 100% of staff education will be completed by 10/28/2014.	ents, TRH lership the urvey.  09/30/2014 en ey h, four hd four  Food d TRH food  10/16/14 litlan be gistered Staff	
deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is	PRATORY	PIRECTOR'S OR PROVIDE	rusupplier nepresentative's sign AAAS, RN, RAC	ATURE -	Frector, Continuen	SVC 19/28/	
wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are sollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisit tram participation.	r salegua wing the c s following ram partie	rds provide sufficient prot date of survey whether or the date these document cipation.	ection to the patients. (See Instructions not a plan of correction is provided. For is are made available to the facility. If	s.) Except for or nursing hon deficiencies a	on may be excused from correcting providing i nursing homes, the findings stated above are nes, the above findings and plans of correction ro cited, an approved plan of correction is requ	l is determined that disclosable 90 days rare disclosable 14	

Original Signature Date: 10/21/14

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by: PAM

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

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUI	IULTIPLE CONSTRUCTION LOING	(X3) DATE SURVEY COMPLETED		
345484 B. Wil	NG	10/01/2014		
NAME OF PROVIDER OR SUPPLIER  TRANSYLVANIA REGIONAL HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL DRIVE BREVARD, NG 28712			
PREFIX (EACH DEFICIENCY MUSY BE PRECEDED BY FULL PRI	PROVIDER'S PLAN OF CORRECTION FIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION		
F 371 Continued From page 1 expired expiration date. The FSD further stated that all foods should be completely covered when stored by staff.  b. Observations on 09/30/14 at 9:35 AM of foods stored in the kitchen's walk-in freezer revealed a bag of cookle dough that was opened and not completely covered.  Interview with the facility's FSD, at the time of the observation, revealed all foods should be completely covered when stored by staff.  c. Observations on 09/30/14 at 9:40 AM of foods stored in the kitchen's dry good storage area revealed four (4) 14 ounce cans of condensed milk that were dented.  Interview with the facility's FSD, at the time of the observation, revealed any dented cans should be removed from possible use by staff by placing them in the store room's designated "dented can" area for return to the product's vendor.  d. Observations on 09/30/14 at 9:50 AM of the kitchen's milk refrigerator revealed four (4) half pint cartons of chocolate milk that had expired expiration dates of 09/27/14.  Interview with the facility's FSD, at the time of the observation, revealed staff should check the expiration dates of the milks store in the refrigerator every day to ensure they do not have expired expiration dates.  2. Observations on 09/30/14 at 9:55 AM of the kitchen's electric silcer revealed the silcer was stored and ready for use. Observations of the	Monitoring of the food preparation areas conducted daily by the Chefs and or Die Supervisor to ensure compliance. The caudits include storage shelves, refrigeratives, dry goods storage areas, milk refrigerators, slicers, and other kitchen at These daily audits will continue for a min of four (4) months until 100% compliance achieved for four (4) consecutive months. Following the successful achievement of 100% compliance in those four (4) consecutive months, the Food Service Director will conduct monthly random auditable. All foods shall be utilized or disciprior to the expiration or "use by" date. Appreviously opened foods shall be proper covered and labeled with open dates an expiration dates. Monitoring of expiration dates of food is conducted daily by the Cand or Dietary Supervisor to ensure compliance. These daily audits will contifor a minimum of four (4) months until 10 compliance is achieved for four (4) consecutive months. Following the succeptive months. Following the succeptive months. Following the succeptive months. Following the succeptive months achievement of 100% compliance in the four (4) consecutive months, the Food Solvetor will conduct monthly random audit. All cans shall be inspected upon recand prior to opening by the Chefs, Cook Dietary Supervisor. Any dented cans shall be conducted daily by the Chefs cans will be conducted daily by the Chef can	stary daily tors, areas, nimum e is s. f dits. arded 10/16/14 All ly d n Chefs nue 20% essful se ervice dits, seipt s or nall be rned nted is or		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
	345484	B, WING	0	10	/01/2014		
NAME OF PROVIDER OR SUPPLIER  TRANSYLVÁNIA REGIONAL HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL DRIVE BREVARD, NC 28712				
PREFIX (EACH DEFICIENCY	TÉMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SỐ IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CÓRRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETION DATE		
dried while substand turkey.  Interview with the fa observation, confirm use and the slicer's FSD stated that staf	ge 2 with an accumulation of a ce which appeared to be dried cellity's FSD, at the time of the ned the slicer was ready for blade was not clean. The if is instructed to clean the ng the slicer's blade, prior to	F 371	These daily audits will continue for a m of four (4) months until 100% compliant achieved for four (4) consecutive month Following the successful achievement of 100% compliance in those four (4) consecutive months, the Food Service Director will conduct monthly random a 2. All slicers shall be cleaned and sanit after each use, and covered when not it No food or encrusted debris will be on the blade, machine base, or counter under slicer. Staff are to sign off on a daily cleared that he/she has appropriately cleared that he/she has appropriately cleared the slicer following each use. Weekly a of the daily cleaning record will be cond by the Food Service Director, Chef or Dispervisor to ensure compliance with the cleaning process and will continue until demonstrated compliance rate of 100% achieved for four (4) consecutive month Following the successful achievement of 100% compliance in those four (4) consecutive months, the Food Service Director will conduct monthly random at Aggregate results of all audits will be showith the Food and Nutrition Department at monthly staff meetings.  Summary results of the audit data will be presented to the Quality Council of the food Directors monthly for the first year.	ce is is, of udits, lized in use, he tine aning eaned udits lucted bletary he a is, is is is is is is is	10/16/2014		