

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2015
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES-CHERRYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 7615 DALLAS CHERRYVILLE HIGHWAY CHERRYVILLE, NC 28021		
(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	F 000			
F 371 SS=E	<p>No deficiencies were cited as a result of the complaint investigation. Event ID #3Y5Y11.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</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 observation and staff interview the facility failed to dry kitchenware (tray pans) before stacking them on top of one another in a storage unit, failed to sanitize a food preparation table after placing a box and canned goods on it, and failed to cover baked goods taken from the oven until they were served. Findings included:</p> <p>1. At 9:30 AM on 06/18/15 11 of 15 tray pans stacked on top of one another in a storage unit had moisture inside of them. The cook stated he had not yet run kitchenware from the breakfast meal through the three-compartment sink system so these trays pans were stacked wet the night before.</p> <p>At 10:07 AM on 06/18/15 the cook was observed removing wet tray pans from the draining board of the three-compartment sink and stacking them on</p>	F 371	<p>Filing the plan of correction does not constitute admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the facility's desire to comply with the requirements and to continue to provide high quality of care.</p> <p>F371 For all residents affected and having the potential to be affected, education was provided to all dietary staff by the Dietary District Manager regarding drying kitchenware prior to stacking them in a storage unit, sanitizing food preparation areas after each task is completed, and covering baked goods. Any staff member on leave of absence will be educated prior to beginning work.</p>	7/17/15	

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

TITLE

(X6) DATE

Electronically Signed

06/30/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2015
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES-CHERRYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 7615 DALLAS CHERRYVILLE HIGHWAY CHERRYVILLE, NC 28021		
(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 371	<p>Continued From page 1 top of other tray pans in a storage unit.</p> <p>At 10:22 AM on 06/18/15 18 of 22 tray pans stacked on top of one a in a storage unit had moisture inside of them. In addition, 5 of 12 baking pans were stacked on top of one another in the same storage unit with moisture still on them.</p> <p>At 3:18 PM on 06/18/15 the dietary manager (DM)/chef stated during in-services the dietary staff was instructed to allow kitchenware to air dry before placing it into storage. He reported he encouraged the staff to wash and dry kitchenware in small batches because there was limited space in the kitchen to air dry large quantities of kitchenware all at one time. The DM/chef commented allowing moisture to be trapped between pieces of kitchenware for long periods of time had the potential of promoting bacterial growth.</p> <p>At 3:32 PM on 06/18/15 the PM cook/chef stated he was in-serviced to make sure kitchenware was clean and dry before being placed in storage.</p> <p>2. During food preparation observation on 06/18/15 at 9:48 AM a box of frozen roll dough was placed on a food preparation table. Three cans of baked bean were also placed on the table.</p> <p>At 9:53 AM on 06/18/15 a rag, which was removed from a bucket of dry rags stored under the food preparation table, was used to wipe down part of the table.</p> <p>At 9:55 AM on 06/18/15 two more cans of baked beans were placed on the same food preparation</p>	F 371	<p>6/19/15 The clean dish storage area has been changed to a drying area to allow for additional space to dry kitchenware. Additional drying racks have been ordered to allow more room for all kitchenware to dry completely prior to stacking them in a storage unit. 7/17/15 An audit tool was developed for kitchen sanitation to include observing that all kitchenware is dry prior to stacking, food preparation surfaces are sanitized between each preparation task, and all baked goods are covered while cooling. Audits will be completed by the Dietary Manager or cook daily for 4 weeks, then weekly for 4 weeks. Audits will continue monthly and the results will determine the need for more frequent monitoring. 7/1/15 All audit information will be analyzed and discussed by the Dietary Manager at the QA Committee Meetings. 7/16/15</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2015
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES-CHERRYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 7615 DALLAS CHERRYVILLE HIGHWAY CHERRYVILLE, NC 28021		
(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 371	<p>Continued From page 2 table.</p> <p>A 9:57 AM on 06/18/15 a spoodle used in the preparation of the baked beans was placed in the same area where the box and cans were previously sitting on the food preparation table.</p> <p>No sanitizing solution was applied to the food preparation table between 9:48 AM and 10:00 AM on 06/18/15.</p> <p>At 3:18 PM on 06/18/15 the dietary manager (DM)/chef stated during in-services the dietary staff was trained to "clean as you go", clean and sanitize, and then move on to the next food preparation task. He explained emphasis was placed on completing one task before starting on another.</p> <p>At 3:32 PM on 06/18/15 the PM cook/chef stated the dietary staff was trained to wipe down and sanitize food preparation surfaces between each preparation task. He reported boxes and cans could pick up dirt and bacteria during transport and storage, and they posed the risk of contamination unless the food preparation areas where they were sitting were sanitized immediately after they were removed.</p> <p>3. At 11:43 AM on 06/18/15 two pans of rolls were sitting uncovered on a food preparation counter. The pans were only slightly warm to the touch. Two flies were observed in the kitchen, one repeatedly hovering close to the steam table which was near the counter where the rolls were uncovered.</p> <p>At 11:48 AM on 06/18/15 a dietary aide began placing some of the rolls in plastic bags.</p>	F 371			

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

PRINTED: 07/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2015
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES-CHERRYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 7615 DALLAS CHERRYVILLE HIGHWAY CHERRYVILLE, NC 28021		
(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 371	<p>Continued From page 3</p> <p>However, she left one and a half pans of rolls uncovered as she began another task.</p> <p>At 11:59 AM on 06/18/15 one and a half pans of rolls remained uncovered with multiple flies still present in the kitchen.</p> <p>At 3:18 PM on 06/18/15 the dietary manager (DM)/chef stated the dietary aide should have completed the task of bagging the rolls before she moved on to other tasks. He commented if flies or insects landed on cooling baked goods there could be bacterial contamination because the food would not be re-exposed to heat which could kill the bacteria.</p> <p>At 3:32 PM on 06/18/15 the PM cook/chef stated the dietary staff was in-serviced to cover cooling baked goods in order to keep insects such as flies and dirt off the product which might have the potential of making residents sick.</p>	F 371			