

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2016
NAME OF PROVIDER OR SUPPLIER STONECREEK HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 455 VICTORIA ROAD ASHEVILLE, NC 28801		
(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 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interviews the facility failed to maintain sanitary conditions during 1 of 2 observations of food tray preparation.</p> <p>Findings Included:</p> <p>During an observation on 10/05/16 at 11:59 AM Dietary Staff #2 was observed preparing residents' lunch trays. Dietary Staff #2 placed drinks, unwrapped silverware, and napkins on trays with ungloved hands. Dietary Staff #2 was observed to lick her finger while separating food tickets prior to placing them on the lunch trays. The dietary staff was also observed touching the side of her face with her bare hand. Dietary Staff #2 continued placing the items on multiple lunch trays without stopping the line to wash her hands.</p> <p>In an interview on 10/05/16 at 2:28 PM Dietary Manager stated the expectation was dietary staff should wash their hands before starting food tray preparation. Gloves should be worn if dietary staff handle food. If dietary staff lick their finger and touch their face, the tray line service should</p>	F 371	<p>F371 - Food Procure, Store/Prepare/Serve - Sanitary</p> <p>Disclaimer Clause: Preparation and or execution of this plan does not constitute admission or agreement by the Provider of the truth of facts alleged or conclusion set forth on the statement of deficiencies. The plan is prepared and or executed solely because it is required by the provisions of the State and Federal law.</p> <p>Dietary Staff #2 was in-serviced on handwashing and maintaining a sanitary condition during food tray preparation. This was completed on 10/8/2016</p> <p>All Dietary Staff and all Department Heads will be in-serviced by a Registered Dietician on proper handwashing and maintaining a sanitary condition on the tray line during food tray preparation. This will be completed by 10/28/16.</p>	11/1/16	

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

TITLE

(X6) DATE

Electronically Signed

10/27/2016

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 371	Continued From page 1 be stopped while the staff wash their hands before returning to food tray preparation. In an interview on 10/05/16 at 2:40 PM, Dietary Staff #2 stated she should have stopped and washed her hands after she licked her finger and touched her face.	F 371	The Dietary staff will be monitored during tray line preparation for proper handwashing and maintaining a sanitary condition. Monitoring will be completed by the Dietary Manager, Administrator, and or Department Head. Results will be recorded on the Sanitary Conditions on Tray Line monitoring tool. Monitoring will occur ten times per week with a minimum of once per day for one month and then five times a week for two months. Results of the monitoring will be reviewed by the Administrator and reported to the Quality Assurance Committee(QA)monthly. Further monitoring will occur as directed by the QA committee. A Registered Dietician will monitor the Dietary staff during tray line preparation for proper handwashing and that a sanitary condition is maintained. This monitoring will occur once a month for three months. Results of the monitoring will be reviewed by the Administrator and reported to the Quality Assurance Committee(QA)monthly. Further monitoring will occur as directed by the QA Committee.		