

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

PRINTED: 10/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/11/2024
NAME OF PROVIDER OR SUPPLIER GRACE HEIGHTS HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 109 FOOTHILLS DRIVE MORGANTON, NC 28655		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey was conducted on 09/08/24 through 09/11/24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# VRL111. INITIAL COMMENTS	F 000			
F 812 SS=E	A recertification and complaint investigation survey was conducted from 09/08/24 through 09/11/24. Event ID# VRL111. The following intakes were investigated: NC00210222, NC00210300, NC00210300, NC00211504, and NC00213331. 12 of the 12 complaint allegations did not result in deficiency. Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	F 812		9/12/24	

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

TITLE

(X6) DATE

Electronically Signed

09/27/2024

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 812	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to label and date leftover food items stored for use and failed to keep a food storage area clean. These practices occurred in the walk-in refrigerator and had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>An initial tour of the kitchen occurred on 9/8/24 at 9:28 AM. The following concerns were identified:</p> <p>a. Items in the walk-in refrigerator that were opened and labeled, but past the use by date included:</p> <ul style="list-style-type: none"> - a resealable bag of seven prepared biscuits labeled with a use by date of 9/6/24. - a resealable bag of five hamburger patties with a use by date of 9/5/24. <p>b. Items in the walk-in refrigerator that were opened and not labeled or dated included:</p> <ul style="list-style-type: none"> - one gallon of whole milk. - two resealable bags with opened bags of whipped cream. <p>c. A plastic container of coleslaw was observed on a shelf above unopened cardboard boxes. The boxes had white stains from the coleslaw container which leaked to the shelf below.</p> <p>An interview with the Dietary Manager (DM) on 9/8/24 at 11:33 AM was conducted. She explained kitchen staff had been in-serviced many times before on labeling and storing food items in the refrigerator. She stated staff was rushed from breakfast and a staff member had called out and they put items back in the refrigerator too quickly.</p>	F 812	<p>All items found during initial walk through were corrected immediately. The resealable bag of seven prepared biscuits labeled with a use by date of 9/6/24 and the resealable bag of five hamburger patties with a use by date of 9/5/24 were discarded. The one gallon of whole milk and whipped cream were dated. The plastic container of coleslaw was discarded, and area cleaned.</p> <p>A 100% audit of all food storage was completed on 9/8/2024 by Dietary Manager to verify all food was stored, dated, and labeled correctly. Any concerns found at time of audit were resolved immediately. An ad hoc QAPI meeting was held on 9/9/24 to discuss deficient practice, determine the root cause analysis and create a plan of correction.</p> <p>To prevent this from recurring, education was provided on 9/9/2024 to the Dietary Manager by the Administrator related to the expectation that items be stored, labeled with all required information, and discarded immediately upon expiration or use by date. The Dietary Manager provided education to all dietary staff on the above education. No dietary staff will be allowed to work until education is provided. Education will be added to the new hire orientation and new dietary employees will not be allowed to work until education has been completed.</p>		

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F 812	Continued From page 2 An interview with the Administrator on 9/11/24 at 10:00 AM revealed labeling and storing food items had not been an issue for the kitchen in the past. She stated the DM educated kitchen staff on proper labeling and storing of food items after the kitchen tour.	F 812	The Dietary Manager will conduct audits on all food storage areas 5 times a week for 4 weeks, and then all food storage areas 3 times a week for two weeks, and then all food storage areas 1 time a week for 4 weeks to ensure all food is stored, dated, and labeled correctly. The Administrator will bring audits to the Quality Assurance Performance Improvement (QAPI) committee monthly for 3 months. The QAPI committee will evaluate the effectiveness of training and observations to determine if continued auditing is necessary to maintain compliance. Date of compliance: 9/12/2024		