

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

PRINTED: 06/05/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER DEERFIELD EPISCOPAL RETIREMENT			STREET ADDRESS, CITY, STATE, ZIP CODE 1617 HENDERSONVELLE ROAD ASHEVILLE, NC 28803		
(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	INITIAL COMMENTS	F 000			
F 812 SS=D	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to remove expired prepackaged produce stored for use in 1 of 3</p>	F 812	<p>Plan of Correction F812</p> <p># 1 - Address how corrective action will be</p>	5/5/25	

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

TITLE

(X6) DATE

Electronically Signed

04/14/2025

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>kitchen refrigerators (reach-in refrigerator). The practice had the potential to affect food served to residents.</p> <p>Findings included</p> <p>On 3/31/25 at 9:05 AM an observation was made in the kitchen with the Dietary Manager (DM). The reach-in refrigerator was observed to contain an unopened bag of shredded cabbage with a use by date of 3/27/25 on the bag.</p> <p>The DM was interviewed on 4/2/25 at 12:30 PM and stated the shredded cabbage was brought to the kitchen from another kitchen on site to be used that night as an alternative food choice. The staff in the kitchen did not check the expiration date of the cabbage and it was placed into the reach-in cooler. The DM stated the procedure was to check all food delivered for expiration dates before storing it.</p> <p>The Administrator stated on 4/03/25 at 10:52 AM the kitchen should not have accepted the expired food brought into the kitchen. He said when food had expired it should be removed from storage and discarded.</p>	F 812	<p>accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> The expired food items and items not properly stored and labeled identified by the surveyor (an unopened bag of shredded cabbage with a use by date of 3/27/25 on the bag.) was thrown out immediately on March 31, 2025 by the Dietary Manager. <p># - 2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <ul style="list-style-type: none"> On March 31, 2025, the Dietary Manager and Director of Culinary Services inspected food storage areas, coolers and refrigerators for outdated food items and properly labeled food items. Upon completion of the licensed area food storage inspection, no further expired or improperly labeled items were noted other than those previously identified during survey inspection. <p># -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <ul style="list-style-type: none"> All dining staff were in-serviced by the Dietary Manager and Director of Culinary Services regarding discarding expired food items, proper labeling and storage of food items. All licensed area dining staff received this required education by March 31, 2025. Newly hired dining staff employees will be educated on discarding expired food items, proper labeling and 		

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F 812	Continued From page 2	F 812	<p>storage of food items during their orientation.</p> <ul style="list-style-type: none"> At the start of each shift the Dining Manager, the Director of Culinary Services, or their designee will inspect the coolers to ensure no outdated product is in the coolers. If outdated items are found, they will be discarded immediately. All items delivered to the skilled nursing kitchen from the main kitchen will be inspected to ensure no outdated product is present prior to stocking in the healthcare area. <p># - 4 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed.</p> <p>The Dietary Manager, the Director of Culinary Services, or their designee will inspect the coolers, refrigerators and food storage areas to determine if food has been labeled with an "opened date" and the date is not expired (needs discarding). These audits will be done 2 times a week for 2 weeks, then weekly for 2 weeks. A tracking tool entitled "Food Storage" was developed to record these results. The Dietary Manager, or Director of Culinary Services, or their designee will report the results at the monthly Quality Assurance Performance improvement Committee meetings where the results will be reviewed and discussed. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p>		

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F 812	Continued From page 3	F 812	<p>The Dietary Manager, the Director of Culinary Services, or their designee will inspect the delivery cart from the main kitchen to determine if food has been labeled with an "opened date" and the date is not expired (needs discarding). These audits will be done 2 times a week for 2 weeks, then weekly for 2 weeks. A tracking tool entitled "Delivery Audit" was developed to record these results. The Dietary Manager, or Director of Culinary Services, or their designee will report the results at the monthly Quality Assurance Performance improvement Committee meetings where the results will be reviewed and discussed. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p> <p># 5 Anticipated Audit Completion date: May 5, 2025</p> <p>Plan of Correction – F812 1. Corrective Actions for Residents Affected by the Deficient Practice: On March 31, 2025, the expired and improperly stored food items identified by the surveyor were immediately discarded by the Dietary Manager. These items included 1 bag of cabbage (expired 3/27/25) 2. Identification of Other Residents Who Could Have Been Affected: On March 31, 2025, a comprehensive inspection of all food storage areas, including coolers and refrigerators, was</p>		

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F 812	Continued From page 4	F 812	<p>conducted by the Dietary Manager and Director of Culinary Services. The inspection ensured all items were within expiration dates and properly labeled. No additional expired or improperly stored food items were found other than those previously identified during survey inspection.</p> <p>3. Measures and Systemic Changes to Prevent Recurrence: All dining staff were re-educated by the Dietary Manager and Director of Culinary Services on proper food storage protocols, including discarding expired items and appropriate labeling. This in-service training was completed for all licensed dining staff by March 31, 2025. Newly hired dining staff will receive this training during orientation. To ensure ongoing compliance, the Dining Manager, Director of Culinary Services, or their designee will inspect all coolers at the beginning of each shift. Any expired items found will be discarded immediately.</p> <p>4. Monitoring to Ensure Sustained Compliance: Twice weekly for two weeks, followed by weekly checks for an additional two weeks, the Dietary Manager, Director of Culinary Services, or their designee will audit all food storage areas, coolers, refrigerators and deliveries from the main kitchen. The audits will verify that all food items are properly labeled with an "opened" date and are within the appropriate date range. A tracking tool titled "Food Storage" has been developed to document these inspections. Audit results will be reviewed</p>		

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F 812	Continued From page 5	F 812	<p>and discussed at the monthly Quality Assurance Performance Improvement (QAPI) Committee meetings. The Committee will assess outcomes and revise the plan of action as necessary to ensure ongoing compliance.</p> <p>Twice weekly for two weeks, followed by weekly checks for an additional two weeks, the Dietary Manager, Director of Culinary Services, or their designee will audit all food storage deliveries from the main kitchen to the health care kitchen to verify that all food items are properly labeled with an "opened" date and are within the appropriate date range. This will be done prior to removing items from the delivery cart and stocking delivered items in the Healthcare kitchen.</p> <p>A tracking tool titled "Delivery Audit" has been developed to document these inspections. Audit results will be reviewed and discussed at the monthly Quality Assurance Performance Improvement (QAPI) Committee meetings. The Committee will assess outcomes and revise the plan of action as necessary to ensure ongoing compliance.</p> <p>5. Anticipated Completion Date for Corrective Actions: May 5, 2025</p>		