

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2019
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NAME OF PROVIDER OR SUPPLIER THE VILLAGES OF WILKES TRADITIONAL LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 206 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659
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(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Wilkes County Department of Social Services conducted an annual and follow-up survey on August 13-14, 2019.	D 000		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the reach-in ice machine in the kitchen was clean and free of contamination related to the build-up of a black and pink residue located inside the ice machine. The findings are: Review of the local Environmental Health sanitation report dated 08/08/19 revealed: -The inspection score was 99.5. -A demerit of 0.5 was taken due to "soil buildup around ice machine." Observation of the reach-in ice machine located in the kitchen on 08/13/19 at 10:10am revealed a black and pink residue located across the interior of the reach-in ice machine. Interview with the Dietary Manager (DM) on 08/13/19 at 10:10am revealed: -The maintenance staff were responsible for	D 282	The ice machine was put out of use immediately. The machine was cleaned and sanitized by maintenance staff on 8-13-19. Maintenance staff will be responsible for cleaning / sanitizing the ice machine every 6 months per manufacturer protocol and follow the steps outlined in the procedure manual. Maintenance staff will inspect the machine every month and clean extra if necessary. The maintenance director will assure the cleaning is followed on schedule. The dietary manager's responsibility will include wiping down the ice machine with a food safe sanitizer and clean the plastic parts that reside above the ice on a weekly basis.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kendra Byrd

TITLE

Administrator

(X6) DATE

9-5-19

Reviewed & Acknowledged J. Henderson on 9/16/19

Division of Health Service Regulation

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D 282	<p>Continued From page 1</p> <p>cleaning the reach-in ice machine once a week. -The reach-in ice machine in the kitchen had been used on 08/13/19 for resident beverages. -He was not aware there was a black and pink residue located inside the reach-in ice machine.</p> <p>Interview with the Maintenance Assistant (MA) on 08/13/19 at 10:22am revealed: -One of his job responsibilities included making sure the reach-in ice makers in the facility were functioning properly and making ice. -When he last observed the interior of the reach-in ice machine in the kitchen, he did not see the black and pink residue. -He was unsure who was responsible for cleaning the reach-in ice machines in the facility.</p> <p>Interview with the Maintenance Director on 08/13/19 at 10:35am revealed: -Maintenance staff was responsible for cleaning the reach-in ice machines in the facility. -It was his responsibility to oversee the current MA to assure this task was being completed. -There was a deep cleaning of the reach-in ice machines in the facility every 3 months which included the reach-in ice machines being taken apart, cleaned thoroughly and sanitized. -They did not keep a record of how often the reach-in ice machine was being cleaned. -He was not aware there was a black and pink residue on the interior of the reach-in ice machine in the kitchen.</p> <p>Interview with the Administrator on 08/14/19 at 12:00pm revealed: -She was not aware the reach-in ice machine in the kitchen was not being cleaned regularly. -The other reach-in ice machine in the facility was sent out to be serviced a few weeks before and ice was being used from this ice machine until the</p>	D 282	<p>Administrator verified that this is now on the weekly cleaning checklist for the dietary department as well as the preventative maintenance schedule.</p> <p>The administrator will check the ice machine on a monthly basis to assure it is clean and free of any residue.</p> <p>Administrator has added this to the Quality Assurance program to check the ice machine monthly and every 6 months for the full cycle sanitizing.</p>	9-2-19

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D 282	Continued From page 2 kitchen ice machine could be cleaned and sanitized. -She was unsure of the actual cleaning schedule for the reach-in ice machines but knew the Maintenance Director had the schedule. -The dietary staff should be looking at the kitchen reach-in ice machine daily to ensure that it is clean.	D 282		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HAL097010	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/14/2019	Y3
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NAME OF FACILITY THE VILLAGES OF WILKES TRADITIONAL LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 206 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix <u>D0358</u>	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # <u>10A NCAC 13F .1004(a)</u>	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/13/2017	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Jennifer Fender RN</i>	DATE 08/28/2019
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/27/2017	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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