Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING; B. WING HAL045115 09/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 388 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 000 Initial Comments D 000 Responses to the cited deficiencies do The Adult Care Licensure Section completed an no constitute an admission or annual survey on September 26, 2019 and agreement by the facility of the truth September 27, 2019, 10/31/2019 of the facts alleged or conclusions set forth in the Statement of deficiencies or D 282 10A NCAC 13F .0904(a)(1) Nutrition and Food D 282 Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State Law. 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care (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 build up of a black residue inside the ice machine. The findings are: Review of the local Environmental Health sanitation report dated 07/24/19 revealed an inspection score of 97.0. Observation of the reach in ice machine located in the kitchen on 09/26/19 at 3:11pm revealed a black residue located across the interior of the reach in ice machine. Interview with the Dietary Manager (DM) on 09/26/19 at 3:11pm revealed: -The DM started working at this facility less than 2 weeks ago. -When the DM started there was not a cleaning

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

TITLE

10/21/70/9

STATE FORM

Reviewed and accepted 11/1/18 18 2000

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: COMPLETED B. WNG HAL048115 09/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) D 282 Continued From page 1 D 282 schedule posted, so he created a schedule Reach in ice machine will be cleaned weekly and verified by Dietary Manager with signature on indicating dietary staff was to clean the ice 10/31/2019 cleaning schedule machine monthly. Ice machine was cleaned 9/27/19 during survey. -The DM was unsure the last time the reach in ice machine had been cleaned. -He thought someone in maintenance may have been cleaning it prior to when he started. -Ice from the reach in ice machine was used most recently for beverages at lunch on 09/26/19. - It was his responsibility to assure the reach in Dietary Manager to keep record of cleaning reach in lce machine was clean. ice machine weekly and monthly inspection to be -He was unaware there was a black residue 10/31/2019 completed by administrator and documented on same located inside the reach in ice machine. cleaning schedule. Interview with the Administrator on 09/27/19 at 11:32am revealed: -There had been some miscommunication between maintenance and dietary regarding cleaning the reach in ice machine. -She was unsure the last time it had been cleaned. -She was unaware of the black residue located inside the ice machine. Interview with the Regional Director of Operations on 09/27/19 at 12:13pm revealed: -He was present in the building about once a month. -The standard has always been for the DM to be responsible for cleaning the Ice machine, not the maintenance department. -He was not aware of the last time the reach in ice machine had been cleaned. D 283 10A NCAC 13F .0904(a)(2) Nutrition and Food D 283 Service 10A NCAC 13F .0904 Nutrition and Food Service

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED HAL045115 B. WNG 09/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 368 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 283 Continued From page 2 D 283 (a) Food Procurement and Safety In Adult Care Homes: All food stored will have label of date opened by dietary 10/31/2019 (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule Is not met as evidenced by: Inservice was conducted with dietary staff and Dietary Based on observations, interviews and record 10/31/2019 Manager on 10/3/2019 to ensure knowledge of review the facility falled to ensure food being acceptable procedures. stored in the dry food storage, refrigerator and freezer was protected from contamination related to unlabeled and undated food, and falled to ensure a resident 's meal was protected from contamination by removing a solled utensil from Dietary Manager to do weekly checks to make sure all 10/31/2019 a food item and placing a clean utensil back in food is labeled. the same food item. The findings are: 1. Review of the county Sanitation Rating for the facility dated 07/24/19 revealed a sanitation score of 97.0. Observation of the dry food storage on 09/26/19 at 2:42pm revealed there was 18 chocolate chip cookles in an open plastic sleeve, without the exterior packaging, with no label and date opened. Observation of the refrigerator on 09/26/19 at 2:48pm revealed there was a bag of mixed lettuce, carrots, and cabbage open to air, with no label and date opened. Observation of the freezer on 09/26/19 at 2:54pm revealed: -Eleven breadsticks in a plastic bag, not in the original packaging, knotted at the top with part of

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: HAL045116 | (X2) MULTIPLE CONSTRUCTION  A, BUILDING:  B, WING          |   | (X3) DATE SURVEY<br>COMPLETED<br>09/27/2019 |                          |
|--|---|--|--|---|---|--------------------------|
|  | ROVIDER OR SUPPLIER   | STREET/  | ADDRESS, CITY, STATE<br>EAR CREEK ROAD<br>RSONVILLE, NC 28 |   |   |                          |
| (X4) ID<br>PREFIX<br>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)<br>COMPLETE<br>DATE |
| D 283  | 11:32am revealed: -She believed the DA and made a mistake -The DA should have utensils and made the foodAll staff had infection | A was not paying attention                                   | D 283  |   |   |                          |
|  |   |  |  |   |   |                          |

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