

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL094006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/06/2020
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NAME OF PROVIDER OR SUPPLIER CYPRESS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 503 WEST BUNCOMBE STREET ROPER, NC 27970
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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 conducted an annual survey and follow-up survey on 03/05/2020 and 03/06/2020.	D 000		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (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: Based on observations and interviews, the facility failed to assure foods being stored, prepared, and served to residents were protected from contamination related to dating and labeling stored food and keeping food storage containers free of contamination. The findings are: Observation on 03/05/20 at 4:22pm of the dry food storage in the kitchen revealed: -On the second shelf there was a container with dry, yellow flakes that was not labeled or dated. -On the second shelf there was a bag of brown dry flaky substance that had been opened, wrapped in plastic wrap with no visible manufactures label or date. -On the third shelf there was a plastic bin of rice that was not dated or labeled with a drinking glass resting in the rice. -On the third shelf there was a plastic bin of flour that was not dated. -On the third shelf there was a plastic bin of sugar	D 283		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 283	<p>Continued From page 1</p> <p>that was not dated.</p> <ul style="list-style-type: none"> -On the third shelf there was a plastic bin of dressing that was not dated. -On the third shelf there was a plastic bin of brown rice that was not dated. -On the third shelf there were 45 packets containing 2.75 ounces each of gelatin with no best use by dates. <p>Observation on 03/06/20 at 8:59am of the top shelf in the kitchen reach-in refrigerator revealed two pitchers filled with dark brown liquid with no label or date.</p> <p>Interview on 03/05/20 at 4:44pm with a dietary aide (DA) revealed:</p> <ul style="list-style-type: none"> -Food was delivered every Wednesday. -Plastic bins were used to store specific foods. -He was not aware opened food, not stored in the original manufacturers package with a visible manufactures date, had to be sealed, the name of the product visible and labeled with the date opened. <p>Interview on 03/05/20 at 4:45pm with the cook revealed:</p> <ul style="list-style-type: none"> -She knew all food, not in the original manufacturers package and placed in bins, should be labeled with the name and date when opened. -She did not know food, not in the original manufacturers package and placed in bins, was not labeled on the dry food shelves. -She knew there was a drinking cup in the bulk rice container. -She did not know she could not leave anything in the bulk rice container to scoop out rice. -She did not know who left the drinking cup inside the bulk rice container. 	D 283		

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D 283	<p>Continued From page 2</p> <p>Interview on 03/06/20 at 8:59am with the DA revealed: -He was not aware all prepared food in the refrigerator had to be labeled and dated. -The part-time Personal Care Aide (PCA)/cook who assisted in the kitchen was responsible for labeling and dating food items.</p> <p>Interview on 03/06/20 at 9:35am with the cook revealed: -There were no written procedures to follow to clean the kitchen. -There were no written schedules to follow to clean the kitchen. -The part-time PCA/cook was responsible for labeling and dating foods.</p> <p>Observation on 03/06/20 at 9:01am revealed the part-time PCA/cook was labeling and dating food containers and items.</p> <p>Interview on 03/06/20 at 9:01am with the part-time PCA/cook revealed: -She was responsible for labeling and dating food and containers. -According to facility policy she was to date food packages and containers upon receipt. -According to facility policy she was to label and date food when opened. -According to facility policy she was to label and date food that was prepared and stored.</p> <p>Interview on 03/06/20 at 3:28pm with the Supervisor/Dietary Manager (S/DM) revealed: -According to facility policy the cook was to wipe the plastic bins on the outside with diluted bleach every Monday. -According to facility policy cleaning was divided between the cook and the DA.</p>	D 283		

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D 283	<p>Continued From page 3</p> <p>Interview with the Administrator on 03/05/20 at 5:00pm revealed:</p> <ul style="list-style-type: none"> -The S/DM was responsible for overseeing the dietary department. -The PCA/cook assisted in the kitchen when needed. -According to facility policy food items were supposed to be labeled and dated before they were stored in the refrigerator or on the dry food racks. -Dietary employees were to empty facility plastic bins and wipe them out every week. -Dietary employees were to clean the tops of containers every Monday. -There were no written procedures to follow to clean items. -There were no written schedules for cleaning in the kitchen. 	D 283		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER HAL094006	MULTIPLE CONSTRUCTION A. Building B. Wjng	DATE OF REVISIT 3/6/2020
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NAME OF FACILITY CYPRESS MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 503 WEST BUNCOMBE STREET ROPER, NC 27970
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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>	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # <u>10A NCAC 13F .1004(a)</u>	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____	<u>03/06/2020</u>	LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
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LSC _____		LSC _____		LSC _____	
ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>	ID Prefix _____	<u>Correction</u>
Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>	Reg. # _____	<u>Completed</u>
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Julia B. Welser</i>	DATE 03/18/2020
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE <i>Nurse Consultant</i>	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/7/2017	<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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