F 166 - Right to Prompt Efforts To Resolve Grievances

StoneCreek Health and Rehabilitation requests to have this Plan of Correction serve as our written allegation of compliance. Our alleged date of compliance is April 26, 2012. Preparations and or execution of this plan of correction does not constitute admission to nor agreement with either the existence of, our scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and executed to ensure continuing compliance with Federal and State regulatory law.

The facility will continue to ensure that residents have the right to prompt efforts by the facility to resolve grievances.

The Social Worker was in-serviced by the Administrator on April 11, 2012 regarding the proper Policy and Procedure for reporting, investigating, and prompt efforts to resolve a resident grievance.

The Director of Social Services immediately investigated and resolved the grievance for resident #49. The resident expressed satisfaction with the resolution.
F 166
Continued From page 1

seventeen (17) dollars taken out of her room. She reported she kept the money in the purse.

Resident #49 reported she told the Social Worker about the missing money and stated the Social Worker looked in her purse but nothing further was done about the missing money.

An interview was conducted on 04/11/12 at 2:39 PM with the Social Worker (SW). The SW stated she did remember Resident #49 reporting the missing seventeen (17) dollars and looking into her purse. She stated she did not fill out a concern form (grievance form) when Resident #49 reported this to her. She stated she should have filled out a concern form and followed up with a grievance. She could not remember when exactly this incident had occurred but she looked up the resident's personal funds account and a withdrawal had been made in December of 2011 for seventeen (17) dollars. She did not offer an explanation for why a grievance had not been done regarding the missing money.

An interview was conducted on 04/12/12 at 9:37 AM with the facility's Administrator. She stated an investigation should have been done regarding Resident #49's missing money.

F 371
463.36(l) FOOD PRECURE, STORE/PREPARE/ SERVE - SANITARY

The facility must:
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

F 371
Continued compliance will be monitored on-going through the facility's Quality Assurance Program. The Administrator and/or Social Worker will present any identified areas of noncompliance in the Quality Assurance Meeting.

All interview able residents and/or their family members were interviewed to determine any outstanding grievances. All grievances were addressed according to the facility policy/procedure and resolved appropriately by April 23, 2012.

All staff members were inserviced by the Director of Nursing, Dietary Manager, and Administrator during inservices held from April 15, 2012 through April 23, 2012 regarding the Grievance Policy and Procedure.

To ensure Quality Assurance, the Administrator and/or designee will meet ongoing, at least weekly, with the Department Managers to ensure any grievances are reported, investigated, and resolved per the Grievance Policy and Procedure. Additional education/training will be provided for any issues identified.
Continued From page 2

This REQUIREMENT is not met as evidenced by:

Based on observations and staff interview the facility failed to properly store, date, and discard outdated foods intended for resident consumption.

The findings are:

1. During an inspection of the kitchen on 04/09/12 at 10:10 AM the following food storage issues were observed:

   a.) In the reach in cooler, stored and ready for use were approximately twenty-five (25) individual frozen nutritional supplements that were thawed and undated. Printed on the box was "Keep frozen contains milk".

   b.) In the reach in cooler, stored and ready for use was a tray of approximately forty (40) individual nutritional milk shakes supplements, with expiration date of 04/07/12.

   c.) In the walk in cooler were two (2) individual cartons of nutritional shake supplements with an expiration date of 03/13/12 and 03/26/12.

An interview was conducted on 04/12/12 at 1:21 PM with the Dietary Manager. The Dietary Manager stated she did not know until she read the box that the frozen supplements contained milk and were good only for five (5) days after they were thawed. She reported she discarded the frozen supplements. She reported in the
F 371 Continued From page 3

Future she would date these supplements. She reported the outdated nutritional milk shake supplements should have been discarded. She reported she did not see them as they were behind another tray. She stated the two outdated nutritional shakes in the walk in cooler should have been discarded as well. She stated their process is when the nutritional supplements are taken from the freezer they are stamped with the date they will expire. She stated the nutritional shakes are good for fourteen (14) days after thawing.

2. During an inspection of the kitchen on 04/09/12 at 10:10 AM the following food storage issues were observed:

a.) One box of sausage links and one box of sausage patties were observed stored in a walk in refrigerator, both boxes of sausages where thawed and undated. Printed on the link sausage box was "store at zero (0) degrees or below".

b.) In the walk in freezer a box of frozen breaded fish was observed uncovered and open to air. The corners of the fish were noted to have no breading and white in color.

An interview was conducted on 04/12/12 at 1:21 PM with the Dietary Manager. She stated the boxes of sausage had been removed from the freezer that morning at 5:03 AM to be used for breakfast. She did not know why the cook had put them back into the cooler instead of the freezer. She stated the boxes of sausage should have been dated and put back into the freezer. She stated staff should have sealed the inner bag containing the fish and closed the box not leavingAudit results will be reported to the QA Committee for the next two meetings or until resolved.

Additional education/training will be provided by the CDM and/or Registered Dietician for any issues identified.

Continued compliance will be monitored by the Food Service Director and designees through routine kitchen observations. The QA Monitoring Tool will be completed at least monthly and reviewed by the dietician and/or Administrator and through the facility’s Quality Assurance Program.
## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/LAB ID:** 346204

**Building:**

**Wing:**

**Street Address, City, State, Zip Code:**

455 Victoria Road
Asheville, NC 28801

**Date Survey Completed:** 04/12/2012

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td>Continued From page 4</td>
<td></td>
<td>it open to the air.</td>
</tr>
</tbody>
</table>

### Provider's Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

**Completion Date:**

---

*Form CMS-2567(02-08) Previous Versions Obsolete*  
Event ID: M3U311  
Facility ID: 923521  
If continuation sheet Page 6 of 6