PRINTED: 11/03/2015 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345208	B. WING				08/2015
	ROVIDER OR SUPPLIER	/ARD		STREET ADDRESS, CITY, STATE, ZIP CODE 115 N COUNTRY CLUB ROAD BREVARD, NC 28712			00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
F 279 SS=D	complaint investigation 483.20(d), 483.20(k)(COMPREHENSIVE 0	1) DEVELOP CARE PLANS	F:	279			11/5/15
		e results of the assessment d revise the resident's of care.					
	plan for each resident objectives and timeta medical, nursing, and	elop a comprehensive care t that includes measurable bles to meet a resident's mental and psychosocial ied in the comprehensive					
	to be furnished to atta highest practicable ph psychosocial well-bei §483.25; and any ser be required under §40 due to the resident's	=					
	by: Based on medical re interviews the facility plan for 1 of 1 sample	failed to update the care ed residents with pressure evelopment of a pressure			"Preparation and/or execution of this p of correction does not constitute admission or agreement by the provide the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed soley because it is required by the provision of federal	er of of se	
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	=	_	TITLE	·	(X6) DATE

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

(X6) DATE

Electronically Signed 10/30/2015

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.

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345208	B. WING _			1	08/2015	
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				11	15 N COUNTRY CLUB ROAD			
BRIAN CT	R HLTH & REHAB BRE	/ARD		В	REVARD, NC 28712			
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					DEFICIENCY)			
F 279	Continued From page	:1	F 2	279	and state law."			
	Resident #73 was admitted to the facility 02/20/15 with diagnoses which included diabetes and after care for a fractured femur.							
					F279			
care plan team with a ne		ion 02/20/15 identified a al for pressure sores. In reviews were done by the Inew problem area			 Corrective action was accomplished for the alleged deficient practice in regator to Resident #73's care plan by correcting care plan to record accurate reflection change in pressure sore. 	ard ng		
	developed on 03/05/15. The problem area identified for Resident #73 was the potential of pressure sore development related to moisture/incontinence, decreased activity and refusal of care/treatment. The potential for pressure sore problem area was updated on 5/27/15, 06/15/15, 06/18/15, and 08/27/15 with no changes to the problem, noting to "continue plan of care". The goal for this problem area was,				2. Residents with wounds have the potential to be affected by the alleged deficient practice. Director of Nursing (DON), Asst. Director of Nursing (ADO Unit Managers (UM)have completed a 100% skin audit of residents with wounto ensure care plans accurately reflect wounds.			
	resident will have intact skin without signs of skin breakdown through next review. Approaches to this problem area included: -apply pressure reduction mattress to bed -apply pressure reduction cushion to chair or wheelchair				3. Measures put into place to ensure the alleged deficient practice does not recur include: Inservice/re-education RCMD for documenting and updating oplans to capture skin changes; all skin related care plans to be audited by RC	of care		
	pressure reduction -turn and reposition w comfort and pressure -provide incontinence episode	requently for comfort and while in bed frequently for reduction care after each incontinent check weekly and document			and updated to reflect resident's currer skin condition, treatments and interventions; RCMD to attend wound meetings and update care plans with changes to skin condition, treatments a interventions as appropriate; DON or RCMD will perform random care plan	nt		
	noted that on 05/25/1 unstageable pressure outer ankles. Review	I record of Resident #73 5 Resident #73 developed areas on both sides of her of the medical record noted I through the time of the 8/15.			audits of all residents with wounds wee for 4 weeks and then monthly for 2 months to ensure accurate wound documentation is captured on care plated DON or RCMD will review and analyzed data and report patterns/trends to the	n.		

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		345208	B. WING _			10/	08/2015
	ROVIDER OR SUPPLIER R HLTH & REHAB BRE	/ARD		11	TREET ADDRESS, CITY, STATE, ZIP CODE 15 N COUNTRY CLUB ROAD REVARD, NC 28712		
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F 279	#73 with 2 unstageab 10/08/15 at 4:30 PM the staff member that quarterly assessment facility and was not as MDS coordinator state the former MDS coord went from being at ris development to the acpressure sore that she plan. The MDS coord explain why the care the 08/26/15 quarterly pressure sores and mealing.	Data Set (MDS) was which assessed Resident le pressure sores. On he MDS coordinator stated completed the 08/26/15 no longer worked at the wailable for interview. The ed she could not speak for dinator but when a resident k for pressure sore ctual development of a could be reflected in the care inator stated she could not colan was not updated after wassessment to reflect the deasures taken to promote	F2	279	QAPI committee every month for three months. 4. The QAPI Committee will evaluate the effectiveness of the above plan and will add additional interventions based on identified outcomes to ensure continue compliance.	he I	
F 371 SS=F	(DON) stated the forn completed the 08/26/at the facility. The DO should have been refl sore and included me wound healing. 483.35(i) FOOD PRO STORE/PREPARE/SI The facility must - (1) Procure food from considered satisfactor authorities; and	Sources approved or ry by Federal, State or local stribute and serve food	F3	371			11/5/15

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F 371	Continued From page	ge 3	F 37	1	
	by: Based on observat machine log, and st to address concerns temperature of the o clean the ice scoop kitchen. The findings include The facility undated Temperatures was p district manager on following: The minimal final ri machine should be *Prior to each perior final rinse temperatu Temperature Recore *Immediately bring a temperatures to the *If substandard tem determine if the rea the temperature gat temperatures. *Make managemen adequacy of sanitat Implement disposat *Contact source of i *Document all actio machine Temperature 1. During the initial	dish machine and failed to holder and fans in the ed: policy for Dish Machine provided by the food service 10/05/15 and included the machine dish 180 degrees Fahrenheit. did of use, record wash and ures on the Dish machine difform. any substandard attention of management peratures are identified, ding is due to a malfunction of uge or substandard water at decision concerning ion of service ware. Die service ware if necessary. Tepairs. Insign of the Dish machine dish peratures are identified, ding is due to a malfunction of uge or substandard water at decision concerning ion of service ware. The policy for Dish Machine and included the dish machine are identified at the dish machine are identified.		"Preparation and/or execution of this of correction does not constitute admission of agreement by the providing the truth of the facts alleged or conclusions set forth in the statement deficiencies. The plan of correction is prepared and/or executed soley becauti is required by the provision of federal and state law." F371 1. A. Corrective action was accomplished for the alleged deficient practice, in regard to the failure to addition concerns with the final rinse temperate of the dish machine, were corrected be taking the machine out of service, washing and sanitizing all breakfast dishes and utilizing disposable production immediately. Ecolab was contacted a has changed current dish machine to low temp dish machine. B. All residents have the potential to affected by the alleged deficient practic. C. Measures put into place to ensure that the alleged deficient practice does recur include: In-service/re-education all dietary staff and new staff including Dietician and Food Service Director regarding procedure and notification of	er of of use ul ress ure y uts nd a be ce. e s not n of
	observations were r	made of the dish machine staffed with 3 dietary aides.		response to incorrect final rinse temperatures of the dish machine by	

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DDIAN OT	D T DELLAD DDE	WARD.		1	15 N COUNTRY CLUB ROAD		
BRIANCI	R HLTH & REHAB BRE	VARD		В	REVARD, NC 28712		
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 371	Continued From pag	e 4	F:	371			
					District Manager; and dish machine and	d	
	The final rinse temper	erature of the dish machine			sanitizer log will be completed prior to u		
		e highest temperature of the			for each of the 3 meal periods. Food		
	final rinse was obser				Service Director or Cook Supervisor wi	II	
	1-the highest temper	ature of the final rinse of a			complete daily monitoring tool x30 days	s	
	_	d preparation pan was 172			and then weekly x 4 weeks and then		
	degrees Fahrenheit				monthly ongoing. District Manager will		
		ature of the final rinse of a			complete sanitation inspection weekly		
	rack containing plate covers was 172 degrees F. 3-the highest temperature of the final rinse of a				weeks and then monthly thereafter. Fo		
	_				Service Director and District Manager v	VIII	
	degrees F.	stic storage tub was 172			review and analyze data and report patterns/trends to the QAPI committee		
	_	ature of the final rinse of a			every month.		
	_	stic storage tub was 170			D. THE QAPI Committee will evaluate	e	
	degrees F.	one oterage tax mae tre			the effectiveness of the above plan and		
	_	ature of the final rinse of a			will add additional interventions based		
	rack of plates was 17	70 degrees F.			the identified outcomes to ensure		
		ature of the final rinse of a			continued compliance.		
	rack of plates was 17						
		ature of the final rinse of a					
	rack of plates was 17				2. A. Corrective actions were		
	•	ature of the final rinse of a			accomplished for the alleged deficient		
	rack of plates was 17				practice, in regard to the ice machine		
	rack of silverware wa	ature of the final rinse of a			scoop holder, exhaust fans and the air conditioning unit. They were corrected		
		erature of the final rinse of a			immediately cleaning of all items and	Бу	
	rack of trays was 170				removal of the air conditioning window		
	_	erature of the final rinse of a			unit.		
	rack of trays was 170				B. All residents have the potential to be	е	
	_	erature of the final rinse of a			affected by the alleged deficient practic		
	rack of cups was 172	•			C. Measures put into place to ensure t	hat	
	_	erature of the final rinse of a			the alleged deficient practice does not		
	rack of trays was 170	degrees F.			recur include:		
					In-service/re-education for all dietary st	.aff	
	_	ide #1 stated either he or			regarding daily cleaning assignments	0.0	
	_	recorded the final rinse			completed by Food Service Director, F		
	•	sh machine on the log and			will complete daily monitoring using the	;	
	that he usually looke				cleaning assignment checklist and	to	
	temperature between	n 180-190 degrees F. Review			analyze data and report findings/trends	, ເປ	

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F 371	rinse temperature of been recorded for a been observed run stored for use by the 14-the highest temperack of trays was 1 15-the highest temperack of plate covers 16-the highest temperack of plate bottom. At 9:45 AM Dietary rinse temperature of commented to Dieta temperature was 1 1 done in response to aides continued to the dish machine. 18-the highest temperack of plate covers 19-the highest temperack of plate covers 19-the highest temperack of plate covers 19-the highest temperack of scoop plates degrees F. 21-the highest temperack of plates was a dish machine. The stock away at the tiresponded that she	e log noted the morning final of the dish machine had not 10/05/15. Dishware that had through the dish machine was be dietary aides. Derature of the final rinse of a 70 degrees F. Derature of the final rinse of a 8 was 170 degrees F. Derature of the final rinse of a 8 was 170 degrees F. Derature of the final rinse of a 18 was 170 degrees F. Derature of the final rinse of a 18 was 170 degrees F. Derature of the final rinse of a 19 was 170 degrees F. Derature of the final rinse of a 19 was 170 degrees F. Detature of the final rinse of a 19 was 170 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F. Derature of the final rinse of a 19 was 168 degrees F.	F 37	the QAPI Committee every month. D. The QAPI Committee will evaluate effectiveness of the above plan and add additional interventions based identified outcomes to ensure continuous compliance.	l will on the

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F 371	FSD stated on the lahad not reported an interview the FSD wo observed a rack of I machine. The higher rinse of the rack of I The FSD comments and reported when checked by the service had been reported. FSD left the area of three dietary aides machine. The FSD to the dietary aides dish machine. The cwash and store dish the dish machine in the kitchen. 22-the highest temprack of bowls was 1 23-the highest temprack of trays was 17. At 9:55 AM the FSD machine area and contact the dish machine area and contact to a resident back. On her return #1 how the final rins machine looked that stated he had not lottemperature that more of the dish machine resumed washing displays the properties of the dish machine resumed washing displays the properties of the dish machine resumed washing displays the properties of the dish machine resumed washing displays the properties of the dish machine resumed washing displays the properties of the dish machine resumed washing displays the properties of the dish machine resumed washing displays the properties of th	by a service company. The ast visit the service company y problems. At the time of the vent to the dish machine and bowls run through the dish st temperature of the final bowls was 175 degrees F. and the temperature was low the machine had last been vice company no problems. After this observation the the dish machine and the resumed use of the dish did not provide any instruction prior to leaving the area of the dietary aides continued to less that had been run through the dish storage areas within the dish storage areas within the rerature of the final rinse of a 70 degrees F. It walked through the dish ommented she was taking a land that she would be right the FSD asked Dietary Aide are temperature of the dish the morning. Dietary Aide #1 loked at the final rinse or and the dietary aides ishes.	F	371			

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		345208	B. WING			10/	08/2015
	ROVIDER OR SUPPLIER	VARD		1	TREET ADDRESS, CITY, STATE, ZIP CODE		
				В	REVARD, NC 28712		
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F 371	rinse temperature gai commented "that ain" the designated area to temperature on the diagram of the displayed area to temperature on the diagram of the highest temperature final rinse. Dietary inform the FSD of any needed to inform the temperature. Nothing conversation and the washing dishes 26-the highest temperack of plate covers was 27-the highest temperack of silverware was 28-the highest temperack of plate bottoms. At 10:15 AM the FSD concerns about the distance of the dish machine in the FSD stated she was aware of the dish machine in the FSD stated she was done or said to the continued to run dishemachine.	ide #1 looked at the final age of the dish machine, tright" and recorded 170 in or record the final rinse ish machine log book. Frature of the final rinse of a was 170 degrees F. Aide #1 was asked about the cure that he had recorded for y Aide #1 stated he would y concerns and indicated he FSD of the low final rinse was done at the time of the dietary aides resumed Frature of the final rinse of a was 172 degrees F. Frature of the final rinse of a was 170 degrees F. Frature of the final rinse of a was 170 degrees F. Was asked if she had any ish machine. The FSD is the final rinse temperature hould reach 180 degrees F. Was going to call the dish machine. Nothing the dietary aides and they ges through the dish Frature of the final rinse of a 0 degrees F. Frature of the final rinse of a 10 degrees F. Frature of the final rinse of a 10 degrees F. Frature of the final rinse of a 10 degrees F. Frature of the final rinse of a 10 degrees F. Frature of the final rinse of a 10 degrees F. Frature of the final rinse of a 10 degrees F. Frature of the final rinse of a 10 degrees F.	F	371			

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F 371	Continued From pag	e 8	F3	371		
	representative from they told her as long temperature was betwas okay. The FSD about that and she ntemperature should machine was design dishware. Nothing waides and they contitution through the dish machine was always and they contituted the highest temperack of silverware was always and the FSD stated they sanitize dishware. The awaiting a return call Nothing was done of	ween 120-180 degrees F it was asked what she thought oted the final rinse one 180 degrees as the dish ed to use heat to sanitize as done or said to the dietary mued to run racks of dishes chine.				
	rack of plate covers	erature of the final rinse of a				
	kitchen. The consulta was aware of any pro and the consultant d aware of any concer was informed of the final rinse temperatu	sultant dietitian entered the ant dietitian was asked if she oblems with the dish machine ietitian stated she was not ns. The consultant dietitian multiple observations of the re not reaching 180 degrees se cycle. The consultant				

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F 371	the area of the dish the dish machine or dietary aides workin 34-the highest temprack of trays was 17 35-the highest temprack of pitchers and 36-the highest temprack of bowls was 1 37-the highest temprack of bowls was 1 At 10:25 AM the conkitchen and did not speak to the dietary run dishes through the state of bowls was 1 39-the highest temprack of bowls was 1 40-the highest temprack of bowls was 1 40-the highest temprack of bowls was 1 At 10:30 AM Dietary final rinse temperature she thought the final supposed to be bethat the dish machiminimal temperature located the dish ma final rinse temperature did not inform the FSD.	would talk to the FSD and left machine without looking at saying anything to the three ag at the dish machine. Derature of the final rinse of a contrave was 170 degrees F. Derature of the final rinse of a contrave was 170 degrees F. Derature of the final rinse of a contrave was 170 degrees F. Derature of the final rinse of a contrave was 170 degrees F. Derature of the final rinse of a contrave was 170 degrees F. Derature of the final rinse of a contrave was 170 degrees F. Derature of the final rinse of a	F 371		

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D.11.7.111 0 1	KIIZIII GIRZIIN BRZ			В	REVARD, NC 28712		
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F 371	route to the facility an a couple hours. The temperature was still and when informed it service representative. The FSD left the area the dietary aides resulted the following the service of the dish reconserved of the dietitian and the constitution and the consultant dietitian to the service company. The administrator standard with the concerning the following the followi	e again and that he was en d was expected to arrive in FSD asked if the final rinse not reaching 180 degrees F was not she reiterated the e was en route to the facility. In of the dish machine and simed doing dishes. Trature of the final rinse of a 0 degrees F. Stated she had relayed the machine to the consultant ultant dietitian told her to call. The FSD stated no other dishered been given by the address the dish machine. AM the concern with the ared with the administrator. It is the would immediately and meal service were compartment sink which was sanitation. AM the consultant dietitian te to the FSD about the dish is the service company had	F	371			

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F 371	manager stated the reported he misspok the FSD on 10/05/15 representative thoug was a low temperature informed the FSD the acceptable between FSD stated she was the food delivery put not think about what dish machine. The disher was done 10/05/15 to discuss dish machine final riverach a minimum terman the district manager the dish machine was still being serviced be district manager state have checked the firstart of use of the disreported any concermanager stated staft to use the dish mach temperature was known degrees F. 2. On 10/07/15 from observations were manager as the dish machine was the dish mach temperature was known degrees F.		F3	371		
	exhaust fan was ope had a thick coating o	the ice machine. The erating and the grill of the fan of brown dust covering the A blue plastic ice scoop				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345208	B. WING		C 10/08/2015	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHAB BREVARD				STREET ADDRESS, CITY, STATE, ZIP CODE 115 N COUNTRY CLUB ROAD BREVARD, NC 28712	10/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 371	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 371			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345208	B. WING_			C	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHAB BREVARD				T10/08/2015 STREET ADDRESS, CITY, STATE, ZIP CODE 115 N COUNTRY CLUB ROAD BREVARD, NC 28712			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION		
F 371	department relied on that was needed in the maintenance director any outstanding work assistant maintenance been contacted a couthat needed to be clear. On 10/07/15 at 2:10 Fithe dietary departments.	PM the assistant stated the maintenance work orders for any cleaning e kitchen. The assistant stated he was not aware of orders in the kitchen. The e director stated he had ple hours prior about fans aned in the kitchen. PM the administrator stated at and staff were managed tor and the contract district ersight to the dietary	FS	371			