DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/02/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED	
345244		B. WING			01/14/2016		
NAME OF PROVIDER OR SUPPLIER HARBORVIEW HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COE 812 SHEPARD STREET MOREHEAD CITY, NC 28557	DE I		
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD B REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F 371 SS=E	considered satisfactor authorities; and	SERVE - SANITARY In sources approved or bory by Federal, State or local stribute and serve food	F3	771		2/5/16	
	by: Based on observation facility failed to main and in a sanitary cor illness by failing to conshelves. The findings included A review of the undat Assignments by Post Sunday "clean steam surface." During an observation at 3:06 PM the steam foot underside of the observed to be cover particles. During a second observation at 10:12 AM observed to be in the lin an interview with the 1/14/16 at 10:16 AM table wells were clear unsure when the unconstant in the standard process.			The Dietary Manager has cle foot underside of the steam t removed the dried dark food The underside of the steam t been added to the kitchen cle schedule to prevent any build food particles. The dietary strin-serviced on how and wher area. The Dietary Manager or desiclean the 6 foot underside of table daily and deep clean the monthly. The daily and month will be added to the kitchen of schedule to prevent any build food particles. The Dietary Manager or desicomplete monthly documents and monthly visual inspection the area is maintained in a cleanitary condition. The Dietary Condition.	able and particles. cable has eaning dup of dried aff has been to clean the gnee will the steam the area hly cleaning dup of dried gnee will ation reviews to ensure lean and		

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

(X6) DATE

Electronically Signed

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.

Facility ID: 923229

01/30/2016

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		345244	B. WING _		0	1/14/2016	
NAME OF PROVIDER OR SUPPLIER HARBORVIEW HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 812 SHEPARD STREET MOREHEAD CITY, NC 28557			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 371	Continued From page clean all of the steam the undershelf to the	table and she would add	F3	or designee will report her findings to the QAPI committee on a quarterly basis. The QAPI committee will review the documentation and evaluate the process to determine the effectiveness of the program as to ensure ongoing compliance. This Plan of Correction will be integrated into the facility QAPI system.			
F 372 SS=D	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced		F3	.72		2/5/16	
	facility failed to maint: the dumpster free of of harbouring of pests. The Findings included During an observation 1/14/16 at 4:07 PM of observed on the grout Two disposable plastithe right side partly ut the left side there was plastic wrap beside the An observation of the at 2:30 PM revealed of ground behind the duplastic cup was obserunder the dumpster at a large wet bundle of building.	d: n of the dumpster area on ne disposable glove was nd behind the dumpster. c cups were observed on nder the dumpster and on s a large wet bundle of		The Housekeeping Manager had the area surrounding the dumps ensure the area is free of debris prevent the harboring of pests. The dumpster area has been addaily housekeeping schedule and housekeeping staff has been into non how to clean the area and how to clean the area and how the Housekeeping Manager or will clean the dumpster area as a daily duties and will sign off that is clean. The Housekeeping Manager or will complete monthly document reviews and monthly visual inspensive the dumpster area is cleafree of debris. The Housekeeping	ded to the d the serviced w often. designee part of the the area designee ation ections to an and		

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F 372	1/13/16 at 10:00AM the same condition. During an observation 1/14/16 at 10:09 AM to observed on the grou One disposable plasting right side partly under left side there was all wrap beside the build During an interview with 1/14/16 at 10:18 AM to housekeeping depart the dumpster area. During an interview with Supervisor on 1/14/16 if housekeeping or die to the disposable to the supervisor on 1/14/16 if housekeeping or die to the same condition.	ne dumpster area was in the of the dumpster area on wo disposable gloves were not behind the dumpster. It is compared to the dumpster and on the arge wet bundle of plastic ing. It is the Dietary Manager on the she stated that the ment usually took care of the Housekeeping at 10:25 AM he stated that etary staff dropped und he would expect them	F 37	Manager or designee will report findings to the QAPI committee quarterly basis. The QAPI comm review the documentation and ethe process to determine the effectiveness of the program to ongoing compliance. This Plan Correction will be integrated into facility QAPI system.	on a nittee will evaluate ensure of		