PRINTED:	10/16/2018
FORM	APPROVED
	0030 0301

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345123			(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	· · ·	(X3) DATE SURVEY COMPLETED	
		345123	B. WING		09/26/2018		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 CAROLINA VILLAGE ROAD SUITE Z				
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	LAN OF CORRECTION (C IVE ACTION SHOULD BE COMP ED TO THE APPROPRIATE D		
F 812 SS=E	K4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 812 Food Procurement, Store/Prepare/Serve-Sanitary		F 8'	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		n	
	Dietary Aide (DA) #1 a facial hair cover wh food preparation table AM, of DA #2 reveale	ring food. An observation of revealed he was not wearing ile he was cutting fruit on a e. An observation, at 11:05 d he was not wearing a hair over while he was cutting		The facility has determined to residents have the potential by both areas found to be ou compliance. 3.	to be effected		

10/12/2018

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.

Electronically Signed

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING 345123 B. WING 09/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 CAROLINA VILLAGE ROAD SUITE Z **CAROLINA VILLAGE INC HENDERSONVILLE, NC 28792** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 812 Continued From page 1 F 812 additional fruit on the same food preparation table All staff were provided in-service as DA #1. education from Dietary Manager regarding Hair/facial hair policy. In-service 1b. An observation of a male DA #3 on education also included the discarding of 09/25/2018 at 2:30 PM revealed he was not all food items found to have been expired. wearing a facial hair cover while cutting raw beef on the food preparation table. 4 Dietary Manager or designee will observe 2. An observation conducted during the initial for appropriate usage of hair/beard nets tour of the facility kitchen on 09/24/2018 at 11:10 3x a week for 4 weeks then 1x a week for AM revealed 3 of 3 expired 32-ounce pineapple 3 months. juice boxes were found inside the walk-in cooler. One box of pineapple juice had an expiration date Dietary Manger or designee will check of 05/29/2018 and 2 boxes of pineapple juice had storage area 2x a week for 4 weeks then an expiration date of 07/02/2018. 1x a week for 3 months to ensure appropriate product rotation has occurred. An interview was conducted on 09/26/2018 at Items will be discarded as necessary. All 11:45 AM with the Dietary Manager. He stated it audit records will be reviewed by the QAPI was his expectation that dietary aides wore hair committee until such time consistent covers and facial hair covers when preparing substantial compliance has been food. He indicated that all dietary staff were achieved as determined by the responsible for checking food items for an committee. expiration date. In the instance food items were found to be expired, the food item would be 5 discarded immediately. Corrective Action completion date is 10/12/2018 An interview was conducted on 09/26/2018 at 11:50 AM with the Administrator. He stated that his expectation was for expired beverages to be discarded immediately. He further indicated that it was his expectation that male dietary staff wear facial hair covers when preparing food.

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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