		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345102	B. WING		C	
NAME OF PF	ROVIDER OR SUPPLIER	040102		REET ADDRESS, CITY, STATE, ZIP CODE	01/13/2022	
MAGGIE V	ALLEY NURSING AND F	REHABILITATION	_	FISHER LOOP GGIE VALLEY, NC 28751		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
E 000	Initial Comments		E 000			
F 000		8.73, Emergency ID #UNHV11.	F 000			
	complaint investigation through 1/13/2022. O	ertification survey and in was conducted 1/10/2022 ne of the 6 allegations stantiated without citation.				
	Food Procurement,St CFR(s): 483.60(i)(1)(2 §483.60(i) Food safet		F 812		1/31/22	
	The facility must -	y requirements.				
	state or local authoriti	ed satisfactory by federal,				
	from local producers, and local laws or regu (ii) This provision doe	subject to applicable State				
	gardens, subject to co safe growing and food (iii) This provision doe	ompliance with applicable				
	serve food in accorda standards for food se This REQUIREMENT	prepare, distribute and ince with professional rvice safety. is not met as evidenced				
	by: Based on observatio	ns and staff interviews, the		The outdated food in the refrigerator w	ras	

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.

		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 02/07/202 M APPROVE O. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345102	B. WING _				C / 13/2022
NAME OF PI	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
				75	5 FISHER LOOP		
MAGGIE VALLEY NURSING AND REHABILITATION				М	AGGIE VALLEY, NC 28751		
(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 X (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 812	Continued From page	o 1		812			
1 012	1.0				dispessed of when identified. An Inc.		
		rd expired food available for			disposed of when identified. An In-se		
		refrigerator. This practice affecting food served to			was conducted by the Certified Dieta Manager on 1/21/22 with kitchen stat		
	residents.	ancoung lood served to			educate them about the requirements		
	residents.				food storage, expired dates and rotat		
	The findings included	4.			stock and to educate them on the ne	-	
					process for auditing and documentat		
	An observation of the	walk-in refrigerator during			on the new audit tool.		
		r on 1/10/2022 at 9:15 AM					
	with the Dietary Manager (DM) revealed the				To prevent residents from being affect	prevent residents from being affected,	
	following:				A audit was done by the Dietary Manager		
					of the cooler, freezer, dry storage an	d	
		of cottage cheese with an			nourishment room refrigerators on		
	expiration date of 1/4	/2022			1/10/22 to ensure no other outdated	food	
					was present, none was found.		
	- 1 unopened container of cottage cheese with an						
	expiration date of 1/4	/2022			The dietary manager/designee will be		
					responsible for ensuring that stock is		
		of nectar thickened tea with			rotated and that no stock is left in the		
	an opened date of 12				kitchen that is out of date. A form has		
		ack of the container of nectar			been implemented that the staff mus	-	
		uld have been discarded 7			after checking for any outdated stock		
	days after it was ope	11EU.			days a week x 2 weeks, then weekly weeks until compliance has been	A 4	
	An interview with the	DM on 1/10/2022 at 9:15			achieved.		
		f person from food supply					
	company usually rota				New employees will be in-serviced u	oon	
		taff were responsible for			hire by the Staff Development Coord		
		carding expired food items.			and the Dietary Manager on the polic		
		aled the nectar thickened tea			procedures for ensuring there is no	-	
		scarded 7 days after it was			outdated stock in the kitchen.		
		age cheese should have					
	been discarded by th	e expiration date.			The audit will be turned in to the		
					Administrator weekly for review. The		
		ietary aide on 1/11/2022 at			Administrator will bring the weekly at		
		kitchen staff who stock or			to the monthly QA meeting for review	until	
		e shelf are responsible for			no further issues are identified. The		
	checking for and disc	arding expired food items.			weekly audits will continue until		
					compliance has been achieved.		

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Facility ID: 923055

	-	ID HUMAN SERVICES MEDICAID SERVICES			FORI	D: 02/07/2022 M APPROVED D. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		345102	B. WING			C / 13/2022	
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CO			
MAGGIE	ALLEY NURSING AND F	REHABILITATION		5 FISHER LOOP IAGGIE VALLEY, NC 28751			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 812	An interview with the at 12:00 PM revealed responsible for discar The Administrator furt truck came to the faci staff should have rota food items at least on Administrator indicate	Administrator on 1/13/2022 the cooks and the DM were ding expired food items. ther revealed the supply lity once each week and ted and checked for expired ce per week. The ed the nectar thickened tea carded 7 days after opening se should have been	F 812				

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If continuation sheet Page 3 of 3