STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345102

(X2) MULTIPLE CONSTRUCTION A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED C 01/13/2022

NAME OF PROVIDER OR SUPPLIER

MAGGIE VALLEY NURSING AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE

75 FISHER LOOP
MAGGIE VALLEY, NC 28751

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG
E 000 Initial Comments

An unannounced recertification survey was conducted 1/10/2022 through 1/13/2022. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #UNHV11.

F 000 INITIAL COMMENTS

An unannounced recertification survey and complaint investigation was conducted 1/10/2022 through 1/13/2022. One of the 6 allegations investigated was substantiated without citation. Event ID #UNHV11.

F 812 Food Procurement, Store/Prepare/Serve-Sanitary
CFR(s): 483.60(i)(1)(2)

§483.60(i) Food safety requirements.
The facility must -

§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.
(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.
(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
This REQUIREMENT is not met as evidenced by:
Based on observations and staff interviews, the outdated food in the refrigerator was

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

Electronically Signed 01/31/2022

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.
**F 812** Continued From page 1

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**SUMMARY STATEMENT OF DEFICIENCIES**

- 1 opened container of cottage cheese with an expiration date of 1/4/2022
- 1 unopened container of cottage cheese with an expiration date of 1/4/2022
- 1 opened container of nectar thickened tea with an open date of 12/29/2021. Per the instructions on the back of the container of nectar thickened tea, it should have been discarded 7 days after it was opened.

An interview with the DM on 1/10/2022 at 9:15 AM revealed the staff person from food supply company usually rotated their food items, however all dietary staff were responsible for checking for and discarding expired food items. The DM further revealed the nectar thickened tea should have been discarded 7 days after it was opened, and the cottage cheese should have been discarded by the expiration date.

An interview with a dietary aide on 1/11/2022 at 2:10 PM revealed all kitchen staff who stock or pull something off the shelf are responsible for checking for and discarding expired food items.

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**DISPENSED OF WHEN IDENTIFIED.** An In-service was conducted by the Certified Dietary Manager on 1/21/22 with kitchen staff to educate them about the requirements of food storage, expired dates and rotating stock and to educate them on the new process for auditing and documentation on the new audit tool.

To prevent residents from being affected, A audit was done by the Dietary Manager of the cooler, freezer, dry storage and nourishment room refrigerators on 1/10/22 to ensure no other outdated food was present, none was found.

The dietary manager/designee will be responsible for ensuring that stock is rotated and that no stock is left in the kitchen that is out of date. A form has been implemented that the staff must sign after checking for any outdated stock 5 days a week x 2 weeks, then weekly x 4 weeks until compliance has been achieved.

New employees will be in-serviced upon hire by the Staff Development Coordinator and the Dietary Manager on the policy and procedures for ensuring there is no outdated stock in the kitchen.

The audit will be turned in to the Administrator weekly for review. The Administrator will bring the weekly audits to the monthly QA meeting for review until no further issues are identified. The weekly audits will continue until compliance has been achieved.
A. BUILDING ________________________________

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345102

B. WING _____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE SURVEY COMPLETED
C 01/13/2022

NAME OF PROVIDER OR SUPPLIER
MAGGIE VALLEY NURSING AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE
75 FISHER LOOP
MAGGIE VALLEY, NC  28751

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<td>An interview with the Administrator on 1/13/2022 at 12:00 PM revealed the cooks and the DM were responsible for discarding expired food items. The Administrator further revealed the supply truck came to the facility once each week and staff should have rotated and checked for expired food items at least once per week. The Administrator indicated the nectar thickened tea should have been discarded 7 days after opening and the cottage cheese should have been discarded prior to the expiration date.</td>
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