

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

PRINTED: 03/10/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741	
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted 2/16/25 through 2/19/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID#VWAM11. INITIAL COMMENTS	F 000		
F 812 SS=F	A recertification and complaint investigation survey was conducted from 2/16/25 to 2/19/25. Event ID# VWAM11. The following intakes were investigated NC00209963 and NC00213691. 2 of the 2 complaint allegations did not result in a deficiency. 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	F 812		3/6/25

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

TITLE

(X6) DATE

Electronically Signed

03/06/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	<p>Continued From page 1</p> <p>by:</p> <p>Based on observations and staff interviews, the facility failed to ensure dishware was air dried prior to stacking for use and free from dried debris. Additionally, the facility failed to ensure the double oven and stove were free of food and grease debris, the floors were free from built-up dark debris, and the high temperature dish-machine reached the manufacturer's recommended temperatures for dish sanitation. The facility failed to utilize the 3-compartment sink according to manufacturer's recommendations for the amount of time dishware was required to soak in the chemical solution for sanitizing dishware and the facility also failed to remove expired food stored for use, date leftover foods and ensure foods were sealed in 1 of 1 walk-in cooler and 1 of 1 walk-in freezer. These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <p>a. During the initial tour of the kitchen with Dietary Staff #2 on 2/16/25 at 10:12 AM the following areas of concern were observed. Five plastic food preparation containers located on a shelf ready for use were stacked wet, one of five observed dinner plates contained dried dark debris located on the tray line ready for use, five divided plates and one cold plate lid contained dark yellow debris located on the tray line ready for use, the double oven and stove had dark dried grease and food debris on the cooking surfaces, and the floors had built up dark debris under storage racks, around the edges of the floor and wall and in corners.</p> <p>On 2/16/25 at 10:32 AM an interview was</p>	F 812	<p>Eckerd Living Center, LLC's response to this report of survey does not denote agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are filing the POC because it is required by law.</p> <p>During survey, opportunities related to food procurement, storage, preparation, beyond use dating and cleanliness of the food and nutrition department were observed. Staff reinforcement of required monitoring of appropriate food storage, expired dates and keeping food and nutrition areas clean was determined to be needed to ensure deficient practice does not recur and that residents consume foods that have been properly procured.</p> <p>No residents were affected by the deficient practice.</p> <p>To prevent other residents from potentially being affected by the deficient practice, immediately during survey, on 02/18/25, Interim Support Director of Food and Nutrition Services Manager completed in-person education with the Food and Nutrition Services Staff and an attestation completed once education received. 100% of active Food and Nutrition Services Staff completed the education. The education included:</p> <ul style="list-style-type: none"> o Sanitizing ware when dishwasher chemical unavailable 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	<p>Continued From page 2</p> <p>conducted with Dietary Staff #1 that revealed the process for cleaning dishes was to check for cleanliness and return the dishes to the dirty area for reprocessing if found dirty. He reported the process for drying dishware was once dishes were cleaned, they were placed on the drying rack to air dry the dishes.</p> <p>b. An observation of the walk-in cooler on 2/16/25 at 10:38 AM revealed one 3-pound bag of opened broccoli with no date and one block of Gouda cheese that expired on 2/11/25.</p> <p>An observation of the walk-in freezer on 2/16/25 at 10:42 AM revealed a package of opened fried chicken without a seal or date, seven premade puree country style chicken single serve packages. without dates, eight premade puree country style pork single serve packages without dates, nine premade puree sausage single serve packages without dates, and 22 premade puree macaroni and cheese single serve packages without dates.</p> <p>On 2/16/25 at 11:00AM with Dietary Staff #2 revealed he was not sure when premade puree products expired and that generally they went through the premade puree products quickly. He stated that Monday through Friday he was responsible for the cleanliness of the kitchen and ensuring opened food items were dated. On the weekends, the Sous Chef was responsible for kitchen cleanliness and ensured that open food items were dated.</p> <p>c. During a continued kitchen tour on 2/17/25 at 11:00 AM, the following concerns were identified: 6 plastic plate lids located on the tray line ready for use were stacked wet, the plate warmer had</p>	F 812	<ul style="list-style-type: none"> o Use of 3 compartment sink, including soak times for chemical sanitization o Airdrying dishes utilizing wire rack to prevent wet nesting. <ul style="list-style-type: none"> - Immediately during survey, on 02/17/25, expired food items were disposed of and food and nutrition area was cleaned to remove spills and debris. <p>Systemic changes made to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> - On 02/21/25, the dishwasher heating element was repaired by the Eckerd Living Center Facilities team. Dishwasher logs are completed and validate the rinse temperature has reached 180 degrees or above. - On 02/28/25, an additional drying rack was ordered to provide additional space for dish ware and assist in the prevention of wet nesting - Beginning on 03/03/25, education was developed by a multidisciplinary team including Administrator, Director of Nursing, Infection Prevention Specialist, Accreditation Director, Food and Nutrition Services Manager & Regional Director, including a daily audit tool and cleaning log. The Food and Nutrition Services Manager completed in-person education with the Food and Nutrition Services Staff and an attestation completed once education received. 100% of active Food and Nutrition Services Staff completed the education by 03/06/25. The education included: <ul style="list-style-type: none"> o Requirements for monitoring beyond use dates and discarding past due items o Requirements for keeping food 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	<p>Continued From page 3</p> <p>dark crumbly debris, and 3 dinner plates located on the tray line ready for use had dark brown debris and red staining.</p> <p>d. An observation was completed on 2/17/25 at 11:00 AM. Dietary Staff #2 tested the high temperature dish machine at the request of the surveyor and the wash temperature came to 159 degrees Fahrenheit (F) and the rinse cycle came to 141 F. There was a placard observed on the dish machine that indicated the wash temperature was to reach 160 degrees F and the rinse cycle was to reach 180 degrees F.</p> <p>An interview and observation with Dietary Staff #2 was conducted on 2/17/25 at 11:00 AM and revealed dietary staff had been working on repairing the dish machine with facility operations. Dietary staff were utilizing the 3 compartment sink to sanitize dishes or an added sodium hypochlorite chemical in the dish machine during the repair. Observation of the chemical container secured to the wall to the right of the dish machine revealed it was empty. Dietary Staff #2 stated they had gotten the chemical from their supervisor. He explained the chemical container had been empty "for a while" and were utilizing the 3 compartment sink to sanitize dishware until the chemical could be ordered. Observation of the 3 compartment sink process revealed Dietary Staff #2 allowed the dishes to dwell within the sanitizer for an estimated 5 seconds. Observation of a sign above the 3-compartment sink directed staff to dwell for a minimum of 60 seconds in the sanitizer. Dietary Staff #2 stated no one had ever told him how long the dishes needed to be in the sanitized water. Observation of Dietary Staff #2 revealed the tested parts per million (PPM) of the sanitizer were at 300.</p>	F 812	<p>storage and preparation areas, clean and free of spills, grease and debris.</p> <ul style="list-style-type: none"> o Proper procedure for sanitization of dishware, including free from debris, proper drying and stacking. o Daily cleaning requirements of all food service areas. <p>All new staff will receive this education verbally and in demonstration during new hire orientation to the unit and will indicate compliance on the new hire skills check list.</p> <p>Plans to monitor performance to make sure that solutions are sustained:</p> <ul style="list-style-type: none"> - A daily audit tool was developed and reviewed with the Food and Nutrition Services Staff. The daily audit tool includes compliance with food safety requirements, environmental cleanliness, dishware sanitization and storage. - To ensure ongoing compliance, the Food and Nutrition Services audit tool will be completed daily by the designated Food and Nutrition staff member and audits completed weekly by the Food and Nutrition Services Manager and/or Quality Director for Leadership oversight. Any non-compliance identified during the audits will be corrected and addressed through immediate re-education. Audits will begin 03/04/25. <p>NUMERATOR: Number of audits completed with ware properly sanitized and stored DENOMINATOR: Number of audits completed</p> 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 812	Continued From page 4 According to the manufacturer for the sanitizer, the required PPM range is 200-400. An interview was completed with Facility Operations Staff #1 and Facility Operations Staff #2 on 2/17/25 at 12:21 PM revealed that they were aware that the dish machine was not coming up to the required water temperatures. They replaced the booster heater on 2/13/25 and were not aware that there was a concern with dish machine water temperatures on 2/17/25. Facility Operations Staff #1 stated they also had a regulator on order to correct the water temperature concern with the dish machine. They also stated they were unaware that the kitchen staff had run out of the sanitizing chemicals. An interview with the Administrator on 2/17/25 at 12:27 PM revealed that the Dietary Manager was responsible for kitchen sanitation, however she was out on leave. The Administrator was aware that Facility Operations was working on repairing the dish machine.	F 812	NUMERATOR: Number of audits completed with oven and stoves free from debris and grease DENOMINATOR: Number of audits completed NUMERATOR: Number of audits completed with floors free from debris DENOMINATOR: Number of audits completed NUMERATOR: Number of audits completed with food stored within expiration date and sealed properly DENOMINATOR: Number of audits completed NUMERATOR: Number of audits completed with dishwasher rinse temperature 180 degrees or greater. DENOMINATOR: Number of audits completed Data related to the measures associated with this standard will be reported to the Highlands Cashiers Hospital Patient Safety and Quality Committee and Eckerd Living Center Quality Committee monthly for 3 consecutive months for compliance. The Food and Nutrition Services Manager is responsible for implementing and overseeing the actions taken with this plan. All actions outlined above were completed by 03/06/25.		
F 814 SS=E	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4)	F 814		3/6/25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 814	Continued From page 5 §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to contain trash when the dumpster doors were not closed and failed to keep the area around the trash compactor free from accumulated trash and debris for 2 of 2 dumpsters observed and 1 of 1 trash compactor observed. The findings included: An observation was completed on 2/17/25 at 11:45am. The observation revealed 2 dumpsters, the first dumpster door was completely open, and the second dumpster door was completely open with cardboard visible in both dumpsters. The area around the trash compactor had a soiled plastic bag, a tarp, and a box on the ground. An interview on 2/17/25 at 12:10 pm with Dietary Staff #2 revealed central supply staff use the dumpsters for cardboard and verified that the doors were left open. Dietary Staff #2 also explained that everyone used the trash compactor, and he was not sure who was responsible for keeping the area clean.	F 814	During survey, the facility failed to contain trash when dumpster doors were not closed and keep the area around the trash compactor free from accumulated trash and debris. Education and environmental cleaning of the area was determined to be needed to ensure deficient practice does not recur. No residents were affected by the deficient practice. To prevent other residents from potentially being affected by the deficient practice, immediately during survey, on 02/17/25, the cardboard dumpster lids were closed and secured. Any trash around the compacting dumpster was removed. Systemic changes made to ensure the deficient practice will not recur: - On 2/26/2025 Leadership Team met to review the survey opportunities and began action plan development. - Beginning on 2/19/25, education was developed by a multidisciplinary team including ELC Administrator, Director of Nursing, Quality Director, Infection Prevention Specialist, Food and Nutrition Manager, Environmental Services Manager, Materials Management, and Facility Services. The Food and Nutrition Manger, Environmental Services Manager, Materials Management, and		

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

PRINTED: 03/10/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 814	Continued From page 6	F 814	<p>Facilities Services completed in-person education with all staff. The education included:</p> <ul style="list-style-type: none"> o Requirements for closing and securing dumpsters designated for cardboard. o Requirements for keeping compacting dumpster area clean, free of spills, and debris. <p>- 3/6/2025, education was complete for 100% of active assigned Food and Nutrition Services staff, Environmental Services staff, and Materials Management staff.</p> <p>All new staff will receive this education verbally and in demonstration during new hire orientation to the unit and will indicate understanding and compliance on the new hire skills check list.</p> <p>Plans to monitor performance to make sure that solutions are sustained:</p> <ul style="list-style-type: none"> - Additionally, to support continued oversight a process was developed for checking compliance using a focused review tool. - An audit tool was developed to monitor sanitation requirements and environmental cleanliness. - To ensure ongoing compliance, weekly audits of compactor and cardboard disposal requirements will be completed. Any non-compliance identified during audits will be corrected and addressed through immediate re-education. Audits began 2/26/25 by the Director of Food and Nutrition Services, Infection Preventionist, Environmental Services Manager, Facilities Director, or 		

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

PRINTED: 03/10/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 814	Continued From page 7	F 814	<p>designee:</p> <p>NUMERATOR: Number of compliant observations of dumpster area DENOMINATOR: Number of observations completed</p> <p>Data related to the measures associated with this standard will be reported to the Highlands Cashiers Hospital Patient Safety and Quality Committee and Eckerd Living Center Quality Committee monthly for 3 consecutive months for compliance.</p> <p>The Director of Food and Nutrition Services is responsible for implementing and overseeing the actions taken with this plan. All actions outlined above were completed by 3/6/2025.</p>		