

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

PRINTED: 03/13/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2014
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NAME OF PROVIDER OR SUPPLIER BRIAN CENTER H & REHAB WEAVERV	STREET ADDRESS, CITY, STATE, ZIP CODE 78 WEAVER BLVD BOX 575 WEAVERVILLE, NC 28787
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(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
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F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to have a beard covering while working with food in the kitchen on 2 of 2 observations.</p> <p>The findings included: A review of the facility's policy, dated March 2010 stated in part, "dietary staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent their hair from contacting exposed food." On 02/26/14 at 11:30 AM Cook #1 was observed in the kitchen not wearing a beard restraint. The cook was assisting with food being plated on the tray line and chopping hamburger patties into smaller bites. Cook #1 was observed to have a full beard approximately a quarter of an inch long. On 02/27/14 at 8:40 AM Cook #1 was observed walking throughout the kitchen in food preparation areas with no beard restraint.</p>	F 371	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>It is the policy of this facility to procure food from sources approved or considered satisfactory by Federal, State or local authorities and store, prepare, distribute and serve food under sanitary conditions. No residents were named or affected by this cited deficiency. Because all residents are potentially affected by the cited deficiency, the Dietary Manager monitored food service staff to ensure that all Dietary employees wear hair restraints to prevent their hair from contacting exposed food. No negative findings were noted.</p> <p>Cook #1 received counseling regarding this policy.</p> <p>To enhance currently compliant operations and under the direction of the Dietary Manager, on March 13, 2014, dietary staff were in-serviced on serving food under sanitary conditions including wearing hair restraints, hats and beard guards. The training included review of this policy and the importance of using hair restraints to prevent hair from contacting food or food items.</p>	3/18/14
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Christopher Murray</i>	TITLE Administrator	(X6) DATE 3/18/14
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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.



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F 371	<p>Continued From page 1</p> <p>During an interview on 02/27/14 at 8:40 AM Cook #1 said he did not have on a beard restraint. Cook #1 further explained he usually wore a beard restraint and had forgotten to place a restraint on his beard for the past two days.</p> <p>During an interview on 02/27/14 at 8:44 AM the Dietary Manager explained it was the facility's policy for Cook#1 to have had on a beard restraint at all times while in the kitchen. The Dietary Manager also stated it was her expectation for Cook #1 to wear a facial hair covering while in food preparation and serving areas.</p>	F 371	<p>Effective March 13, 2014, a quality assurance program was implemented under the direction of the Dietary manager to monitor food service to ensure hair restraints are in place according to policy. The Dietary Manager/designee will perform the following systemic changes: randomly checking food service staff 3 times per week times 3 months to ensure hair restraints are worn per policy. Any deficiency will be corrected on the spot and findings of the quality assurance checks will be documented and submitted at the monthly quality assurance committee meeting for further review and/or corrective action.</p>	3/18/14
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