

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Grace Heights Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  109 Foothills Drive Morganton, NC 28655	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49366</p> <p>Based on observations and staff interviews, the facility failed to label and date leftover food items stored for use and failed to keep a food storage area clean. These practices occurred in the walk-in refrigerator and had the potential to affect food served to residents.</p> <p>The findings included:</p> <p>An initial tour of the kitchen occurred on 9/8/24 at 9:28 AM. The following concerns were identified:</p> <p>a. Items in the walk-in refrigerator that were opened and labeled, but past the use by date included:</p> <ul style="list-style-type: none"> <li>- a resealable bag of seven prepared biscuits labeled with a use by date of 9/6/24.</li> <li>- a resealable bag of five hamburger patties with a use by date of 9/5/24.</li> </ul> <p>b. Items in the walk-in refrigerator that were opened and not labeled or dated included:</p> <ul style="list-style-type: none"> <li>- one gallon of whole milk.</li> <li>- two resealable bags with opened bags of whipped cream.</li> </ul> <p>c. A plastic container of coleslaw was observed on a shelf above unopened cardboard boxes. The boxes had white stains from the coleslaw container which leaked to the shelf below.</p> <p>An interview with the Dietary Manager (DM) on 9/8/24 at 11:33 AM was conducted. She explained kitchen staff had been in-serviced many times before on labeling and storing food items in the refrigerator. She stated staff was rushed from breakfast and a staff member had called out and they put items back in the refrigerator too quickly.</p> <p>An interview with the Administrator on 9/11/24 at 10:00 AM revealed labeling and storing food items had not been an issue for the kitchen in the past. She stated the DM educated kitchen staff on proper labeling and storing of food items after the kitchen tour.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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