

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 345 Manor Road Mars Hill, NC 28754	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45272</p> <p>Based on observations and staff interviews the facility failed to remove expired food from 1 of 3 kitchen refrigerators (walk-in refrigerator). This practice had the potential to affect food served to residents.</p> <p>Findings Included</p> <p>An observation of the walk-in refrigerator in the kitchen on [DATE] at 9:40 AM with the Dietary Manager (DM) found one resealable plastic bag dated ,d+[DATE] that contained deli meat.</p> <p>The DM stated during the observation that opened and stored food should be kept for 7 days and then thrown out; she immediately removed the food. The DM stated the morning cook checks the walk-in refrigerator each morning for food out of date and discarded them. She stated the deli meat dated ,d+[DATE] was overlooked when the refrigerator was checked for expired food earlier in the day.</p> <p>The Administrator was interviewed on [DATE] at 2:09 PM. She stated the outdated deli meat would not have been served to the residents. The Administrator stated she was unsure if the deli meat had been misdated or overlooked and the facility's policy was to dispose opened food items after 7 days.</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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