

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345556	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Deerfield Episcopal Retirement		STREET ADDRESS, CITY, STATE, ZIP CODE 1617 Hendersonville Road Asheville, NC 28803	

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 - Few</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 record review, observations and staff interviews, the facility failed to remove expired prepackaged produce stored for use in 1 of 3 kitchen refrigerators (reach-in refrigerator). The practice had the potential to affect food served to residents.</p> <p>Findings included</p> <p>On [DATE] at 9:05 AM an observation was made in the kitchen with the Dietary Manager (DM). The reach-in refrigerator was observed to contain an unopened bag of shredded cabbage with a use by date of [DATE] on the bag.</p> <p>The DM was interviewed on [DATE] at 12:30 PM and stated the shredded cabbage was brought to the kitchen from another kitchen on site to be used that night as an alternative food choice. The staff in the kitchen did not check the expiration date of the cabbage and it was placed into the reach-in cooler. The DM stated the procedure was to check all food delivered for expiration dates before storing it.</p> <p>The Administrator stated on [DATE] at 10:52 AM the kitchen should not have accepted the expired food brought into the kitchen. He said when food had expired it should be removed from storage and discarded.</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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