

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

PRINTED: 08/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/03/2014
NAME OF PROVIDER OR SUPPLIER AVANTE AT CONCORD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LAKE CONCORD ROAD CONCORD, NC 28025		
(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 000	INITIAL COMMENTS	F 000			
F 371 SS=E	<p>There were no deficiencies cited as a result of the complaint investigation survey of 7/3/14. Event ID# L38G11.</p> <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 keep 1 of 1 portable kitchen fan free of debris that was blowing on clean dishware and maintain 28 of 100 insulated dome lids in good condition. The findings include: On 6/30/14 at 11:20 am, during the initial tour of the kitchen, a large industrial fan was located near the end of the dishwasher conveyer belt. It was turned on and blowing toward three racks of about 100 insulated dome lids and a new rack of clean silverware, on the counter. The back of the fan had a layer of lint, coating the grill and blades. The insulated dome lids were examined and 28 of the maroon lids were worn, with fading color in spots. A return visit was made to the kitchen on 7/2/14 at 8:50 am. The fan was blowing in the kitchen</p>	F 371	<p>This plan of correction is the credible allegation of compliance.</p> <p>It is the practice of this facility to procure food from sources approved or considered satisfactory by Federal, State, or local authorities. Additionally, it is the practice of this facility to store, prepare, distribute and serve food under sanitary conditions.</p> <p>Corrective action has been achieved for the alleged deficient practice potentially affecting all residents. The fan was removed and cleaned. The referenced faded dome lids have been removed and replaced with new dome lids.</p>	7/31/14	

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

TITLE

(X6) DATE

Electronically Signed

07/25/2014

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 and still was full of debris. There were no supplies directly in front of it. The Dietary Manager was interviewed on 7/2/14 at 9:00 am and the fan was brought to her attention. She mentioned that the maintenance department was responsible for the cleaning schedule of the kitchen fan. She was not certain of the date when it was last cleaned, but would bring the matter to their attention. Regarding the dome lids, the dietary manager stated that she replaced some of the lids when she noticed that they were peeling, but she can only order so many at a time. During the lunch meal observation in the kitchen, 7/2/14 at 11:45 am, the fan was observed to be clean of debris. On 7/2/14 at 3:11 pm, the Maintenance Supervisor was interviewed. He stated that he has three staff in his department, but currently, he was short an employee, who was on leave. He stated that ordinarily, they make bi-weekly visits to the kitchen to check equipment and clean it, but had gotten behind schedule with cleaning, dealing with other issues. He estimated that the fan probably hadn't been cleaned for three weeks. He shared once the fan was brought to his attention today; he cleaned the blades of dust and grease. He stated that the fan in the kitchen was mainly used for circulation since the building's air conditioner does not work well.</p>	F 371	<p>The condition of all dome lids were assessed on July 8, 2014, and any damaged or not in proper condition to meet sanitary serving requirements were discarded. The Dietary Supervisor will continue to check the condition of all dome lids weekly and remove any that do not meet proper criteria for sanitary distribution.</p> <p>All fans have been removed from the dietary department and cleaned. Dietary Supervisor, and/or cook or dietary aide, will check fans daily for needed cleaning. The Dietary Supervisor and/or designee, will notify the Maintenance Supervisor for removal and cleaning as the need is identified through work order. Maintenance Supervisor, and/or maintenance assisstant, will conduct inspections weekly af all fans to identify any necessary cleaning. Dietary staff will clean fans daily as needed for general cleaning. Maintenance will clean as needed and reported.</p> <p>Dietary Supervisor will provide education to all Dietary staff members on facility practice to provide and serve food under safe and sanitary conditions in regards to cleanliness and condition of all equipment.</p> <p>Dietary Supervisor will report all findings to the Quality Assurance AND Performance Improvement committee, of any identified trends or patterns. The identified trends or patterns will be reviewed for evaluation of the current</p>		

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F 371	Continued From page 2	F 371	working plan, adjustments will be mad as needed. Quality Assorance and Performance Improvement will review weekly for four weeks then monthly for three months.		