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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345564 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/26/2016 |
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| NAME OF PROVIDER OR SUPPLIER SHARON TOWERS | STREET ADDRESS, CITY, STATE, ZIP CODE 5100 SHARON ROAD CHARLOTTE, NC 28210 |
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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 363 SS=E | <p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interview and review of the facility menu, the facility failed to measure the portion of pinto beans, tater tots and mixed vegetables served to 3 of 3 sampled residents to provide portions of food according to the approved menu (Residents #75, #22 and #69)</p> <p>The findings included:</p> <p>An observation of the lunch meal tray line occurred on 05/25/16 from 11:29 AM until 12:21 PM. During the observation the tray line supervisor, dietary aide (DA) #1 and DA #2 were observed to plate pinto beans using a 3 ounce utensil, mixed vegetables using a set of tongs and tater tots using gloved hands for Residents #75, #22 and #69. Review of the menu revealed pinto beans, mixed vegetables and tater tots were to be served in 4 ounce portions. The portion of pinto beans, vegetables and tater tots served were not measured to provide the 4 ounce portion required according to the menu. When measured, the portions of pinto beans, mixed vegetables and tater tots served were a 3 ounce portion.</p> <p>An interview on 05/25/16 at 12:07 PM with the</p> | F 363 | <p>During observation period, residents #75, 22 and 69, noted to get smaller portions than required from menu spreadsheet. Immediate corrections were to provide correct portion to match spreadsheet for these three residents and use proper sized serving utensils to finish meal service for all residents. Moving forward, Sharon Towers will follow the menus in portion size, unless care planned differently for that resident. To ensure the servers are using the correct scoop, the facility purchased new scoops and will color coordinate handles to pertain to scoop sizes and match to menu serving spread sheets. Trayline servers will be educated at inservices on 6/13/16 and 6/14/16 regarding the new scoop processes, reading menus and using correct serving utensils. Trayline supervisors will conduct meal audits daily to ensure proper scoop sizes go out on trayline with that day's menus, until such a time that this new protocol is hardwired. As part of the quality assurance program, Certified Dietary Manager will audit routinely to ensure program is consistent.</p> | 6/23/16 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 06/10/2016 |
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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.

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

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OMB NO. 0938-0391

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| F 363 | <p>Continued From page 1</p> <p>tray line supervisor, DA #1 and DA #2 revealed they were serving the wrong portions of pinto beans, mixed vegetables and tater tots and should have used a 4 ounce serving utensil when plating these foods.</p> <p>An interview on 05/25/16 at 12:31 PM with the registered dietitian (RD) revealed he was the supervisor for the dietary department and provided both clinical and dietary support. The RD stated he routinely monitored the tray line for portion control, but that he had not identified any concerns. He expected dietary staff to provide residents with food portions according to the menu to make sure the nutritional needs of residents was met.</p> <p>An interview on 05/26/16 at 09:29 AM with the certified dietary manager (CDM) revealed that dietary staff should not use gloved hands to plate foods, but rather should use utensils for portion control. The CDM stated that she had previously observed dietary staff plating foods with gloves and without using the correct size utensils and had to remind them of this. The CDM stated she tried to observe for this, but because she was also responsible for handling the tray line tickets and putting trays on the delivery carts, she was not always able to monitor. The CDM further stated that she constantly reminded her staff to serve the right portions and would have to order more utensils to make sure a sufficient supply of utensils was available.</p> | F 363 | RD to also audit scoop sizes to menus at least 3 meals per month and report findings at monthly QA meeting. We allege compliance on or before June 23, 2016. | | |