STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345489	A. BUILDING _____ B. WING _____	C 12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING AND REHABILITATION CENTER	1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262

(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 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on a lunch meal tray line observation, a test tray of a pureed diet, and interviews with staff, the facility failed to provide hot foods to residents as evidenced by the lack of visible steam and margarine that remained congealed. The findings included: A continuous observation of the lunch meal tray line service occurred on 12/11/18 from 11:35 AM until 12:25 PM. During this observation the lowerator (plate warmer) was observed unplugged. The certified dietary manager (CDM) stated in interview on 12/11/18 at 12:20 PM that the lowerator was plugged into an outlet until the start of the tray line, but then unplugged and moved closer to the steam table once the tray line began because the cord was not long enough. The lowerator was observed to remain unplugged for the duration of the tray line meal service. A test tray for a regular, pureed texture diet was requested on 12/11/18 at 12:25 PM. The test tray was plated, covered in an insulated plate cover and base and transported in an open cart system to the West Unit at 12:37 PM. After all residents	F 804	This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusion set forth on the statement of deficiencies. This plan of correction is prepared and submitted solely because of requirement under state and federal law, and to demonstrate the good faith attempts by the provider to continue to improve the quality of life of each resident. F804 Immediate Action Maintenance Director re routed lowerator plug so that it could be plugged in during the duration of tray line meal service. 100% Dietary in service was completed on 12/14/2018 for ensuring lowerator remains plugged in during the duration of the meal time tray service. Identification of Others This is the only lowerator in the facility and	12/14/18

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

Electronically Signed | 01/07/2019

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F 804	Continued From page 1 were served, the CDM removed the lid from the test tray at 1:04 PM. There was no visible steam observed coming from the food. He then conducted temperature monitoring and set up the test tray, which included the addition of margarine. The margarine remained congealed when added to the foods. He then tasted the foods and made the following comments: ·The CDM declined to taste the pureed pork due to dietary restrictions. The temperature obtained was 120 degrees Fahrenheit (F). The margarine remained congealed when added. The pureed pork was slightly warm and contained pieces of pork when tasted by the surveyor. The pureed pork was not completely smooth. ·The temperature of the pureed broccoli was 129 degrees F and described as "barely warm" by the CDM. The margarine remained congealed when added. ·The temperature of the mashed potatoes was 128 degrees F and also described as "barely warm" by the CDM. The margarine remained congealed when added. During the test tray observation, the CDM further stated that the foods were barely warm and could be hotter. He attributed the foods not being hot enough to the use of an open cart system and not keeping the lowerator plugged in during the tray line meal service. An interview with the Registered Dietitian (RD) on 12/12/18 at 2:30 PM revealed she consulted with the facility for the prior 2 months, but had not identified concerns or been made aware of concerns related to food palatability. The RD stated she expected residents to receive foods per their preference for taste and temperature.	F 804	now it is being properly used. Systematic Changes Measures put into place to ensure the plan of correction is effective and remains in compliance are: In service was provided on 12/11/2018 to all dietary staff, including all full time, part time, and as needed employees (PRN), were in serviced on ensuring lowerator remains plugged in during the duration of the meal time tray service, and ensuring plates are covered as quickly as possible during meal time tray service to maintain food temperatures was appetizing. The education was completed by 12/14/2018. Any staff member not educated by 12/14/2018 will not be able to work until receiving education. The education will now be provided in new employee orientation. Monitoring Process Starting 12/12/2018 dietary administrative staff started conducting audits 5 days a week for 4 weeks ensuring, the lowerator was plugged in during all meal times. After 4 weeks dietary administrative staff will perform the same audit 2 times per week for an additional 4 weeks until a pattern of compliance is maintained. Any negative findings will be addressed immediately with staff for corrective action. The Administrator and/or Director of Nursing (DON) will report monthly findings of the monitoring process to the facility quality assurance and performance improvement committee for 2 months or until corrective action is achieved. Any necessary changes will be made to ensure compliance.	

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F 804	Continued From page 2 An interview with the administrator and director of operations on 12/12/18 at 4:25 PM revealed they both expected recipes to be followed for food quality and palatability.	F 804		
F 805 SS=D	Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by: Based on a lunch meal tray line observation, a test tray of a pureed diet, staff interviews and review of the recipe, the facility failed to provide pureed pork of a smooth consistency to 17 residents on a physician prescribed pureed diet (Residents #2, #9, 10, #11, #12, #13, #14, 15, #16, #17, #18, #19, #20, #21, #22, #23 and #24). The findings included: Review of the facility's Diet Order Report revealed Residents #2, #9, 10, #11, #12, #13, #14, 15, #16, #17, #18, #19, #20, #21, #22, #23 and #24 were listed on the report with a physician prescribed diet order for a pureed diet. Review of the facility's recipe for Pureed Pork Loin Marinated, Recipe #233, dated 7/19/18, revealed instructions to prepare the pork according to the regular recipe, measure desired "#" (number) of servings into the food processor and blend until smooth.	F 805	F805 Immediate Action Residents #2,#9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, and #24 on a physician prescribed pureed diet were affected by the deficient practice. Corrected by the Certified Dietary Manager (CDM) on 12/11 The Certified Dietary Manager (CDM) did a 100% audit of the evening meal to ensure that all residents listed received proper pureed consistency. Identification of Others On 12/11/2018 The Certified Dietary Manager (CDM) did a 100% audit of the evening meal to ensure that all residents listed received proper pureed consistency. Systematic Changes Measures put into place to ensure the plan of correction is effective and remains in compliance include: effective 12/11/2018 an in service was provided to all dietary staff to include full time, part	12/14/18

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F 805	Continued From page 3 An observation occurred on 12/11/18 at 11:33 AM of dietary staff #1 with pork loin in the food processor turned on and processing the pork. Dietary staff #1 stated the pork loin was previously processed, but not smooth enough so she was instructed by the certified dietary manager (CDM) to blend the pork loin more. A continuous observation of the lunch meal tray line service occurred on 12/11/18 from 11:35 AM until 12:25 PM. During this observation dietary staff #1 was observed to plate pureed pork for residents prescribed a pureed diet. A test tray for a regular, pureed texture diet was requested on 12/11/18 at 12:25 PM. The test tray was transported to the West Unit and tasted at 12:37 PM. The CDM declined to taste the pureed pork due to dietary restrictions. The pureed pork was tasted by the surveyor, noted with texture and observed with pieces of pork visible. The CDM also observed the pureed pork and stated that he could see the pieces of pork that remained. He stated that he asked dietary staff #1 to put the pureed pork back into the food processor because it was not smooth, but that he did not check the pureed pork for consistency after it was processed a second time and before it was served. During a follow up interview with the CDM on 12/12/18 at 1:55 PM, he stated that he attributed the pieces of pork which remained in the pureed pork to the type of meat used. He stated that his staff usually used a pork patty for pureed pork, but that a pork loin was used this time and was more difficult to get a smooth consistency. He further stated that the food processor worked well, but that he did not notice that the pureed	F 805	time, and PRN employees. The in service was provided by the CDM on proper pureeing techniques to provide a smooth consistency with no chunks or strings. The education was completed by 12/14/2018. Any staff member not educated by 12/14/2018 will not be allowed to work until receiving education. The education will also be provided to the orientation to newly hired dietary staff. Monitoring Process Starting 12/12/2018 the pureed consistency audit will be conducted for one meal per day for 4 weeks and one meal every other day for an additional 4 weeks for accuracy on correct puree consistency. The audit will be conducted by the dietary administrative staff until pattern of compliance is maintained. Any negative findings will be addressed immediately with staff for corrective action. The Administrator and/or DON will report monthly findings of this monitoring process to the facility quality assurance and performance improvement committee for 2 months or until corrective action is achieved. Any necessary changes will be made to ensure compliance.	

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F 805	Continued From page 4 pork was not smooth when it was processed a second time, and stated "we pureed the pork as best we could." An interview with the registered dietitian (RD) on 12/12/18 at 2:30 PM revealed she consulted with the facility for the prior 2 months, but had not identified concerns or been made aware of concerns related to the consistency of pureed foods. The RD stated she expected dietary staff to follow recipes to provide the correct diet and meet the resident's nutritional needs. An interview on 12/12/18 at 3:05 PM with the speech therapist (ST) revealed that she treated a resident back in the summer who had severe dysphagia and had to provide dietary re-education, because the pureed meat still had bits of meat, she stated "it was not smooth enough." The ST further stated this was concerning and that she expected pureed foods to come out consistently smooth because "smooth" was the definition of pureed. An interview with the administrator and director of operations on 12/12/18 at 4:25 PM revealed they both expected recipes to be followed for food quality and pureed foods should be served smooth due to the danger foods with texture could present to a resident who required a pureed diet.	F 805		
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources	F 812		12/14/18

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F 812	Continued From page 5 approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on a lunch meal tray line observation, staff interviews and facility record review, the facility failed to monitor and maintain the temperature of pureed chicken rice casserole to at least 135 degrees Fahrenheit (F) and reheat to at least 165 degrees F prior to service. Temperature monitoring revealed pureed chicken rice casserole was reheated and served at 130 degrees F. The findings included: A continuous observation of the lunch meal tray line service occurred on 12/11/18 from 11:35 AM to 12:10 PM. During the observation, at 12:10 PM, dietary staff #2 removed a 6 ounce portion of chicken rice casserole from the steam table, placed in the food processor and blended. Dietary staff #1 then placed the pureed chicken rice casserole into the microwave and turned it on. The certified dietary manager (CDM) removed the pureed chicken rice casserole from the	F 812	F812 Immediate Action The immediate action was taken on 12/11/2018 by the CDM by auditing 100% of the evening meal temperatures to ensure all temperatures reached 135 degrees F and reheat food temperatures to at least 165 degrees F prior to service. Identification of Others Other residents that may have the potential to be affected by the same deficient practice were corrected by the CDM doing a 100% audit of the evening meal temperatures to ensure all temperatures reached 135 degrees F and reheat food temperatures to at least 165 degrees F prior to service. Systematic Changes Measures put into place to ensure the plan of correction is effective and remains in compliance include effective 12/11/2018 an in service was provided by the CDM on	

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F 812	Continued From page 6 microwave at 12:13 PM, transferred the entrée to a plate and handed the plate to dietary staff #1 for service. The plate of pureed chicken rice casserole was placed on a meal tray for delivery without temperature monitoring. At the request of the surveyor, temperature monitoring was conducted on 12/11/18 at 12:14 PM; the pureed chicken rice casserole was 130 degrees F. An interview with dietary staff #2 on 12/11/18 at 12:15 PM revealed she did not monitor the temperature of the pureed chicken rice casserole before service. An interview on 12/11/18 at 12:16 PM with the CDM revealed that a temperature was not obtained of the pureed chicken rice casserole prior to service. The CDM stated that the pureed chicken rice casserole should have been maintained at least 135 degrees F and reheated to at least 165 degrees before it was served. An interview with the Registered Dietitian (RD) on 12/12/18 at 2:30 PM revealed she consulted with the facility for the prior 2 months, but had not identified concerns or been made aware of concerns related to food temperatures. The RD stated she expected dietary staff to conduct temperature monitoring as appropriate. An interview with the administrator and director of operations on 12/12/18 at 4:25 PM revealed they both expected temperature monitoring to be conducted routinely in all areas of the dietary department.	F 812	items to be reheated and retempted to 165 degrees F or greater after being made mechanical soft or pureed. The education was completed by 12/14/2018. Any staff member not educated by 12/14/2018 will not be allowed to work until receiving education. The education will also be provided to the orientation of newly hired dietary staff. Monitoring Process Starting 12/12/2018 the Correct Temperature Audit will be conducted for one meal per day for 4 weeks and one meal every other day for an additional 4 weeks for accuracy on correct temperature of puree or mechanical soft foods. The audit will be conducted by the dietary administrative staff until pattern of compliance is maintained. Any negative findings will be addressed immediately with staff for corrective action. The Administrator and/or DON will report monthly findings of this monitoring process to the facility quality assurance and performance improvement committee for 2 months or until corrective action is achieved. Any necessary changes will be made to ensure compliance.	