PRINTED: 09/12/2017 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL060057	B. WING		08/3	0/2017
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SUNRISE	ON PROVIDENCE		'IDENCE ROAI TE, NC 28226	D		
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licen Mecklenburg County Services conducted a 29 and August 30, 20	Department of Social an annual survey on August				
D 299	10A NCAC 13F .0904 Service	4(d)(3)(A) Nutrition And Food	D 299			
	10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.					
	review, the facility fail	ns interviews and record led to serve eight ounces of ast twice a day to residents				
	The findings are:					
		/ Menu Spreadsheet rry Manager revealed 1 cup /ed at breakfast and dinner.				
		tchen area in the SCU on evealed 1 opened gallon of r.				
	Observation of the lu 8/29/17 at 12:15 pm i	nch meal in the SCU on revealed:				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL060057		B. WING	B. WING			
			1	710.0005	00	3/30/2017
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE		
SUNRISE	ON PROVIDENCE		OVIDENCE ROAD OTTE, NC 28226			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 299	Continued From page	e 1	D 299			
	-There were 19 resided ining roomBeverages were sen Personal Care Aides -Beverages in the pite and juiceOne resident had mithilk was not offered residents in the SCU Observation of the brace and revealed: -There were 19 resided ining roomBeverages were sendeverages in pitcher juice and fruit juiceCoffee was also servation in the setting incomeThe table setting income and residents were sendered.	ved from a pitcher by (PCA). Chers included water, tea, lk at his place setting. or served to any other dining room. eakfast meal on 8/30/17 at ents served in the SCU ved from a pitcher by PCAs. is included water, orange				
	-None of the resident -Two residents were					
	revealed: -Shedid not receive n -"Sometimes they giv they give me coffee."	e me milk and sometimes				
	am revealed: -Residents should ha meal, "but they don't -Only 1 resident dran					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7445 7 2744 4	or dorate of the transfer of t	IDENTIFICATION NO.	A. BUILDING:		33,111	
		HAL060057	B. WING		08.	/30/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
SUNRISE	ON PROVIDENCE		OVIDENCE ROA	D		
			TTE, NC 28226			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 299	Continued From page	2	D 299			
	stay in the refrigerato -PCAs were responsi	ble for serving milk.				
	am revealed:	nd PCA on 8/30/17 at 9:11				
	am revealed: -Residents in the SCU should have been served milk at every meal. -She did not know why milk was not served at breakfast in the SCU. -Approximately 10 people in the SCU drank milk. -If milk was served to those 10 people, then they would drink it.					
	8/30/17 at 9:51 am re -Residents in the SCU glass of milk with at le -She was not aware t breakfast as indicated	J have to have a poured				
	revealed: -Milk should be offere meals.	on 8/30/17 at 10:01 am d to all residents at all during the breakfast meal at served to residents				
	Observation of the wa	alk-in refrigerator in the main on on 8/29/17 at 10:05 am gallons of milk and 1				
	10:16 am revealed: -He had worked as di approximately three r -The person who was	· ·				

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HAL060057		B. WING	B. WING		08/30/2017		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
		5114 PRO	VIDENCE ROA	D			
SUNRISE	ON PROVIDENCE	CHARLO	TTE, NC 28226				
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D 299	Continued From page	3	D 299				
	beverages from the manifest process. The residents in the SCU of the season of the sea	vith the the person who 30/17 at 10:31 am was ecial Care Unit Coordinator m revealed: byed by the facility for eight ening all week and this was to the of milk out at every idents in the SCU. ages are kept in the U kitchen area. hat milk was not served to at the breakfast meal. will be on the table."					
	at 11:36 am revealedResidents in the SCI	ecutive Director on 8/30/17 J should be given milk at					
	least twice a dayShe was aware that milk was not served at the breakfast meal.						

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-"It was my fault. The PCA had pulled the milk out

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D 299 Continued From page of the refrigerator and refrigerator to keep it back out to serve it." -Only 1 resident drant	I I put it back in the cool. She forgot to get it	D 299					

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