

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2017
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SUNRISE ON PROVIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 5114 PROVIDENCE ROAD CHARLOTTE, NC 28226
---	--

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section and the Mecklenburg County Department of Social Services conducted an annual survey on August 29 and August 30, 2017.	D 000	Please see attached.	
D 299	<p>10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations interviews and record review, the facility failed to serve eight ounces of pasteurized milk at least twice a day to residents in the Special Care Unit (SCU).</p> <p>The findings are:</p> <p>Review of the Weekly Menu Spreadsheet provided by the Dietary Manager revealed 1 cup of milk was to be served at breakfast and dinner.</p> <p>Observation of the kitchen area in the SCU on 8/29/17 at 9:48 am revealed 1 opened gallon of milk in the refrigerator.</p> <p>Observation of the lunch meal in the SCU on 8/29/17 at 12:15 pm revealed.</p>	D 299		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **ED** DATE **9/26/17**

Reviewed & Accepted • 10/3/17 Kay Pan

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SUNRISE ON PROVIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 5114 PROVIDENCE ROAD CHARLOTTE, NC 28226
---	--

(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) COMPLETE DATE
D 299	<p>Continued From page 1</p> <ul style="list-style-type: none"> -There were 19 residents served in the SCU dining room. -Beverages were served from a pitcher by Personal Care Aides (PCA). -Beverages in the pitchers included water, tea, and juice. -One resident had milk at his place setting. -Milk was not offered or served to any other residents in the SCU dining room. <p>Observation of the breakfast meal on 8/30/17 at 8:10 am revealed:</p> <ul style="list-style-type: none"> -There were 19 residents served in the SCU dining room. -Beverages were served from a pitcher by PCAs. -Beverages in pitchers included water, orange juice and fruit juice. -Coffee was also served to residents. -The table setting included two glasses and a coffee mug. -All residents were served water and a juice. -None of the residents were served or offered milk. -None of the residents requested milk. -Two residents were served Ensure. <p>Interview with a resident on 8/30/17 at 9:05 am revealed:</p> <ul style="list-style-type: none"> -Shedid not receive milk for breakfast. -"Sometimes they give me milk and sometimes they give me coffee." -"I like milk with my meals. I'm used to having it that way." <p>Interview with the lead PCA on 8/30/17 at 9:08 am revealed:</p> <ul style="list-style-type: none"> -Residents should have been offered milk at each meal, "but they don't drink it." -Only 1 resident drank milk. -"I had the milk out but I remembered it had to 	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL066057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SUNRISE ON PROVIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 6114 PROVIDENCE ROAD CHARLOTTE, NC 28228
---	--

(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) COMPLETE DATE
D 299	<p>Continued From page 2</p> <p>stay in the refrigerator, so I put it back." -PCAs were responsible for serving milk.</p> <p>Interview with a second 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.</p> <p>Interview with the Resident Care Director on 8/30/17 at 9:51 am revealed: -Residents in the SCU have to have a poured glass of milk with at least two meals a day. -She was not aware that milk was not served at breakfast as indicated by the menu spreadsheet. -All residents should be served according to the menus.</p> <p>Interview with a cook on 8/30/17 at 10:01 am revealed: -Milk should be offered to all residents at all meals. -He was not working during the breakfast meal and did not know what served to residents.</p> <p>Observation of the walk-in refrigerator in the main Assisted Living kitchen on 8/29/17 at 10:05 am revealed 7 unopened gallons of milk and 1 opened gallon of milk.</p> <p>Interview with the Dietary Manager on 8/30/17 at 10:16 am revealed: -He had worked as dietary manager for approximately three months. -The person who washes dishes was responsible for preparing the beverage cart to go to the SCU</p>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SUNRISE ON PROVIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 5114 PROVIDENCE ROAD CHARLOTTE, NC 28226
---	--

(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) COMPLETE DATE
D 299	<p>Continued From page 3</p> <p>dining room.</p> <ul style="list-style-type: none"> -PCAs who worked in the SCU came to get beverages from the main kitchen as needed. -Milk should have been on the table in the SCU for the breakfast meal and offered at lunch and dinner. -He was not aware that milk was not served or offered in the SCU for the breakfast meal on 8/30/17. -He was not sure what beverages were on the beverage cart for the SCU for the breakfast meal on 8/30/17. -Milk and other beverage were kept in the refrigerator in the SCU kitchen area <p>Attempted interview with the the person who washes dishes on 8/30/17 at 10:31 am was unsuccessful.</p> <p>Interview with the Special Care Unit Coordinator on 8/30/17 at 10:38 am revealed:</p> <ul style="list-style-type: none"> -She had been employed by the facility for eight days. -She had been in training all week and this was her first day back. -There should be a pitcher of milk out at every meal available for residents in the SCU. -Milk and other beverages are kept in the refrigerator in the SCU kitchen area. -She was not aware that milk was not served to residents in the SCU at the breakfast meal. -"Going forward, milk will be on the table." <p>Interview with the Executive Director on 8/30/17 at 11:36 am revealed.</p> <ul style="list-style-type: none"> -Residents in the SCU should be given milk at least twice a day. -She was aware that milk was not served at the breakfast meal. -"It was my fault. The PCA had pulled the milk out 	D 299		


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2017
--	---	--	--

NAME OF PROVIDER OR SUPPLIER SUNRISE ON PROVIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 5114 PROVIDENCE ROAD CHARLOTTE, NC 28226
---	--

(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) COMPLETE DATE
D 299	Continued From page 4 of the refrigerator and I put it back in the refrigerator to keep it cool. She forgot to get it back out to serve it." -Only 1 resident drank milk in the SCU.	D 299		

**Sunrise Senior Living, Inc.
Plan of Correction**

Name of Community: Sunrise on Providence
Address: 5114 Providence Rd, Charlotte, NC 28226
License number: HAL - 060 -057
Inspection date(s): August 29, and 30, 2017
Name and Title of Sunrise Representative Signing the Plan of Correction:
Amy C. Warren, ED
Signature of Sunrise Representative: 
Date of Submission: 09/26/2017

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F.0904(d)(3)(A) Nutrition And Food Service	August 31, 2017	<p>Special Care Unit/ Reminiscence Coordinator (RC) and the Personal Care Aides (PCA) are serving all residents eight ounces of pasteurized milk at breakfast and dinner, and have milk available at lunch as an option of beverage for residents in the Special Care Unit (SCU).</p> <p>The DSC, Executive Director (ED), Reminiscence Coordinator (RC), Designee have ensured milk is available at all times in the Reminiscence kitchen refrigerator for the resident's.</p>
	<p>August 31, 2017</p> <p>August 31, 2017 and September 26, 2017</p>	<p>Executive Director (ED), Reminiscence Coordinator (RC), or Designee, has monitored meal service on a daily basis to confirm requirements are met with serving eight ounces of pasteurized milk at breakfast and dinner in the Special Care Unit (SCU). They monitored that beverages on the menus are being served to residents. When discrepancies between the menu and what is served were identified the ED and/or RC addressed it with staff immediately.</p> <p>RC reviewed with Care Managers and Dietary Manager the importance of serving residents milk daily. The review included education of Food Requirements in Adult Care Homes and following daily menus. Staff is to serve all residents eight ounces of pasteurized milk in the Special Care Unit (SCU); this will include breakfast and dinner per community menu.</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	<p>August 31, 2017</p> <p>9/1/2017</p>	<p>The Reminiscence Coordinator (RC) and/or Executive Director (ED) will continue to educate/train all new care managers (PCAs) on serving residents eight ounces of pasteurized milk in the Special Care Unit (SCU).</p> <p>The ED, RC, Lead Care Manager (LCM), or Designee, have been assigned to monitor the meal services in Reminiscence for three months to confirm requirements are met. Documentation of the monitoring results will be kept in ED office.</p>
	<p>October 11, 2017 November 8, 2017 December 13, 2017</p>	<p>The ED and/or RC will present the results of the monitoring of beverages served in SCU to the monthly Quality Assurance and Performance Improvement (QAPI) meeting for three months. The QAPI committee will identify issues with the results and opportunities to improve.</p> <p>The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variances that may occur.</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.