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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: _ B. WING HAL060125 10/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4025 N SHARON AMITY DRIVE** THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 000 **Initial Comments** D 000 Responses to the cited deficiencies do not constitue an admission or agreement by the facility of truth of the facts alleged or The Adult Care Licensure Section and the conclusion set forth in the statement of deficiencies or corrective action report the Mecklenburg County Department of Social Plan of Correction is prepared soley as a Services conducted an annual survey on October matter of compliance with State Laws. 23, 2017 and October 24, 2017. D 074 10A NCAC 13F .0306(a)(1) Housekeeping And D 074 **Furnishings** It is the policy of The Parc to assure walls, ceilings and floors or floor coverings are kept clean and in good repair 10A NCAC 13F .0306 Housekeeping And **Furnishings** Executive Director and Housekeeping addressed resident rooms #100, 101, 107, 111, 202, 203, (a) Adult care homes shall: 204, 205, 207, 208, 209, 217 and in the common (1) have walls, ceilings, and floors or floor living room and the main diningroom immediately by 11/10/2017 coverings kept clean and in good repair, cleaning and sanitizing all areas toi include door knobs, around door knobs, and scuff marks on and 1/2/2018 about the doors, as well as in the main diningroom and common living areas. New vendor for housekeeping projected to start routine cleaning and sanitizing schedule as of 1/1/2018 This Rule is not met as evidenced by: Based on observations, interviews, and record The community is scheduled for renovations for general maintenance, repairs of flooring and or walls to include reviews, the facility failed to assure walls, ceilings, painting and or any other maintenance or replacement floors or floor coverings were kept clean and in good repair in resident rooms (#100, The community is in phase II of scheduled renovation and the projected start date is on or around 2/5/2018 #101,#107,#108, #111, #119, #202, #203, #204. #205, #207, #208, #209, #217), in the common living room area and the main dining room. The findings are: Observation of resident room #100 on 10/23/17 at 9:48 am revealed: -In resident room #100, on the inside of the door panel was an area about about 8 inches above and below the door knob that had brownish dirt build-up with areas of paint missing near the edge of the door frame. -In room #100, the front of the bathroom door had a build-up of dirt around the door knob which extended about 6 inches up the door panel. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER SUPPLIED REPRESENTATIVE STATE Reviewed and accepted 2018-1-19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 10/24/2017	
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10:10 am -In room # was an are the door k build-upIn room # the bottom the front or from the fle -In room # bathroom : the door n and tile. Observation 10:20 am n -In room # was an are door knob brownish or along the e -In room # closet door brownish or the door. Observation 10:28 am n -In room # was an are the door k thick brown paint along -In room # were black bottom por	on of resider evealed: 108, on the ear about 12 hob that ha 108 both close bor. 108 the floor and the resear the wal about 8 and about int build-up and about int build-up of the evealed: 111, on the ear wal about 10 hob and about 10 hob and about 10 hob and about 119, on the except a control of the contro	ent room #108 on 10/23/17 at enside of the door panel inches above and below and thick brownish dirt losets had dirt build-up along ors and black scuff marks on at doors about 12 inches or tile that connected the sident's room directly under area was dirty and missing ent room #111 on 10/23/17 at enside of the door panel inches above and below the 2 inches wide that had a end areas of chipped paint door frame. Outside of the second area on the side of the door panel inches above and below the 10 inches above and below out 2 inches wide that had a endong the bottom portion of the troom #119 on 10/23/17 at entering inches above and below out 2 inches wide that had a endong the door frame. Outside of the door panel of the door frame. Outside of the door panel of the door frame. Outside of the door panel of the door frame. Outside of both closet doors as and dirt build-up along the door.	D 074				

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ B. WING 10/24/2017 HAL060125 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4025 N SHARON AMITY DRIVE** THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 074 D 074 Continued From page 3 -In the common living room area located at the front of the facility all the door frames about 12 inches above the floors were scuffed with black marks and dirt build-up. -In the common living room the room divider wall had an area about 14 inches from the floor that had chipped paint missing in several areas and the baseboard segment about 4 inches long was missing. -in the common area along all the baseboards and bottom of the walls were a brownish build-up of dirt and black scuffed areas. Observation of resident room #202 on 10/23/17 at 9:45 am revealed: -On the inside of the door panel was an area about 12 inches above and below the door knob that had a brownish dirt build-up with areas of paint missing and a one inch piece of wood chipped from the door trim. -On the outside of the bathroom door panel was an area about 12 inches above and below the door knob that had a brownish dirt build-up. Observation of resident room #203 on 10/23/17 at 9:50 am revealed: -On the inside of the door panel was an area about 12 inches above the door knob that had a brownish dirt build-up with areas of paint missing. -On the outside of the bathroom door panel was an area about 6 inches above and below the door knob that had missing paint. -On the bathroom door, the outside and inside of the door knob had chunks of a brown substance smeared on it. Observation of resident room #204 on 10/24/17 at 10:00 am revealed: -On the inside of the door panel was an area

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about 12 inches above and below the door knob

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bathroom.

10:20 am revealed:

that ran the entire width of the door. -There were 2 bathroom floor tiles that were chipped at the threshold from the bedroom to the

Observation of resident room #209 on 10/24/17 at

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-Her cleaning included sweeping, mopping, and

-She performed deep cleaning every 2 weeks per

dusting daily when she worked.

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-She changed the linens on the beds in the resident rooms daily and as needed.

other housekeeping duties.

the area in the room,"

-She emptied trash in the resident's rooms daily. -She was not responsible for deep cleaning or

-"If a resident had an accident I would clean up

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paper and paper towels.

the hallway, and stocking resident room with toilet

-The deep cleaning schedule included mattress, walls, vent, inside all furniture, underneath furniture weekly, and designated rooms were

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-There were five staff serving food and beverages to the residents in the main dining room including one Dietary Manager (DM), one Dietary Aide, one Division of Health Service Regulation

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D 306	Continued From page 9		D 306							
	Medication Aide and two Personal Care AidesNone of the residents were offered water.				. :					
	Interview with a resident on 10/24/17 at 10:00 am revealed:									
	-Residents were served water with some meals but not with all meals.									
	 -If he requested water, staff would provide it. -Most residents in the facility would not be able to request water. 				:					
	Interview with the Dietary Manager (DM) on 10/24/17 at 3:13 pm revealed: -She had been employed as the DM for seven									
	monthsShe was trained by the previous DMShe was aware that water should be served to each resident at each meal, in addition to other beveragesEven though she assisted with serving residents at breakfast, she was unaware that water had not been servedIt was the "aides" responsibility to serve water to the residents.									
	Review of the DM's employee record revealed: -She completed food service orientation training on 9/27/16.									
	-She received her ServSafe certification on 10/19/16.									
	-She was hired as the Dietary Manager on 3/16/17.									
	Interview with the Administrator on 10/24/17 at 3:31 pm revealed:									
	-She was aware that water should be served to each resident at each meal, in addition to other beverages.									
		nat water was not served to kfast meal.								

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mechanical soft diet.

mechanical soft diet.

Review of the therapeutic diet list provided by the Dietary Manager (DM) on 10/23/17 revealed Resident #2 was to be served a regular

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: ___ B. WNG ____ 10/24/2017 HAL060125 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4025 N SHARON AMITY DRIVE THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY D 310 D 310 Continued From page 11 Review of the therapeutic diet menu for lunch on 10/23/17 revealed residents on a mechanical soft diet were to be served 3 oz. ground fried steak/gravy, ½ cup (c.) of rice pilaf, ½ c. of collard greens without bacon, 2 inch square piece of combread, 1/2 c. of vanilla pudding, and 8 ounces (oz.) beverage of choice. Observation on 10/23/17 from 12:10 pm to 1:00 pm of the lunch meal revealed: -Resident #2 was served water, tea, nutritional supplement, 1 slice of bread, rice, collard greens with bacon, ground meat/gravy, and vanilla puddina. -Resident #2 consumed 100% of her meal without difficulty. Interview with the DM on 10/23/17 at 1:00 pm revealed: -She had been the DM for 7 months. -She was trained by the previous DM. -She used the regular diet menus for all residents and chopped, pureed, or grinded food as needed because that was how she was trained. -She had prepared the collard greens with ham instead of bacon for all residents. -She was unaware that residents on a mechanical soft diet should not receive bacon in their collard greens. -She was unaware that she should be using the therapeutic menus provided by the Registered Dietician (RD) contracted by the facility. -She did not have recipes to follow to prepare therapeutic diets. -She had never referred to the therapeutic menus for guidance in preparing meals. -She would call RD contracted by the facility and request recipes.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ HAL060125 B. WING_ 10/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4025 N SHARON AMITY DRIVE** THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 310 Continued From page 12 D 310 Review of the mechanical soft diet menu for breakfast on 10/24/17 revealed residents on a mechanical soft diet were to be served 1 moistened waffle, 1 oz. ground sausage, 4 oz. mechanical soft fruit, 6 oz. juice of choice, and 8 oz, of milk, Observation of the breakfast meal on 10/24/17 from 7:09 am to 7:40 am revealed: -Resident #2 was served 1 waffle moistened with syrup, sliced peaches, scrambled eggs, chopped bacon, nutritional supplement, and apple juice. -Resident #2 consumed 100% of her meal without difficulty. Review of the mechanical soft diet menu for breakfast revealed that residents on a mechanical soft diet should be served ground sausage and should not be served bacon. Interview with the DM on 10/24/17 at 12:35 pm revealed she was unaware that bacon should not be served to residents on a mechanical soft diet. Review of the DM's employee record on 10/24/17 at 11:14 am revealed: -She completed the required food service orientation training on 9/27/16. -She received her ServSafe certification on 10/19/16. -She was hired as the Dietary Manager on 3/16/17. Interview with the facility Administrator on 10/24/17 at 3:55 pm revealed: -She was responsible for communicating diet orders to the DM and creating the therapeutic diet -The DM was responsible for training the kitchen

staff.

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PRINTED: 11/06/2017 FORM APPROVED

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING HAL060125 10/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4025 N SHARON AMITY DRIVE** THE PARC AT SHARON AMITY CHARLOTTE, NC 28205 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 310 D 310 Continued From page 13 -She was unaware that the DM was not utilizing the therapeutic diet menus. -She unaware that there were specific recipes to follow for all diets. -She would contact the RD contracted by the facility to request recipes and would ensure therapeutic diet menus would be utilized.

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