PRINTED: 06/27/2011

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345441		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		345441	B. WING_		R-C 06/15/2011
NAME OF P	ROVIDER OR SUPPLIER	_	ST	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>
ALEXANI	DRIA PLACE	_	1	1770 OAK HOLLOW ROAD GASTONIA, NC 28054	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED 8Y FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
	ADVANCE/FOLLOWS Menus must meet the	nutritional needs of e with the recommended	{F 363}	NOT DENOTE AGREEMENT WITH STATEMENT OF DEFICIENC NOR DOES IT CONSTITUTE	DOES THE IES;
	Board of the National	Research Council, National be prepared in advance;		ARE FILING THE POC BECAUS IS REQUIRED BY LAW.	
	by: Based on observation staff interviews the fac	is not met as evidenced s, review of menus and ility failed to implement idents on a mechanical		(S) WILL BE ACCOMPLISHED	TION 7-5-11 FOR HAVE CIENT
				ALEXANDRIA PLACE DOES HAVE METHAT MEET THE NUTRITIONAL MOFERESIDENTS IN ACCORDANCE THE RECOMMENDED DIE ALLOWANCES OF THE FOOD	IEEDS
	residents. The findings are:	d Service Director (FSD)		NUTRITION BOARD OF THE NATI	
	provided a copy of the putilized for lunch meal s	oreplanned menu being service. The preplanned //11 did not include a plan		NO RESIDENT HAD ANY ADV AFFECTS OR HARM.	ERSE
ı	for the lunch meal inclu Regular diet-Fried fish,	et. The preplanned menu ded: 1/2 cup tater tots, 1/2 cup bread, tarter sauce and		MENU EXTENSIONS WERE COMPL FOR MECHANICAL SOFT DIETS. 7/01/11 BY A CONSUL CERTIFIED DIETARY MANA DIETARY STAFF WERE INSERV REGARDING FOLLOWING MENUS	ON TING GER.
-	Alternate menu-Lasagn	a and coleslaw.		WRITTEN AND NOT TO DEVIATE. 7/01/11 THE MENUS WERE EXPLA	OM
;	54 residents were on a	ray cards revealed 23 of mechanically altered diet.		AND REVIEWED WITH THE DIE STAFF BY A CONSULTING CERTI DIETARY MANAGER. ON 7/01/11 DIETARY STAFF WERE INSERVI	FIED THE CED,
(On 6/14/11 at 11:00 AM	food observed on the		BY A CONSULTING CERTI DIETARY MANAGER REGARDING THE	
ORATORY DI	RECTOR'S OR PROVIDER/SUE	PPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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.

Event ID: 1RSU12

Facility ID: 923196

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

ALEXANDRIA PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED.)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
MANG OF PROMOBER OR SUPPLIER ALEXANDRIA PLACE (A4) D						1	
ALEXANDRIA PLACE (AU)D PREFIX TAG SUMMARY STATEMENT OF DEPICIENCIES PREFIX TAG (F 363) Continued From page 1 sleam table (prior to start of lunch meal service) included: Fried fish, tater tols, mixed vegetables, mashed potatoes and colesiaw. Mechanically altered fish was not part of the items available for service on the steam table. The cook was observed through the entire lunch tray line from 11:00 AM-12:32 PM. For residents on a mechanical soft diet the cook picked up the field fish by her gloved hand, drew her fingers inward causing the fish to break into inconsistent large chunks. The chunks of fish were then deposited on the individual resident's plate. Residents on a mechanical soft diet there oserved mashed potatoes (instead of fixed vegetables) and a roll (instead of residents on a mechanical soft diet were served tomato soup (instead of mixed vegetables) and a roll (instead of mixed vegetables) and a roll (instead of mixed vegetables) and sendanced soft diet were served tomato soup (instead of mixed vegetables) are served tomato soup (instead of mixed vegetables) are as as well as avoiding any items with a hull, skin or shell. The "List of Mechanical Soft Diet" foods posied above the tray line area as well as avoiding any items with a hull, skin or shell. The "List of Mechanical Soft Diet" foods posied above the tray line identified the following food items with no additional guidance: bananas, watermelon, peaches, aprictos, apples, oatmeal, grits, cream of rice, cream of wheat, white rice, noodles, pasta, mashed/backed protatioes, sweet polatoes, sweet p			345441			06/15/2011	
FREEKY CACH CORRECTIVE ACTION SHOULD BE COMPARED TO TAG				1	770 OAK HOLLOW ROAD		
steam table (prior to start of lunch meal service) included: Fried fish, tater tots, mixed vegetables, mashed potatoes and coleslaw. Mechanically altered fish was not part of the items available for service on the steam table. The cook was observed through the entire lunch tray line from 11:00 AM-12:32 PM. For residents on a mechanical soft diet the cook picked up the fried fish by her glowed hand, drew her fingers inward causing the fish to break into inconsistent large chunks. The chunks of fish were then deposited on the individual resident's plate. Residents on a mechanical soft diet were served mashed potatoes (instead of rinked vegetables) and a roll (instead of cornbread). At approximately 11:47 AM the cook ran out of coleslaw and the remainder of residents on a mechanical soft diet were served tomato soup (instead of mixed vegetables/coleslaw). On 6/15/11 at 9:30 AM the cook who served the lunch meal stated her practice was to review the planned menu and make necessary modifications for residents on a mechanical Soft Diet' foods posted above the tray line area as well as avoiding any items with a hull, skin or shelf. The "List of Mechanical Soft Diet' foods posted above the tray line identified the following tood ferns with no additional guidance: bananas, watermelon, peaches, apricots, apples, oatmeal, grits, cream of rice, cream of wheat, white rice, noodles, pasta, mashed/baked potatoes, sweet potatoes,	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LO BE COMPLETION	
beets, ground/chopped frieat, frieatoal, torkey, beef (tender), boneless fish, chicken liver, ice cream, custard, pudding, sherbert. The cook		steam table (prior to sincluded: Fried fish, to mashed potatoes and altered fish was not proservice on the steam. The cook was observed tray line from 11:00 All on a mechanical soft of fried fish by her gloved inward causing the fish large chunks. The child deposited on the indivibred Residents on a mechanist and of mixed vege of cornbread). At approach and to a mechanist on a mechanist of Mechanical Soft Diet of the "List of Mechanical Soft Diet" of the identified the follow additional guidance: be peaches, apricots, apportice, cream of wheat pasta, mashed/baked peets, ground/chopped beef (tender), boneless	tart of lunch meal service) ater tots, mixed vegetables, coleslaw. Mechanically art of the items available for table ed through the entire lunch M-12:32 PM. For residents diet the cook picked up the d hand, drew her fingers h to break into inconsistent unks of fish were then idual resident's plate. unical soft diet were served ead of tater tots), coleslaw etables) and a roll (instead roximately 11:47 AM the aw and the remainder of nical soft diet were served of mixed I the cook who served the practice was to review the ke necessary modifications hanical soft diet based on I Soft Diet" foods posted a as well as avoiding any or shell. The "List of observed above the tray wing food items with no ananas, watermelon, les, oatmeal, grits, cream i, white rice, noodles, obtatoes, sweet potatoes, I meat, meatloaf, turkey, is fish, chicken liver, ice	(F 363)	DIFFERENCES BETWEEN REGULAR MECHANICAL SOFT DIETS. COOKS WERE INSTRUCTED TO CHOP ITEMS AND NOT TO MANATTER FOOD ITEMS WHILE ON SERVING LINE TO ENSURE A CONSISTENT PRODUCT. COOKS INSTRUCTED TO USE PROPER SELUTENSILS INSTEAD OF THEIR INTO SERVE FOOD ITEMS. THE "LIST OF MECHANICAL DIET" FOODS POSTED ABOVE TRAY LINE WAS REMOVED EXPLAINED TO THE STAFF DISREGARD WHAT THEY HAD FOLLOWING. MENUS WERE REVISED TO INC PRE-DETERMINED PORTIONS PUREED AND REGULAR DIETS. 6/22/11 AND 6/29/11 DIESTAFF WERE INSERVICED, BUTTONSILS, SCOOPS AND LADEL WELL AS PORTION SIZES TO SECONDLITING CERTIFIED DIEMANAGER, REGARDING USE OF PUTENSILS, SCOOPS AND LADEL WELL AS PORTION SIZES TO SECONDLITION PROPER PORTION SECONDLITING PROPER PORTION SECONDLITION PROPER PORTION PROPER PORTION PROPER PORTION PROPE	THE PRE- UALLY THE MORE WERE RVING HANDS SOFT THE AND TO BEEN CLUDE FOR ON ETARY RY A ETARY ROPER S AS ERVE. ETAFF FIONS ETA	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/27/2011 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039 ⁻		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
345441			12.00125			R-C
		B. WING			15/2011	
NAME OF PE	ROVIDER OR SUPPLIER		<u> </u>	PTOEET ANDRESS CITY STATE 7/B CODE		
1	TO TIDE!! OIL OD! TELE!!		1°	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD		
ALEXAND	ORIA PLACE			GASTONIA, NC 28054		
	:					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX ! TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{F 363}	stated the list of mech	e 2 hanical soft foods was ch therapist and used until	{F 36	ADDRESS HOW CORRECTIVE WILL BE ACCOMPLISHED FOR	ACTION THOSE	
	new menus/spread sl consultant dietitian. T	heets were provided by the he cook stated she served		RESIDENTS HAVING POTENTIAL AFFECTED BY THE SAME DEF		
	the colesiaw instead of the cause she thought	it was finely ground and did		MENU EXTENSIONS WERE COM	PLETED	:
		or shell. The cook stated it		FOR ALL DIET TYPES	AND	
		practice to break fish into		CONSISTENCIES OFFERED AT FACILITY. ON 7/01/11, D	THE IETARY	
	chunks using her glov			STAFF WERE INSERVICED,	BY A	
	reported after the lund	ch meal service the dietary			IETARY	
	manager informed he	r she needed to chop the			LOWING	: i
	fish prior to the start of	of the tray line to ensure a		MENUS AS WRITTEN AND NO DEVIATE. ON 7/01/11 THE	OT TO MENIIS	1
	more consistent produ	uct.		WERE EXPLAINED AND REVIEWE		
				•	BY A	:
	provided a copy of the	ood Service Director (FSD) e preplanned menu being		CONSULTING CERTIFIED DE	IETARY	
		al service. The preplanned		MENUS WERE REVISED TO I	NCLUDE	
	•	4/11 did not include a plan		PRE-DETERMINED PORTIONS FO	R ALL	i
		diet. The preplanned menu		OFFERED DIETS. ON 6/22/1		
	for the supper meal in	cluded:		6/29/11 DIETARY STAFF INSERVICED, BY A CONST	WERE ULTING	
	Popular dial Onion at	eak, rice, fried squash, roll		•	ANAGER	
	and orange fluff.	eak, fice, filed squasif, for			PROPER	÷
		supper meal were a fried		UTENSILS, SCOOPS AND LADE WELL AS PORTION SIZES TO S		
		potatoes and green beans.		ON 6/29/11 THE DIETARY COMPLETED RETURN DEMONSTRA	STAFF	
	On 6/14/11 from 4:00	PM-5:45 PM observations		REGARDING PROPER PORTION		}
		per meal being set up and		TO BE SERVED TO A CONSI		
		ne dietary aide that made		CERTIFIED DIETARY MAN SERVING SIZES FOR ITEMS SU	NAGER. ICH AS	!
	the orange fluff descri	-		TATER TOTS, FRENCH FRIES,		ļ
	canned mandarin orar	nges and whipped topping.		OKRA AND FRIED SQUASH HAVE		
	The dietary aide state				NUMBER	
		a pureed consistency for		EQUIVALENCES WHICH HAS POSTED FOR THE COOKS AND DI	BBEN ETARY	
	residents on a mechai	nical soft and puree diet.		AIDES TO REFERENCE.		<u> </u>
	The dietary aide stated	d when preparing dessert				į .
		a mechanical soft diet it			STAFF	! !
	was her practice to rev	view the menu and		WERE INSERVICED, BY A CONSU CERTIFIED DIETARY MANAGER AN		ŀ

determine what modifications to make.

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

CENTERS FOR MEDICARE &		MEDICAID SERVICES				OMP NO. 0930-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345441			1, ,	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING			TE SURVEY MPLETED
			B. WIN				R-C
		345441				<u> </u>	06/15/2011
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ALEXANI	ORIA PLACE			ı	770 OAK HOLLOW ROAD		
				G	SASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	(X5) COMPLETION DATE
{F 363}	Continued From page 3 Residents on a mechanical soft diet were served ground meat, rice, green beans (instead of squash) and pureed orange fluff. On 6/15/11 at 10:00 AM the FSD stated she was waiting for amended menus from the consultant dietitian which were to include mechanical soft modifications. In the meantime, the FSD stated dietary staff would make modifications as needed based on the menu using the list provided by the speech therapist. The FSD stated the mechanical soft list was not inclusive of all food items which could be served but was posted for guidance. On 6/15/11 at 11:00 AM the speech therapist stated the FSD asked her about a year ago to provide some guidance on what to serve		{F 3		DEFICIENCY) HAD THE MENUS REVIEWED WITH THEM		
	internet research as w books and provided it			:	COMMUNICATION AS THE CERT	PROVE FIFIED COPY	
:	In a phone converesation on 6/15/11 at 11:25 AM the facility consultant dietitian reported she had provided new spread sheets to the FSD and assumed they were being used. The consultant dietitian stated the new spread sheets included			:	OF THE REGISTERED DIETICIAN'S REPORT WITH ANY RECOMMENDATIONS LISTED AND THE CERTIFIED DIETARY MANAGER WILL SIGN OFF ON THE REPORT THAT THE RECOMEENDATIONS WERE COMPLETED.		
	had not looked in the for consultant dietitian (on and didn't realize the n been provided. The ar reviewed and included a mechanical soft diet.	of the FSD reported she colder given to her by the her visit the week prior) ew spread sheets had			LINE TO ENSURE PROPER SO LADELS, SERVING UTENSILS BEING USED AS WELL AS ALL	RE TO UT OF HENUS. RE TO HISIONS RVING HOOPS, ARE	

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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OL: MICH	ment of hereing	1D HOME III OCITIOCO			F	ORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OME	3 NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUCTION DING		E SURVEY PLETED
		345441	B. WING)		R-C 06/15/2011
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ALEXAND	PRIA PLACE	•		1770 OAK HOLLOW ROAD GASTONIA, NC 28054		
(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 CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	the following: Lunch-ground fish, wh vegetables (instead of cornbread (instead of Supper-ground onion (instead of green bear (regular not puree). 2. On 6/14/11 the For provided a copy of the utilized for lunch meal menu for the lunch a Regular diet-Fried fish mixed vegetables, cor jello. Puree diet-Puree fish, 1/2 cup puree vegetable cup puree fruit. Alternate menu-Lasag Review of facility tray of residents were on a put on a mechanically alte On 6/14/11 at 11:00 Al steam table prior to sta included: Fried fish, ta puree fish, mashed por vegetables. A serving in the fried fish or tater identified on the unders observed in both the pr mashed potatoes (the pr for a 4 ounce/1/2 cup s was in the container of	should have been served sipped potatoes, mixed f coleslaw/tomato soup), roll) and jello steak, steamed squash rs), roll and orange fluff and Service Director (FSD) preplanned menu being service. The preplanned ral included: 1/2 cup tater tots, 1/2 cup ribread, tarter sauce and 1/2 cup mashed potatoes, ries, tarter sauce and 1/2 ria and coleslaw cards revealed 17 of 54 rice diet and 23 of 54 were red diet M food observed on the rit of lunch meal service ter tots, mixed vegetables, riatoes and puree utensil was not observed tots. A 3 ounce scoop (as side of the handle) was	{F 36	PUT INTO PLACE OR SYCHANGES MADE TO ENSURE THE DEFICIENT PRACTICE WILL OCCUR: NEW MENU EXTENSIONS DESIGNATED PORTIONS/SCOOPS COMPLETED FOR ALL DIET TYPE CONSISTENCIES OFFERED AS FACILITY IN WHICH THE ISTAFF HAVE BEEN INSTRUCTE ARE NOT TO DEVIATE FROM. THE COOKS HAVE INCREASE AMOUNT OF FOOD THEY PREPARENCY THEY DO NOT RUN OF THE COOK AND DIET AIDES AREVIEW THE MENU AND EXTENSIOR TO STARTING THE COMMUNICATION AS WELL AS ALL ON THE MENU ARE READY SERVED AS DIRECTED BY THE PLANNED MENU. THE FACILITY REGION THE FACILITY REGION TO STARTING THE SERVED AS DIRECTED BY THE PLANNED MENU.	AND	

tray line included jello and banana pudding.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				<u>OM</u>	<u>IB NO. 0938-039</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION		TE SURVEY MPLETED
							R-C
		345441	B. WIN	NG_			06/15/2011
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
				ľ	1770 OAK HOLLOW ROAD		
ALEXANI	DRIA PLACE			ı	GASTONIA, NC 28054		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	_	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU	ILD BE	COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	3	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OPRIATE	DATE
	,				INDICATE HOW THE FACILITY	PLANS	<u>. </u>
(12.000)	0. // 1.5	_			TO MONITOR its PERFORMANC	E TO	
(F 303)	Continued From page		{F 3	363			
	Dietary staff present a				SUSTAINED. THE FACILITY DEVELOP A PLAN FOR ENSURING		
		the banana pudding as an			CORRECTION IS ACHIEVED	AND	
		esidents on a puree diet in			SUSTAINED. THE PLAN MUS		
	place of the puree frui	•			IMPLEMENTED AND THE CORRE		
		aff why banana pudding was			ACTION EVALUATED FOR EFFECTIVENESS. THE POC	<u>ITS</u> IS	
	was not included with	of puree fruit. Tarter sauce				ALITY	
	was not included with	uie day line set-up.			ASSURANCE SYSTEM OF	THE	
	The cook was observe	ed through the entire lunch			FACILITY. :		
	tray line from 11:00 AM	_			THE REGISTERED DIETICIAN	WILL	
	· · · · · · · · · · · · · · · · · · ·	on a puree and mechanical			OBSERVE ONE TRAY LINE SE	RVICE	
	•	with a level scoop from the				PRE-	
	•	vegetables (to residents on			PLANNED MENUS ARE STRICTLY I FOLLOWED AND TO ENSURE	BEING	
		red with a level scoop from			DIETARY STAFF ARE USING	THE	
	the 3 ounce ladle. Tai	ter tots (for residents not			PROPER SCOOPS, LADELS AND (OTHER	
	on a mechanical soft o	r puree diet) were scooped			DESIGNATED SERVING UTENSILS		
		l and deposited on their			WELL AS PREPARING ALTERED CONSISTENCIES APPROPRIATELY		
		sauce was not served to			IN ADVANCE. THE REGIST		
	any residents.				DIETICIAN WILL DOCUMENT	HER	
	0.04544.100044				OBSERVATIONS ON A DIE SERVING LINE Q.A. FORM AND	STARY WILL	
		the cook who served the			TURN IT INTO THE ADMINISTR	RATOR	
	funch meal stated she	•			FOLLOWING HER VISIT.		
		ms and couldn't explain d been used in the puree	•				
	vegetables/ mashed po				THE CERTIFIED DIETARY MAN WILL COMPLETE A DIETARY SER	NAGER	
		The cook reported she			LINE Q.A. FORM FOLLOWING		
	had measured the tater	•			OBSERVATIONS OF 5 TRAY		Ī
		serving. The cook stated	•		SERVICES TO ENSURE ALL ITEM		i
	the tarter sauce was no	-			THIS CITATION REMAIN CORRECT ANYTHING NEEDING TO BE ADDRE		
	residents on 6/14/11.	3			WILL BE CORRECTED IMMEDIA		ĺ
					AND PROPER ACTION WILL BE T		
(On 6/15/11 at 10:00 AM	I the FSD stated her			TO ENSURE THEY ARE NOT REPEA		ł
6	expectation was that to	ngs, ladles and scoops			THE Q.A. FORMS WILL BE TU INTO THE Q.A. COMMITTEE C		
	-	ating food on the tray line			MONTHLY BASIS FOR REVIEW	AND	•
		rved in planned portions.			DETERMINATION IF FURTHER	ÓR	
	The FSD stated food ite	_			AMENDED ACTION IS REQUI BASED ON THE O.A. FINDINGS,		
		ned menu and could not			FREQUENCY OF REQUIRED TRAY		
€	explain why banana puo	lding was served at lunch			OBSERVATIONS MAY BE CHANGED		1
	· ·				O.A. COMMITTEE RECOMMENDATION	<u> 18</u>	

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

STATEMENT OF DEFICIENCIES				ULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
;		345441	B. WIN	G	R-C 06/15/2011	
	ROVIDER OR SUPPLIER		!	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	00/10/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTI	LD BE COMPLETION	
{F 363}	the tarter sauce did no	e 6 puree fruit. The FSD stated of come in until 6/15/11 not been given to residents	{F 3	THE Q.A. COMMITTEE WILL CHARGED WITH THE RESPONSIBI 63} TO ENSURE THAT CORRECTION ACHIEVED AND SUSTAINED.		
					ľ	