AVANTE AT CONCORD

515 LAKE CONCORD ROAD
CONCORD, NC  28025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

AVANTE AT CONCORD

STREET ADDRESS, CITY, STATE, ZIP CODE

515 LAKE CONCORD ROAD
CONCORD, NC  28025

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

There were no deficiencies cited as a result of the complaint investigation survey of 7/3/14. Event ID# L38G11.

483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY

The facility must-

(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and

(2) Store, prepare, distribute and serve food under sanitary conditions

This REQUIREMENT is not met as evidenced by:

Based on observations and staff interviews, the facility failed to keep 1 of 1 portable kitchen fan free of debris that was blowing on clean dishware and maintain 28 of 100 insulated dome lids in good condition.

The findings include:

On 6/30/14 at 11:20 am, during the initial tour of the kitchen, a large industrial fan was located near the end of the dishwasher conveyor belt. It was turned on and blowing toward three racks of about 100 insulated dome lids and a new rack of clean silverware, on the counter. The back of the fan had a layer of lint, coating the grill and blades. The insulated dome lids were examined and 28 of the maroon lids were worn, with fading color in spots.

A return visit was made to the kitchen on 7/2/14 at 8:50 am. The fan was blowing in the kitchen

This plan of correction is the credible allegation of compliance.

It is the practice of this facility to procure food from sources approved or considered satisfactory by Federal, State, or local authorities. Additionally, it is the practice of this facility to store, prepare, distribute and serve food under sanitary conditions.

Corrective action has been achieved for the alleged deficient practice potentially affecting all residents. The fan was removed and cleaned. The referenced faded dome lids have been removed and replaced with new dome lids.

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

Electronically Signed

07/25/2014

08/05/2014

07/03/2014

F 000

INITIAL COMMENTS

There were no deficiencies cited as a result of the complaint investigation survey of 7/3/14. Event ID# L38G11.

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SS=E

7/31/14
**SUMMARY STATEMENT OF DEFICIENCIES**

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and still was full of debris. There were no supplies directly in front of it.
The Dietary Manager was interviewed on 7/2/14 at 9:00 am and the fan was brought to her attention. She mentioned that the maintenance department was responsible for the cleaning schedule of the kitchen fan. She was not certain of the date when it was last cleaned, but would bring the matter to their attention. Regarding the dome lids, the dietary manager stated that she replaced some of the lids when she noticed that they were peeling, but she can only order so many at a time.

During the lunch meal observation in the kitchen, 7/2/14 at 11:45 am, the fan was observed to be clean of debris.
On 7/2/14 at 3:11 pm, the Maintenance Supervisor was interviewed. He stated that he has three staff in his department, but currently, he was short an employee, who was on leave. He stated that ordinarily, they make bi-weekly visits to the kitchen to check equipment and clean it, but had gotten behind schedule with cleaning, dealing with other issues. He estimated that the fan probably hadn’t been cleaned for three weeks. He shared once the fan was brought to his attention today; he cleaned the blades of dust and grease. He stated that the fan in the kitchen was mainly used for circulation since the building’s air conditioner does not work well.

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The condition of all dome lids were assessed on July 8, 2014, and any damaged or not in proper condition to meet sanitary serving requirements were discarded. The Dietary Supervisor will continue to check the condition of all dome lids weekly and remove any that do not meet proper criteria for sanitary distribution.

All fans have been removed from the dietary department and cleaned. Dietary Supervisor, and/or cook or dietary aide, will check fans daily for needed cleaning. The Dietary Supervisor and/or designee, will notify the Maintenance Supervisor for removal and cleaning as the need is identified through work order. Maintenance Supervisor, and/or maintenance assistant, will conduct inspections weekly of all fans to identify any necessary cleaning. Dietary staff will clean fans daily as needed for general cleaning. Maintenance will clean as needed and reported.

Dietary Supervisor will provide education to all Dietary staff members on facility practice to provide and serve food under safe and sanitary conditions in regards to cleanliness and condition of all equipment.

Dietary Supervisor will report all findings to the Quality Assurance AND Performance Improvement committee, of any identified trends or patterns. The identified trends or patterns will be reviewed for evaluation of the current
<table>
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<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<td>working plan, adjustments will be mad as needed. Quality Assurance and Performance Improvement will review weekly for four weeks then monthly for three months.</td>
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE
515 LAKE CONCORD ROAD
CONCORD, NC  28025

NAME OF PROVIDER OR SUPPLIER
AVANTE AT CONCORD

PROJECT TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345130

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED
07/03/2014

(X4) ID PREFIX TAG
F 371

ID PREFIX TAG
F 371

X5 COMPLETION DATE