DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345103		(X1) PROVIDER/SUPPLIER/CLIA	· ,	E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		B. WING		C 12/04/2014		
NAME OF P	ROVIDER OR SUPPLIER	L	s	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
CARRING	TON PLACE			00 FULLWOOD LANE MATTHEWS, NC 28105		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(X5) BE COMPLETION ATE DATE		
F 000	INITIAL COMMENTS		F 000			
/	No deficiencies were cited as a result of the complaint investigation Event ID #V3KF11.					
F 371 SS=D			F 371		12/26/14	
	considered satisfacto authorities; and	sources approved or ry by Federal, State or local stribute and serve food ions				
	This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to discard 1 of 3 gallons of out dated milk in the walk in refrigerator, failed to discard 1 of 1 out dated buttermilk in the reach in refrigerator, failed to date and label 2 of 2 large plastic bags of salad mix in the walk in refrigerator, and failed to date and label 1 of 1 frozen bag of food product in the walk in freezer. The findings included: 1. An initial tour of the kitchen was conducted on 12/01/14 at 11:29 AM with the Assistant Dietary Manager. Observation of the walk in refrigerator revealed a one gallon container of ready to use milk with an expiration date of 11/26/14. Further Observation of the walk in refrigerator revealed 2 large plastic bags of available for use salad mix that were not in original packaging and were not			Carrington is committed to providing t highest level of care for our residents. Carrington Place s response to this report of survey does not denote agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are filing the POC becau it is required by law. Corrective Actions that will be accomplished by the facility to correct deficient practice: All items noted during survey were immediately disposed of on 12/1/2014 How the facility will identify other issue having the potential to affect residents	s ise the	
ABORATORY	L DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE	
Electroni	cally Signed				12/22/2014	

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.

PRINTED: 12/30/2014

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-03
CENTERS FOR MEDICARE & MEDICAID SERVICES         STATEMENT OF DEFICIENCIES         IND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         345103		(X2) MULTIF A. BUILDING	(X3) DATE SURVEY COMPLETED		
		B. WING		C 12/04/2014	
			STREET ADDRESS, CITY, STATE, ZIP C		
				600 FULLWOOD LANE	
CARRING	TON PLACE			MATTHEWS, NC 28105	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPLETIO THE APPROPRIATE DATE
F 371	Continued From pag	e 1	F 37	71	
1 07 1	labeled or dated. Assistant Dietary Manager immediately removed the milk and salad mix from			the same deficient practice corrective actions that have	
	the walk in refrigerate	or.		be taken:	
	conducted with the A who shared it was he for expired milk, unla stored in the walk in Dietary Manager stat did not check daily for stored out of original	5 AM an interview was Assistant Dietary Manager er responsibility to check daily abeled, and undated food refrigerator. The Assistant ted it was an over site she or expired milk and food packing for label and date. mix should have been dated original packaging.		All dietary staff have been in the Food Service Director of procedures for dating/ labe expiration of food items con 12/9/14. All other nourishm storage areas will be added assurance checks. Measures and/or systemic or to be made to ensure the	on proper eling and mpleted on hent and d to quality changes made e alleged
	0 40/00/44 40.05			deficient practice does not	occur:
		PM an interview was Dietary Manager who shared			t for daily
		esponsible for making sure		Logs have been developed documentation and account	
		of expired milk and food		walk-in refrigerator and the	-
		packaging was labeled and		refrigerator for dating / labe	
		lanager stated it was an over		expired foods. Food Servic	-
	-	on date was not checked.		ensure that staff re-educati	
		it was an over site 2 plastic		procedures for dating/ labe	
	bags of salad mix stored out of original packaging were not labeled and dated.			expiration of food items will hire during orientation and quarterly.	-
	2. An initial tour of th	e kitchen's walk in freezer			
	was conducted on 12/01/14 at 11:35 AM with the			How the corrective action v	
	Assistant Dietary Manager. Observation of the			monitored to ensure that its	
	walk in freezer revealed a plastic bag of available			achieved and sustained an will be evaluated for effective	-
	for use frozen food product. The product was not in original packaging and was not labeled and				VCIIC33.
	dated. The Assistant Dietary Manager thought the			Logs will be monitored dail	v bv the
	frozen food product was fried or breaded okra.			Assistant Food Service Su	
	The Assistant Dietary Manager immediately			the Dietary Cooks on the w	
		oduct from the freezer.		days. The Food Service D	irector will
				ensure compliance and mo	
		5 AM an interview was		for the next 90 days then e	
	conducted with the A	ssistant Dietary Manager		days ; and then every othe	r week x 30

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			LE CONSTRUCTION		OMB NO. 0938-039 (X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING			COMPLETED	
		B. WING		1	12/04/2014		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COE	DE		
CARRING	TON PLACE			600 FULLWOOD LANE MATTHEWS, NC 28105			
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 371	Continued From page	e 2	F 37	1			
		r responsibility to check food		days. Compliance will be rep	orted by the		
		freezer was dated, labeled,		Food Service Director to Adm			
	-	stated it was an over site freezer for unlabeled and		and Leadership Committee n days and to the QA Committee			
	undated food.			quarters.			
	On 12/03/14 at 2:05 PM an interview was						
	conducted with Dietary Manager who shared she was ultimately responsible for making sure food						
	stored out of original packaging in the kitchen						
	was labeled and dated. Dietary Manager revealed						
	it was an over site fro walk in freezer was n	ozen food product stored in ot labeled and dated.					
	3. An observation of t	the kitchen's reach in lucted on 12/01/14 at 11:40					
		ager and Assistant Dietary					
	Manager present. A c	container of available for use					
	buttermilk was observed with an expiration date						
	of 11/21/14. Dietary Manager immediately removed buttermilk for immediate disposal.						
		AM an interview was tant Dietary Manager who					
		oonsibility to check for					
	expired milk daily. Sh	e shared it was an over site					
	she did not check rea dated milk.	ach in refrigerator for out					
	On 12/03/14 at 2:05 I	PM an interview was					
		ry Manager who shared she					
		nsible for making sure xpired milk. She stated					
		h in refrigerator should have					
	been thrown away wh	nen expired. Dietary					
		was an over site she did not					
	check the reach in re	frigerator for expired milk.					
						1	

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 12/30/2014 APPROVED ). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
345		345103	B. WING				C 12/04/2014	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STAT	FE, ZIP CODE		
CARRING	TON PLACE				00 FULLWOOD LANE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 371	expectations were for Dietary Manager to h assure expired milk w removed from origina labeled and dated for revealed Dietary Man	nistrator who stated her Dietary and Assistant ave a system in place to yould be discarded. Food I packaging would be storage. Administrator ager had informed her milk but dated for several days bod stored in walk in er was out of original	F	371				

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