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

PRINTED: 12/30/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	<b>345567</b> B. WING		12/17/2015			
NAME OF PROVIDER OR SUPPLIER  AUTUMN CARE OF CORNELIUS				STREET ADDRESS, CITY, STATE, ZIP CODE 19530 MOUNT ZION PARKWAY CORNELIUS, NC 28031		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 363 SS=F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 36	Preparation and submission of this plat of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or the one was cited correctly. This plan of correction is submitted to meet requirements established by the state of federal law.  No residents were harmed as a result of the cited deficiencies. It is the policy of Autumn Care of Cornelius that menus prepared in advance and followed. The menus meet the nutritional needs of the patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the Nation Research Council, National Academy of Sciences. Appropriate menu substitution are only made for like food substitution i.e. beef for beef or starch for starch. These are documented by facility staff and can be approved by Registered Dietician per the policy of Autumn Care	and of f be e e al of ons s	
		he menu posted in each of ds indicated the menu for		Cornelius. Director of Food Services v complete a weekly log of all items need		
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE	

**Electronically Signed** 

12/28/2015

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.

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AUTUMN	CARE OF CORNELIUS				ORNELIUS, NC 28031		
					·		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREF	~	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)		(X5) COMPLETION
TAG	,	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPR		DATE
					DEFICIENCY)		
F 363	Continued From page	e 1	F	363			
	breakfast was oatme	al, bacon cheese quiche,			to order. This log will be reviewed and	1	
	and fresh fruit cup. T	•			ordered by the Assistant Director of Fo		
		boiled egg, ham and toast.			Services. A third check will be comple		
		rved on 12/16/15 at 8:17 AM			upon delivery from the weekly food tru		
	included buttered oat	meal, bacon cheese quiche,			All food items will be labeled with the		
	pureed eggs, pureed	sausage, sausage patty			of the week and time to be prepared.	-	
	grits and a banana. (	On 12/16/15 at 8:30 AM the			On 12/17/15 the Regional Director of		
	RD was asked why a	fresh fruit cup was not			Nutrition conducted an in-service for f	ood	
	served and she said a banana is fresh fruit. She added that she would need to check with staff because there was fresh fruit available. The Assistant Dietary Manager was asked why butter was added to the oatmeal when the menu simply				service staff of the facility policy to foll	ow	
					menus, log substitutions as approved by the RD, and posting accurate menus on boards. Staff to be in-serviced annually and new hires will be in-serviced upon		
	indicated "oatmeal". She said, "We have to				hire. It is the policy of the facility to fo		
	educate staff." The Menu Substitution Record for				posted menus and inform the resident		
	Wednesday at breakfast indicated sausage was				when there is a change in the food me	enu.	
	substituted for ham because the ham was "out of				For residents with the potential to be		
		d banana was substituted for			affected by this cited deficiency under	tne	
		se "not enough fresh fruit to			supervision of the Director of Food		
	List for Autumn Care	one". According to the "Diet			Services, a tracking tool for menu compliance will be monitored 3 times	2	
		residents were on regular or			week for 1 month, then once a week f		
	· ·	eet diets and were supposed			months, then randomly thereafter to	01 0	
	to receive a fresh frui				ensure no further deficient practices.	On	
	12 . 200 2 4 11 0011 11 41				the date of 12/17/15 the tracking tool		
	On Wednesday, Dece	ember 16, 2015 at 12:11			implemented. Director of Food Service		
		nenu, the white board for the			will report this data to the QAPI comm		
		od and the menu posted in			to ensure continued compliance.		
		icated the menu for lunch			' '		
	_	ashed potatoes, broccoli, roll					
	and cake. The food t						
		PM included fried chicken,					
	carrots and mashed p	ootatoes. The Menu					
	Substitution Record for	or Wednesday at lunch					
	indicated carrots were	e substituted for broccoli					
	because "out of stock	:/replaced Mon - Wed".					
	Broccoli was on the n	nenu in various forms for all					
	diet types.						

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F 363	2015 - December 16, menu substitutions.	n Record from May 19, 2015 included 22 entries for Reasons included that the ot available", "food still	F 363				