STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ,	. ,			(X3) DATE SURVEY COMPLETED	
					с		
345362			B. WING		03/30/2017		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
BRIAN CE	NTER HEALTH & RET	IREMENT/CABARRUS		250 BISHOP LANE CONCORD, NC 28025			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)	
PRÉFIX TAG		NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLETION DATE	
F 000	INITIAL COMMEN	TS	F 00	0			
		ere cited as a result of the ation survey of 3/30/17. Event					
F 371 SS=F	483.60(i)(1)-(3) FO STORE/PREPARE	OD PROCURE, /SERVE - SANITARY	F 37	1		4/24/17	
		d from sources approved or ctory by federal, state or local					
	•	e food items obtained directly rs, subject to applicable State egulations.					
	facilities from using gardens, subject to	oes not prohibit or prevent produce grown in facility compliance with applicable pod-handling practices.					
		does not preclude residents ods not procured by the facility.					
		are, distribute and serve food in ofessional standards for food					
	foods brought to revisitors to ensure shandling, and cons This REQUIREME	regarding use and storage of sidents by family and other afe and sanitary storage, sumption. NT is not met as evidenced					
	document review the dishware in a sanit washing when move	tion, staff interview and facility ne facility failed to wash ary manner due to not hand ving from soiled to clean d to have a clean vent hood		Staff Failed to Wash Dishw Sanitary Manner Due to No Hands When Moving from S Dishware:	t Washing		

Electronically Signed

TITLE

04/19/2017

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.

		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION	OMB NO.	
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	· · ·	(X3) DATE SURVEY COMPLETED		
				С	С	
		345362	B. WING		03/30)/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2	ZIP CODE	
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS						
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	CONCORD, NC 28025	I OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD BE	COMPLETIO DATE
F 371	Continued From page	e 1	F 37	1		
		ust build up. The findings		1. All dietary staff was in	n-serviced by	
	included:			District Manager on the	-	
	1. Review of the facil	lity policy titled Ware		for moving from soiled t		
		2014 revealed "The Food		Staff was also in-servic		
		ures that the nutrition service		hand sink and to make		
		le in proper technique for		are properly supplied w		
		ware to clean through the		soap. Completed 3/29/		
	-	oper handling of sanitized		2. The hand sinks were		
	dish ware."			all dishware was rewas the proper procedure. C		
	On 3/26/17 at 11:20	AM Dietary Aide #1 (DA #1)		3. All dietary staff was o	-	
		g dishware of food debris		Manager to ensure that		
		eal. Stacking dishware in a		procedure for moving s		
		d putting the rack with dirty		dishware was followed.		
	dishware into the disl	hwasher. She was then		3/29/17.		
	observed to go to the			4. The dietary manager	-	
	-	st cleaned items were		monitor the hand sinks	-	
		ng racks. DA #1 then		they are properly suppli		
		llet plates (thermal plate		one staff member per d		
	-	ashing rack and place them After she handled four of		the proper hand washin followed. A copy of the		
	-	vashing her hands she was		tool will be taken to QA		
	interviewed.			for review. QAPI attend		
				if further monitoring will		
	During interview on 3	3/26/17 at 11:25 AM DA #1		three months. Completi		
		have washed her hands prior				
	to handling the clean	items.		Failed to Have a Clean	Vent Hood Free of	
	0= 0/00/47 -1 44 00			Grease Build Up:		
		AM DA #1 was observed to		1 All diotony stoff was in	a conviced on the	
		an, pellet plates and put rack. There was a cart in		1. All dietary staff was in proper procedure for cle		
		de the dishwasher that had		vents. Completed 4/2/1		
		of the way. DA #1 was		2. The hood vents were		
		shed her hands yet and she		maintenance and degre		
		eminded of the requirement		pressure washed. Com		
		e proceeded to the sink on		3. The hood vents will b		
	the opposite side of t	the room.		degreaser according to		
				cleaning schedule. On-		
	DA#1 was again inte	rviewed on 3/26/17 at 11:30		4. The dietary manager	will provide	

Facility ID: 952981

If continuation sheet Page 2 of 6

		MEDICAID SERVICES			OMB NO. 0938	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345362		(X2) MULTIPLI A. BUILDING	(X3) DATE SURVEY COMPLETED			
		B. WING	C 03/30/201			
			STREET ADDRESS, CITY, STATE, ZIP CODE			
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS				250 BISHOP LANE CONCORD, NC 28025		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMP	
F 371	CENTER HEALTH & RETIREMENT/CABARRUS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 371			

If continuation sheet Page 3 of 6

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 05/02/2017 MAPPROVED O. 0938-0391		
STATEMENT (DF DEFICIENCIES CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345362	B. WING			03	C 8/30/2017		
NAME OF P	NAME OF PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	•			
BRIAN CE				250 BISHOP LANE					
				C	CONCORD, NC 28025				
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	TION SHOULD BE COMPLETION THE APPROPRIATE DATE			
F 371	Continued From page	23	F	371					
	the least affected.			0.1					
	371 Continued From page 3								

If continuation sheet Page 4 of 6

		MEDICAID SERVICES				<u>IO. 0938-03</u>		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		· · ·	(X3) DATE SURVEY COMPLETED		
	CONNECTION		A. BUILDING	3		с		
			D 1444 - C					
		345362	B. WING			3/30/2017		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI	Ξ			
	ENTER HEALTH & RETIR			250 BISHOP LANE				
		EMEN I/CABARROS		CONCORD, NC 28025				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETIO DATE		
F 371	Continued From page	e 4	F 37	71				
	be cleaned weekly or	n Tuesdays. This schedule						
		3 weeks. She was asked						
		vious cleaning schedule						
	which she provided.	She acknowledged that						
	cleaning of the vent h	nood was not specifically						
	included on the previ	ous cleaning schedule for						
		xpected that it would have						
		of the daily cleaning list for						
	2/22/17 at this time re	evealed the vent hood was						
	not included. The Re	egional Dietary Manager						
	revealed							
	On 3/30/17 at 10:45	AM interview with the Dietary						
		led he had been the person						
		ough the dishwasher most						
	recently on 3/28/17 b	-						
		r had pressure washed and						
		ening before. He stated that						
		ulate build up observed on						
	the filters had been d	lue to some construction that						
	had occurred in the f	acility but believed it had						
	accumulated since th	ne week before. He						
		had been greasey residue						
		cated that he thought						
	perhaps there was to	o much build up on them						
		asher to cut through the						
		soaking the filters in grease						
		. The DM also revealed that						
		ilable, and allowed in the						
		rough the grease on the						
		e thought Maintenance had						
	•	vorked better. The DM						
		n his role for approximately						
		ot know when or if the dietary						
		filters before he started. He						
		at keeping the vent hood						
	-	avy greae deposits and free						
		o was important from a fire						
	I saftey perspective an	nd added that was one of the						

Facility ID: 952981

If continuation sheet Page 5 of 6

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 05/02/2017 / APPROVED). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
345362		B. WING			C 03/30/2017			
NAME OF P	NAME OF PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP	CODE		
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS					0 BISHOP LANE DNCORD, NC 28025			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BI		(X5) COMPLETION DATE
F 371	reasons he implement schedule. On 3/30/17 at 2:00 Pl interviewed. He indice Maintenance Director metal it was apparent worn off the metal over he thought this, along fryer, was the reason deposits were difficult the filters through the he had expected ther documentation of reg the vent hood filters, I new Dietary Manager	M the Administrator was ated that once the cleaned the filters to bare that the non-stick finish had er the years. He stated that with heavy use of the deep the greasy residue and to remove despite running dishwasher. He indicated e would have been ular or periodic cleaning of by dietary staff, prior to the starting; but was advised raning was not included on	F	371				

Facility ID: 952981

If continuation sheet Page 6 of 6