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

PRINTED: 06/19/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
345564		B. WING		0	06/01/2017		
NAME OF PROVIDER OR SUPPLIER  SHARON TOWERS				STREET ADDRESS, CITY, STATE, ZIP CODE  5100 SHARON ROAD  CHARLOTTE, NC 28210			
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 371 SS=F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 3	5100 SHARON ROAD CHARLOTTE, NC 28210  ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD E TAG CROSS-REFERENCED TO THE APPROPRI		6/19/17	
ABORATORY		able for use, stored past the SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>	were any other items that were	e beyond	(X6) DATE	

(X6) DATE

**Electronically Signed** 

06/19/2017

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.

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SHARON	IOWER5			CHARLOTTE, NC 28210			
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F 371	1 Continued From page 1		F 3	71			
	I .	expiration or recommended		the expiration date. one were	e identified.		
	Continued From page 1 manufacturer date of expiration or recommended use by date:  Two, 5 pound plastic containers of cottage cheese, use by date of 5/29/17 (Monday); observed stored on the shelf with containers of cottage cheese that were not expired. Two, 1 gallon containers of whole milk, 1 unopened with an expiration date of 5/29/17 (Monday) and 1 gallon that was 3/4 full with an expiration date of 5/30/17 (Tuesday); observed stored on the shelf with gallons of milk that were not expired. Twenty-five, 8 ounce cartons of whole milk, each with an expiration date of 5/26/17 (Friday); stored on top of crates of milk that were not expired.  An interview on 05/31/17 at 10:17 AM with dietary staff (DS) #1 revealed that the dairy vendor delivered items three times weekly and placed the items in refrigeration. DS #1 stated that the dairy vendor also rotated the dairy items and removed any expired items to credit the facility's account. DS #1 also stated that this was the routine practice and that he checked behind the dairy vendor on delivery days, 3 times per week, to make sure the items were rotated and expired items were removed. DS #1 stated he last checked for expired items on Monday, 05/29/17, but must have missed the expired cottage cheese and milk. DS #1 stated that he did not separate expired items from rotation to indicate which items were available for use and which items were expired.  An interview with the registered dietitian (RD) occurred on 06/01/17 at 6:10 PM and revealed that he expected expired dairy products to be stored separately from dairy items that were			Systemic Changes - * Dairy products (cottage che beyond the expiration date at discarded immediately and a being kept in the refrigerator credit. * When a dairy delivery is ma facility the vendor will remove that have an expiration date the next visit. * All dairy products are being daily to ensure they are not expiration date indicated on the two they are not expiration date indicated on the two two they are not expiration date indicated on the two two they are not expiration date indicated on the two two two two two two they are not expiration date indicated on the two	re now being re no longer to return for ade to the eany items that is prior to checked expired and don the he container. It is facility's scuss facility very person. Itairy products an added to ving clerk. It is ed by products.  Signee will ure there are his will be ekly for four onths and		

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F 371	dairy products were facility credit and sh refrigeration with sig	ge 2 ne RD stated that expired returned to the vendor for ould be stored separately in grage to indicate that the be returned to the vendor.	F3	771			