

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/15/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 5939 REDDMAN ROAD CHARLOTTE, NC 28212		
(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	
E 000	Initial Comments A recertification and complaint survey was conducted on 11/11/19 - 11/15/19. The facility is in compliance with the requirements of CFR 483.73, Emergency Preparedness. Event ID: 4L9011	E 000			
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was completed from 11/12/19 through 11/15/19. There were a total of 24 allegations investigated and 4 were substantiated without citation. Event ID# 4L9011.	F 000			
F 645 SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability	F 645		12/13/19	

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

TITLE

(X6) DATE

Electronically Signed

12/11/2019

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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F 645	<p>Continued From page 1</p> <p>authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an</p>	F 645			

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F 645	<p>Continued From page 2</p> <p>intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and medical record review, the facility failed to refer a resident with diagnoses to include mood disorder and psychosis for a Pre-admission Screening and Annual Review (PASAAR) Level II screen for 1 of 2 sampled residents reviewed for PASAAR (Resident #47).</p> <p>The findings included:</p> <p>Resident #47 was admitted to the facility 4/1/19 with a PASAAR Level 1 screen. Diagnoses included mood disorder, unspecified psychosis and non-compliance with medical treatment.</p> <p>Review of Resident #47's admission physician orders dated 4/1/9 and the April 2019 medication administration record revealed the following physician orders:</p> <ul style="list-style-type: none"> · Risperdone 1 mg daily, antipsychotic · Risperdal 0.5 mg daily, antipsychotic · Lamotrigine 25 mg, mood stabilizer <p>Review of Resident #47's admission care plan revealed she exhibited adverse behavioral symptoms to include psychosis with agitation, mood disorder and refused medication/nursing care. Interventions included the daily use of antipsychotic medications and psychiatric referrals as needed.</p> <p>Review of an admission minimum data set (MDS) assessment dated 4/8/19 revealed mood disorder</p>	F 645	<p>Accordius Health at Charlotte acknowledges receipt of the Statement of Deficiencies and purpose of this Plan of Correction to the extent the summary of findings is factually correct in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as written allegation of compliance.</p> <p>Preparation and submission of this Plan of Correction is in response to the CMS 2567 from the survey conducted on November 12-15, 2019. Accordius Health at Charlotte response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Furthermore, Accordius Health at Charlotte reserves the right to refute any deficiency on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative or legal procedures.</p> <p>F645</p> <p>1. The alleged non-compliance occurred when the facility failed to refer a resident with diagnoses to include mood disorder</p>		

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F 645	<p>Continued From page 3</p> <p>and psychosis were assessed as current diagnoses with daily use of an antipsychotic. Review of section A 1500 revealed Resident #47 had not been referred to the state for a Level II PASAAR screening.</p> <p>An interview with MDS Coordinator occurred on 11/15/19 at 3:20 PM. The MDS Coordinator stated she completed the admission MDS for Resident #47 but that she was not aware that the facility was responsible for making a state referral for a PASAAR Level II screen after a resident was admitted with a PASAAR Level 1 screen. She further stated that it was an oversight and that she should have informed the social worker to make the referral.</p> <p>An interview with the Director of Nursing (DON) occurred on 11/15/19 at 3:23 PM. The DON stated that Resident #47 should have been referred to the state for a PASAAR Level II screen after admission to the facility as a result of her diagnoses and daily use of an antipsychotic. The DON stated that the facility had not identified any MDS concerns and she was not aware of why the referral was not made.</p>	F 645	<p>and psychosis for a Pre-admission Screening and Annual Review (PASAAR) Level II screen for Resident #47. Resident #47 is no longer at the facility.</p> <p>2. Audit of current residents with a diagnoses to include mood disorder and psychosis was completed on 11/18/19. Residents identified as having diagnoses to include mood disorder and psychosis were submitted for PASAAR Level II screening.</p> <p>3. Social Services and Nurse Managers educated regarding requirement to refer a resident with a diagnosis to include mood disorder and psychosis for a Pre-admission Screening and Annual Review (PASAAR) Level II screening.</p> <p>Social Services and Nurse managers will audit current and new residents with a diagnosis to include mood disorder and psychosis to ensure the appropriate referral is made, if needed. This audit will occur weekly x 12 weeks. This audit started on 11/22/19.</p> <p>Administrator will review results of weekly audits to ensure that appropriate referral is made, if needed.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Social Services Director monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued</p>		

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F 645	Continued From page 4	F 645	auditing is necessary to maintain compliance.		
F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on a tray line observation, staff interviews and facility record review, the facility failed to maintain and serve pureed sweet potatoes, a potentially hazardous food, at least 135 degrees Fahrenheit to prevent the growth of bacteria. This affected 11 residents with physician orders for a pureed diet (Residents #5, #7, #29, #54, #65, #71, #76, #78, #81, #186, #188).</p>	F 812	<p>5. Person Responsible: Administrator and Social Services Director</p> <p>F 812</p> <p>1. The alleged non-compliance occurred when the facility failed to maintain and serve pureed sweet potatoes at least 135 degrees Fahrenheit. The facility reheated the pureed sweet potatoes to serve to residents #5,7,29,54,65,71,76,78,81,186 and 188, who have a physician order for a</p>	12/13/19	

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F 812	<p>Continued From page 5</p> <p>The findings included:</p> <p>A continuous observation of the kitchen's lunch meal tray line occurred on 11/14/19 from 11:45 AM until 12:35 PM. Review of the menu and the Diet Master List revealed pureed sweet potatoes would be served to 11 residents on a pureed diet. The menu "Mashed Sweet Potatoes" recorded in part, "Hot hold potentially hazardous foods at 135 degrees Fahrenheit or greater." The lunch meal tray line observation revealed pureed sweet potatoes were available on the tray line for meal service. Temperature monitoring occurred on 11/14/19 at 12:13 PM by Dietary staff #1 (DS #1) at the request of the surveyor. The temperature of the pureed sweets potatoes was 131 degrees Fahrenheit. The pureed sweet potatoes were observed stored on the steam table in a well with the temperature dial set to 7 of 10. On 11/14/19 at 12:25 PM, DS #1 stated "yes" twice when asked if this temperature was acceptable. DS #1 continued the tray line once the temperature monitoring of the pureed sweet potatoes revealed a temperature of 131 degrees Fahrenheit.</p> <p>A follow up interview occurred on 11/14/19 at 12:35 PM with DS #1. She stated that hot potentially hazardous foods should be served at least 140 degrees Fahrenheit. She also stated that regarding the temperature of the pureed sweet potatoes, "It didn't hit me when we got the temperature of 131 degrees Fahrenheit" that this temperature was too low.</p> <p>An interview with the Certified Dietary Manager (CDM) occurred on 11/14/19 at 12:36 PM. The CDM stated that hot potentially hazardous foods should be maintained at least 135 degrees Fahrenheit for meal service. The CDM further</p>	F 812	<p>pureed diet.</p> <p>2. Dietary staff will monitor food temps before and during service to ensure that all potentially hazardous foods will be maintained/served at least 135 degrees. All current residents receiving puree diets are at risk and the sweet potatoes were reheated before serving.</p> <p>3. Dietary staff will be educated regarding potentially hazardous foods should be maintained at least 135 degrees Fahrenheit for meal service.</p> <p>New steam table ordered on 11/15/19 and expected delivery by 1/2/20. Once the steam table arrives it will be assessed for proper function prior to being placed into service. Prior to the new steam table being used, staff will be educated on the proper use of the steam table to ensure food temperatures are maintained.</p> <p>Dietary Manager will audit food temperatures daily to ensure that potentially hazardous foods are being served at least 135 degrees Fahrenheit for meal services. This audit will occur x 12 weeks. This audit started on 12/1/19.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Dietary Manager monthly x 3 months. At that time, the QAPI committee will</p>		

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F 812	Continued From page 6 stated that she thought the reason the pureed sweet potatoes did not maintain a hot holding temperature of at least 135 degrees Fahrenheit was because the insulation on the steam table was missing. The CDM stated the steam table had been like that for a long time and had not been repaired/replaced. The CDM also stated that she instructed the cooks to keep small portions of food on the steam table, the remainder in hot holding and to monitor food temperatures throughout the meal service a few times per week. An interview occurred on 11/14/19 at 4:04 PM with the Administrator. He stated he assumed his role in September 2019, he was aware that the steam table was not working properly and had made the corporate office aware. He stated that the dietary department had developed a plan to ensure hot foods were held at least 135 degrees Fahrenheit and he expected this plan to be followed until the steam table could be replaced.	F 812	evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance. 5. Person Responsible: Administrator and Dietary Manager.		
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedures and monitor interventions that the committee had previously put into place following	F 867	F867 1. The alleged non-compliance occurred when the facility failed to maintain and serve pureed sweet potatoes at least 135	12/13/19	

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F 867	<p>Continued From page 7</p> <p>the annual recertification survey of 10/18/18. This was for one recited deficiency that was originally cited in October 2018 and subsequently recited on the current recertification. The recited deficiency was in the area of food procurement and storage. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referenced to:</p> <p>F 812: Food Procurement and Sanitation: Based on a tray line observation, staff interviews and facility record review, the facility failed to maintain and serve pureed sweet potatoes, a potentially hazardous food, at least 135 degrees Fahrenheit to prevent the growth of bacteria. This affected 11 residents with physician orders for a pureed diet (Residents #5, #7, #29, #54, #65, #71, #76, #78, #81, #186, #188).</p> <p>During the recertification survey of 10/18/18 the facility was cited at F 812 for failing to maintain 10 servings of pureed watermelon and 30 servings of sliced watermelon at or below 41 degrees Fahrenheit for 1 of 2 observations of the tray line. The facility failed to serve sliced watermelon at or below 41 degrees Fahrenheit to 8 residents.</p> <p>On 11/15/19 at 04:38 PM an interview was conducted with the Administrator who indicated when he arrived in September 2019, the steam table had been identified due to age of equipment versus dropping temps of food. The Administrator stated the kitchen equipment would be replaced with new equipment.</p>	F 867	<p>degrees Fahrenheit. The pureed sweet potatoes that were not a least 135 degrees Fahrenheit were not served to the residents with a physicians order for a pureed diet.</p> <p>2. The pureed sweet potatoes that were not a least 135 degrees Fahrenheit were not served to the residents with a physicians order for a pureed diet.</p> <p>3. Dietary staff will be educated regarding potentially hazardous foods should be maintained at least 135 degrees Fahrenheit for meal service.</p> <p>Dietary Manager will audit food temperatures 5 x week to ensure that potentially hazardous foods are being served at least 135 degrees Fahrenheit for meal services. This audit will occur x 12 weeks. This audit started on 12/1/19.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Dietary Manager monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Administrator and Dietary Manager.</p>		

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F 908 SS=E	<p>Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on a lunch meal tray line observation, staff interviews and facility record review, the facility failed to maintain the steam table, essential equipment to the dietary department, in safe operating condition, as evidenced by pureed sweet potatoes held on the steam table less than 135 degrees Fahrenheit. This affected 11 residents with physician orders for a pureed diet (Residents #5, #7, #29, #54, #65, #71, #76, #78, #81, #181, #186, #188).</p> <p>The findings included:</p> <p>An observation of the lunch meal tray line occurred on 11/14/19 at 11:45 AM. Review of the menu and the Diet Master List revealed pureed sweet potatoes would be served to 11 residents on a pureed diet. The menu "Mashed Sweet Potatoes" recorded in part, "Hot hold potentially hazardous foods at 135 degrees Fahrenheit or greater." The tray line observation revealed pureed sweet potatoes were available on the tray line for meal service. Temperature monitoring occurred on 11/14/19 at 12:13 PM by Dietary staff #1 (DS #1) at the request of the surveyor. The temperature of the pureed sweets potatoes was 131 degrees Fahrenheit. The pureed sweet potatoes were observed stored on the steam table in a well with the temperature dial set to 7 of 10. An observation of the underbody of the steam table revealed no insulation was present.</p>	F 908	<p>F908</p> <ol style="list-style-type: none"> The alleged non-compliance occurred when the facility failed to maintain and serve pureed sweet potatoes at least 135 degrees Fahrenheit. The facility reheated the pureed sweet potatoes to serve to residents #5,7,29,54,65,71,76,78,81,186 and 188, who have a physician order for a pureed diet. Dietary staff will monitor food temps before and during service to ensure that all potentially hazardous foods will be maintained/served at least 135 degrees. All current residents receiving puree diets are at risk and the sweet potatoes were reheated before serving. Dietary staff will be educated regarding potentially hazardous foods should be maintained at least 135 degrees Fahrenheit for meal service. <p>New steam table ordered on 11/15/19 and expected delivery by 1/2/20. Once the steam table arrives it will be assessed for proper function prior to being placed into service. Prior to the new steam table being used, staff will be educated on the</p>	12/13/19	

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F 908	<p>Continued From page 9</p> <p>An interview with the Certified Dietary Manager (CDM) occurred on 12/14/19 at 12:36 PM. The CDM stated that hot potentially hazardous foods should be maintained at least 135 degrees Fahrenheit for meal service. The CDM further stated that she thought the reason the pureed sweet potatoes did not maintain a hot holding temperature of at least 135 degrees Fahrenheit was because the insulation underneath the steam table was missing. The CDM stated the steam table had been like that for a long time, the administrator/corporate office were aware, but the steam table had not been repaired/replaced.</p> <p>An interview occurred on 11/14/19 at 4:04 PM with the Administrator. He stated he assumed his role in September 2019, he was aware that the steam table was not holding food temperatures properly due to missing insulation and had made the corporate office aware shortly after he arrived. He stated he followed up with the corporate office 3 to 4 weeks ago and was told that a new steam table had been purchased and shipped. The Administrator provided a quote dated 10/7/19 for a new steam table for review. A follow up interview occurred on 11/15/19 at 10:25 AM with the administrator. He stated that in his follow up with the corporate office on 11/15/19 he was advised that the steam table had not been ordered yet, so he ordered it and expected delivery January 2020 or sooner. He stated he could not explain the reason for the delay with ordering a new steam table.</p>	F 908	<p>proper use of the steam table to ensure food temperatures are maintained.</p> <p>Dietary Manager will audit food temperatures daily to ensure that potentially hazardous foods are being served at least 135 degrees Fahrenheit for meal services. This audit will occur x 12 weeks. This audit started on 12/1/19.</p> <p>4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the Dietary Manager monthly x 3 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary to maintain compliance.</p> <p>5. Person Responsible: Administrator and Dietary Manager.</p>		