STATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:		ì í		(X3) DATE SURVE COMPLETED		
			A. BUILDING		с	
		345243	B. WING		11/15/20	19
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
ACCORDI	US HEALTH AT CHARLO	DTTE		5939 REDDMAN ROAD CHARLOTTE, NC 28212		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMP THE APPROPRIATE C	(X5) PLETION DATE
E 000	Initial Comments		E 0	00		
E 000	conducted on 11/11/1 in compliance with th 483.73, Emergency F 4L9011	complaint survey was 9 - 11/15/19. The facility is e requirements of CFR Preparedness. Event ID:				
F 000	INITIAL COMMENTS		F 0	00		
	survey was complete 11/15/19. There were	complaint investigation d from 11/12/19 through a total of 24 allegations ere substantiated without .9011.				
F 645 SS=D	PASARR Screening 1 CFR(s): 483.20(k)(1)		F 64	45	12/13	3/19
	§483.20(k) Preadmis individuals with a me with intellectual disab	ntal disorder and individuals				
	or after January 1, 19 (i) Mental disorder as (i) of this section, unleast authority has determined performed by a person State mental health a (A) That, because of condition of the indivit the level of services p and	and mental evaluation on or entity other than the nuthority, prior to admission, the physical and mental dual, the individual requires provided by a nursing facility;				
	(k)(3)(ii) of this sectio	individual requires or ity, as defined in paragraph				

**Electronically Signed** 

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.

12/11/2019

		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345243	B. WING				_ 15/2019
NAME OF PROVIDER OR SUPPLIER				S	STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT CHARLC	DTTE			5939 REDDMAN ROAD CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 645	authority has determin (A) That, because of the condition of the individe the level of services pand (B) If the individual reservices, whether the specialized services for §483.20(k)(2) Exception section- (i) The preadmission separagraph(k)(1) of this for determinations in the to a nursing facility of being admitted to the transferred for care in (ii) The State may choop preadmission screening paragraph (k)(1) of the to a nursing facility of (A) Who is admitted to hospital after receiving hospital, (B) Who requires nurse condition for which the the hospital, and (C) Whose attending before admission to the is likely to require less facility services. §483.20(k)(3) Definition (i) An individual is correction (i) An individual is correction (ii) An individual is correction (iii) An individual is correction (iiii) An individual is correction (iiiii An individual is correction (iiiiii An individual is correction (iiii An individual is co	ned prior to admission- the physical and mental dual, the individual requires provided by a nursing facility; quires such level of individual requires or intellectual disability. Tons. For purposes of this acreening program under is section need not provide the case of the readmission an individual who, after nursing facility, was a hospital. Dose not to apply the ng program under is section to the admission an individual- to the facility directly from a g acute inpatient care at the sing facility services for the e individual received care in physician has certified, he facility that the individual is than 30 days of nursing on. For purposes of this nsidered to have a mental ual has a serious mental ual has ual has	F	645			

Facility ID: 922996

If continuation sheet Page 2 of 10

	-	ID HUMAN SERVICES MEDICAID SERVICES				FO	red: 12/19/20 0rm Approve <u>NO. 0938-039</u>
	ENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA       (X2) MULTIPLE CONSTRUCT         AN OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING			(X3) DATE SUR COMPLET			
		345243	B. WING				11/15/2019
NAME OF PI	ROVIDER OR SUPPLIER		•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
ACCORDIUS HEALTH AT CHARLOTTE					939 REDDMAN ROAD HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETIOI DATE
F 645	F 645 Continued From page 2 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:		F	645			
	review, the facility fail diagnoses to include psychosis for a Pre-a Annual Review (PAS/ 2 sampled residents r (Resident #47). The findings included	dmission Screening and AAR) Level II screen for 1 of reviewed for PASAAR			Accordius Health at Charlotte acknowledges receipt of the Statem Deficiencies and purpose of this Pla Correction to the extent the summar findings is factually correct in order to maintain compliance with applicable and provisions of quality of care of residents. The Plan of Correction is submitted as written allegation of compliance.	n of ry of co rules	
	with a PASAAR Level included mood disord and non-compliance Review of Resident #	-			Preparation and submission of this F Correction is in response to the CM 2567 from the survey conducted on November 12-15, 2019. Accordius F at Charlotte response to the Statem Deficiencies and Plan of Correction	S lealth ent of	
		revealed the following aily, antipsychotic aily, antipsychotic			not denote agreement with the State of Deficiencies nor does it constitute admission that any deficiency is acc Furthermore, Accordius Health at Charlotte reserves the right to refute deficiency on the Statement of	ement e an eurate.	
	revealed she exhibite symptoms to include mood disorder and re	psychosis with agitation, fused medication/nursing cluded the daily use of			Deficiencies through Informal Disput Resolution, formal appeal and/or oth administrative or legal procedures.		
	referrals as needed. Review of an admissi	ion minimum data set (MDS) 8/19 revealed mood disorder			<ol> <li>The alleged non-compliance occ when the facility failed to refer a resi with diagnoses to include mood disc</li> </ol>	ident	

Facility ID: 922996

If continuation sheet Page 3 of 10

		ID HUMAN SERVICES MEDICAID SERVICES				F	NTED: 12/19/2019 ORM APPROVED 3 NO. 0938-0391
STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING			DATE SURVEY COMPLETED
		345243	B. WING				C 11/15/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDIUS HEALTH AT CHARLOTTE				5	939 REDDMAN ROAD		
Accordi				С	CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 645	and psychosis were a diagnoses with daily of Review of section A 1 had not been referred PASAAR screening. An interview with MD 11/15/19 at 3:20 PM.	nued From page 3 osychosis were assessed as current noses with daily use of an antipsychotic. ew of section A 1500 revealed Resident #47 not been referred to the state for a Level II AAR screening. terview with MDS Coordinator occurred on 5/19 at 3:20 PM. The MDS Coordinator		645	<ul> <li>and psychosis for a Pre-admission Screening and Annual Review (PAS Level II screen for Resident #47. Resident #47 is no longer at the fac</li> <li>2. Audit of current residents with a diagnoses to include mood disorder psychosis was completed on 11/18/</li> </ul>	ility. and 19.	
	Resident #47 but that facility was responsib for a PASAAR Level I admitted with a PASA further stated that it w she should have infor make the referral.	the admission MDS for she was not aware that the le for making a state referral I screen after a resident was AR Level 1 screen. She vas an oversight and that med the social worker to			<ul> <li>Residents identified as having diagr to include mood disorder and psych were submitted for PASAAR Level I screening.</li> <li>3. Social Services and Nurse Mana educated regarding requirement to resident with a diagnosis to include disorder and psychosis for a Pre-admission Screening and Annu</li> </ul>	osis I agers refer a mood	
	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.			Review (PASAAR) Level II screenin Social Services and Nurse mana will audit current and new residents diagnosis to include mood disorder psychosis to ensure the appropriate referral is made, if needed. This au occur weekly x 12 weeks. This audi started on 11/22/19.	g. agers with a and dit will t		
				<ul> <li>Administrator will review results of weekly audits to ensure that appropreferral is made, if needed.</li> <li>4. Data obtained during the audit privile be analyzed for patterns and treat and reported to QAPI by the Social Services Director monthly x 3 month that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continuity in the continuity of the contin</li></ul>	riate rocess inds ns. At		

Event ID: 4L9011

Facility ID: 922996

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/19/2 FORM APPROV OMB NO. 0938-03	
				(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		345243	B. WING		C 11/15/2019	
NAME OF PI	ROVIDER OR SUPPLIER	I	s	TREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT CHARLO	DTTE	-	939 REDDMAN ROAD HARLOTTE, NC 28212		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETIO	
F 645	Continued From page	e 4	F 645	auditing is necessary to maintain compliance.		
F 812 SS=E	Food Procurement,Si CFR(s): 483.60(i)(1)(	tore/Prepare/Serve-Sanitary 2)	F 812	5. Person Responsible: Administrato and Social Services Director	r 12/13/19	
	state or local authorit (i) This may include for from local producers, and local laws or regu (ii) This provision doe facilities from using p gardens, subject to co safe growing and foo (iii) This provision doe from consuming food §483.60(i)(2) - Store, serve food in accorda standards for food se This REQUIREMENT by:	re food from sources ed satisfactory by federal, ies. bod items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility pompliance with applicable d-handling practices. es not preclude residents s not procured by the facility. prepare, distribute and ance with professional		F 812		
	and facility record rev maintain and serve p potentially hazardous Fahrenheit to prevent affected 11 residents	view, the facility failed to ureed sweet potatoes, a food, at least 135 degrees t the growth of bacteria. This with physician orders for a ts #5, #7, #29, #54, #65,		F 812 1. The alleged non-compliance occur when the facility failed to maintain and serve pureed sweet potatoes at least degrees Fahrenheit. The facility rehea the pureed sweet potatoes to serve to residents #5,7,29,54,65,71,76,78,81,1 and 188, who have a physician order	1 135 ated 86	

Event ID: 4L9011

Facility ID: 922996

If continuation sheet Page 5 of 10

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES				FORM	: 12/19/2019 APPROVED . 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345243	B. WING _			( 11/ <sup>,</sup>	C 15/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
				59	939 REDDMAN ROAD		
ACCORDI	US HEALTH AT CHARLO	IIE		С	HARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	The findings included: A continuous observa meal tray line occurre AM until 12:35 PM. Re Diet Master List revea would be served to 11 The menu "Mashed S part, "Hot hold potenti degrees Fahrenheit of tray line observation r potatoes were availab service. Temperature 11/14/19 at 12:13 PM at the request of the s of the pureed sweets Fahrenheit. The pureed observed stored on the the temperature dial s 12:25 PM, DS #1 stat this temperature was continued the tray line monitoring of the pure a temperature of 131 A follow up interview of 12:35 PM with DS #1. potentially hazardous least 140 degrees Fal- that regarding the term sweet potatoes, "It did temperature was too I An interview with the f (CDM) occurred on 12 CDM stated that hot p	tion of the kitchen's lunch d on 11/14/19 from 11:45 eview of the menu and the iled pureed sweet potatoes residents on a pureed diet. weet Potatoes" recorded in ally hazardous foods at 135 r greater." The lunch meal evealed pureed sweet ble on the tray line for meal monitoring occurred on by Dietary staff #1 (DS #1) surveyor. The temperature potatoes was 131 degrees ed sweet potatoes were the steam table in a well with thet to 7 of 10. On 11/14/19 at ed "yes" twice when asked if acceptable. DS #1 e once the temperature ed sweet potatoes revealed degrees Fahrenheit.	F	312	pureed diet. 2. Dietary staff will monitor food temps before and during service to ensure tha all potentially hazardous foods will be maintained/served at least 135 degrees All current residents receiving puree did are at risk and the sweet potatoes were reheated before serving. 3. Dietary staff will be educated regard potentially hazardous foods should be maintained at least 135 degrees Fahrenheit for meal service. New steam table ordered on 11/15// and expected delivery by 1/2/20. Once the steam table arrives it will be assess 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. Dietary Manager will audit food temperatures daily to ensure that potentially hazardous foods are being served at least 135 degrees Fahrenhei for meal services. This audit will occur 12 weeks. This audit started on 12/1/1 4. Data obtained during the audit process will be analyzed for patterns and trends and reported to QAPI by the	at s. ets e ling 19 sed d ble le e t x 9.	
	should be maintained	-			Dietary Manager monthly x 3 months. that time, the QAPI committee will	At	

Facility ID: 922996

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/19/2 FORM APPRO OMB NO. 0938-0	
TATEMENT C				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345243	B. WING		C 11/15/2019	
NAME OF PF	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
ACCORDI	JS HEALTH AT CHARLO	DTTE		939 REDDMAN ROAD		
				CHARLOTTE, NC 28212		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLET	
F 812	Continued From page	e 6	F 812			
	-	ht the reason the pureed		evaluate the effectiveness of the		
	-	ot maintain a hot holding		interventions to determine if continued	1	
	•	st 135 degrees Fahrenheit Jation on the steam table		auditing is necessary to maintain compliance.		
		M stated the steam table				
		a long time and had not		5. Person Responsible: Administrato	r	
		ed. The CDM also stated e cooks to keep small		and Dietary Manager.		
	portions of food on th	•				
		ling and to monitor food				
	times per week.	nout the meal service a few				
	with the Administrato	d on 11/14/19 at 4:04 PM r. He stated he assumed his				
		19, he was aware that the working properly and had				
		office aware. He stated that				
		nt had developed a plan to				
		e held at least 135 degrees pected this plan to be				
		am table could be replaced.				
F 867	QAPI/QAA Improvem		F 867		12/13/19	
SS=E	CFR(s): 483.75(g)(2)	(ii)				
	§483.75(g) Quality as	ssessment and assurance.				
		ality assessment and				
	assurance committee	e must: ement appropriate plans of				
		tified quality deficiencies;				
	This REQUIREMENT	is not met as evidenced				
	by: Based on record rev	iow and staff interviews the		F867		
		iew and staff interviews, the ssment and Assurance				
	(QAA) committee fail	ed to maintain implemented		1. The alleged non-compliance occur		
		tor interventions that the		when the facility failed to maintain and		
	committee had previo	ously put into place following		serve pureed sweet potatoes at least	135	

Facility ID: 922996

If continuation sheet Page 7 of 10

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & STATEMENT OF DEFICIENCIES			TIPLE CONSTRUCTION	FORM APPROVE OMB NO. 0938-039 (X3) DATE SURVEY
		· /	NG	COMPLETED
	345243	B. WING		11/15/2019
NAME OF PROVIDER OR SUPPLIER	ME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIF	P CODE
ACCORDIUS HEALTH AT CHARLOTTE			5939 REDDMAN ROAD CHARLOTTE, NC 28212	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMPLETION D THE APPROPRIATE DATE
<ul> <li>This was for one recioriginally cited in Octorecited on the current deficiency was in the and storage. The conduring two federal suppattern of the facility's effective Quality Associated and the facility's effective Quality Associated at the stag is cross reference on a tray line observation facility record review, and serve pureed swith azardous food, at letero prevent the growth residents with physice (Residents #5, #7, #2, #81, #186, #188).</li> <li>During the recertification facility was cited at F servings of pureed words serve pureed words serve pureed words serve for a tray line observation.</li> <li>During the recertification facility was cited at F servings of pureed words serve pureed words serve for a tray and the serve pureed words and the server preceded watermelon.</li> <li>During the recertification facility failed to serve pureed words and the serve pureed with the A when he arrived in Serving of pureed words and the precession.</li> </ul>	tion survey of 10/18/18. ted deficiency that was ober 2018 and subsequently t recertification. The recited area of food procurement ntinued failure of the facility rveys of record show a s inability to sustain an urance Program. renced to: ment and Sanitation: Based ation, staff interviews and the facility failed to maintain eet potatoes, a potentially tast 135 degrees Fahrenheit of bacteria. This affected 11 ian orders for a pureed diet 29, #54, #65, #71, #76, #78, tion survey of 10/18/18 the 812 for failing to maintain 10 atermelon and 30 servings at or below 41 degrees observations of the tray line. terve sliced watermelon at or hrenheit to 8 residents.	F	<ul> <li>degrees Fahrenheit. The potatoes that were not a degrees Fahrenheit were the residents with a phys pureed diet.</li> <li>2. The pureed sweet pot not a least 135 degrees F not served to the residem physicians order for a pure 3. Dietary staff will be ed potentially hazardous foo maintained at least 135 d Fahrenheit for meal servit</li> <li>Dietary Manager will a temperatures 5 x week to potentially hazardous foo served at least 135 degree for meal services. This a 12 weeks. This audit star</li> <li>4. Data obtained during find will be analyzed for patter and reported to QAPI by Manager monthly x 3 mo time, the QAPI committee the effectiveness of the ir determine if continued au necessary to maintain co</li> <li>5. Person Responsible: and Dietary Manager.</li> </ul>	least 135 not served to icians order for a atoes that were Fahrenheit were ts with a reed diet. Aucated regarding dds should be legrees ce. udit food o ensure that dds are being ees Fahrenheit hudit will occur x ted on 12/1/19. the audit process rns and trends the Dietary nths. At that e will evaluate herventions to uditing is impliance.

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/19/2019 FORM APPROVED OMB NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345243	B. WING		C 11/15/2019
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	
				5939 REDDMAN ROAD	
ACCORDI	US HEALTH AT CHARLO	DIE		CHARLOTTE, NC 28212	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 908 SS=E		Safe Operating Condition	F 908		12/13/19
	and patient care equi condition. This REQUIREMENT by: Based on a lunch me staff interviews and fa facility failed to maint essential equipment f safe operating condit sweet potatoes held of 135 degrees Fahrent residents with physici (Residents #5, #7, #2 #81, #181, #186, #18 The findings included An observation of the occurred on 11/14/19 menu and the Diet M sweet potatoes would on a pureed diet. The Potatoes'' recorded in hazardous foods at 1 greater.'' The tray line pureed sweet potatoes line for meal service. occurred on 11/14/19 #1 (DS #1) at the req temperature of the pu 131 degrees Fahrent potatoes were observi- table in a well with the	to the dietary department, in ion, as evidenced by pureed on the steam table less than neit. This affected 11 ian orders for a pureed diet 29, #54, #65, #71, #76, #78, 80. I: I: Is unch meal tray line a t 11:45 AM. Review of the aster List revealed pureed d be served to 11 residents e menu "Mashed Sweet n part, "Hot hold potentially 35 degrees Fahrenheit or e observation revealed es were available on the tray Temperature monitoring a t 12:13 PM by Dietary staff uest of the surveyor. The ureed sweets potatoes was neit. The pureed sweet yed stored on the steam e temperature dial set to 7 of f the underbody of the steam		<ul> <li>F908</li> <li>1. The alleged non-compliance occur when the facility failed to maintain and serve pureed sweet potatoes at least degrees Fahrenheit. The facility rehe the pureed sweet potatoes to serve to residents #5,7,29,54,65,71,76,78,81,1 and 188, who have a physician order pureed diet.</li> <li>2. Dietary staff will monitor food temp before and during service to ensure th all potentially hazardous foods will be maintained/served at least 135 degree All current residents receiving puree of are at risk and the sweet potatoes we reheated before serving.</li> <li>3. Dietary staff will be educated regan potentially hazardous foods should be maintained at least 135 degrees Fahrenheit for meal service.</li> <li>New steam table ordered on 11/15 and expected delivery by 1/2/20. Ond the steam table arrives it will be asses for proper function prior to being place into service. Prior to the new steam table being used, staff will be educated on the potential of the new steam table</li> </ul>	d 135 ated 0 186 for a os nat es. liets re rding es sed ed able

Event ID: 4L9011

Facility ID: 922996

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	· · ·	TE SURVEY MPLETED C
		345243	B. WING		1	1/15/2019
NAME OF PF	AME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT CHARLO	DTTE		5939 REDDMAN ROAD CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIOI DATE
F 908	Continued From page		F 90			
	(CDM) occurred on 12	Certified Dietary Manager 2/14/19 at 12:36 PM. The potentially hazardous foods at least 135 degrees		proper use of the steam table food temperatures are maintain		
	stated that she thoug sweet potatoes did no temperature of at leas was because the insu table was missing. The table had been like the	ervice. The CDM further ht the reason the pureed of maintain a hot holding st 135 degrees Fahrenheit alation underneath the steam he CDM stated the steam hat for a long time, the te office were aware, but the		Dietary Manager will audit temperatures daily to ensure t potentially hazardous foods an served at least 135 degrees F for meal services. This audit v 12 weeks. This audit started o	hat re being ahrenheit will occur x	
	An interview occurred with the Administrator role in September 20 steam table was not h properly due to missin the corporate office a	been repaired/replaced. I on 11/14/19 at 4:04 PM r. He stated he assumed his 19, he was aware that the holding food temperatures ing insulation and had made ware shortly after he arrived. I up with the corporate office		4. Data obtained during the a will be analyzed for patterns a and reported to QAPI by the D Manager monthly x 3 months. time, the QAPI committee will the effectiveness of the interve determine if continued auditing necessary to maintain complia	nd trends Dietary At that evaluate entions to g is	
	3 to 4 weeks ago and table had been purch Administrator provide a new steam table for interview occurred on the administrator. He with the corporate offi advised that the steam ordered yet, so he ord delivery January 2020	I was told that a new steam ased and shipped. The d a quote dated 10/7/19 for review. A follow up 11/15/19 at 10:25 AM with stated that in his follow up tice on 11/15/19 he was m table had not been dered it and expected 0 or sooner. He stated he reason for the delay with		5. Person Responsible: Adm and Dietary Manager.	inistrator	

Facility ID: 922996

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