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

PRINTED: 12/10/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	COMPLETED	
		345243	B. WING		C 11/05/2020	
	ROVIDER OR SUPPLIER US HEALTH AT CHARLO	OTTE		STREET ADDRESS, CITY, STATE, ZIP CODE 5939 REDDMAN ROAD CHARLOTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
E 000	Initial Comments		E 000			
F 000	was conducted on 11 The facility was found Emergency Prepared	DVID-19 Focused Survey 1/4/2020 through 11/5/2020. It to be in compliance with dness at 42 CFR §483.73 (6). Event ID# S0ZB11.	F 000			
F 804	Control and Complain 11/4/2020 through 11 found to be in compliin fection control regulation the CMS and Center Prevention (CDC) reprepare for COVID-1 allegations investigated substantiated, 1 allegation. Event ID# S02	DVID-19 Focused Infection on Survey were conducted on 1/5/2020. The facility was ance with 42 CFR §483.80 elations and has implemented as for Disease Control and commended practices to 9. There were a total of 27 red; 26 allegations were not gation was substantiated and 2B11.	F 804		12/3/20	
SS=D	§483.60(d)(1) Food processor of conserve nutritive variative, and at a satemperature. This REQUIREMENT by: Based on observation interviews, review of grievances, the facility was palatable and at	I drink es and the facility provides- prepared by methods that lue, flavor, and appearance; and drink that is palatable, afe and appetizing I is not met as evidenced poss, resident interviews, staff medical records, and written ty failed to serve food that an appetizing temperature		Preparation and/or execution of this pl does not constitute admission or agreement by the provider that a deficiency exists. This response is also		
		viewed for food palatability		not to be construed as an admission of		
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE	

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

(X6) DATE

11/30/2020 **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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345243 B. WING			C 11/05/2020				
NAME OF PROVIDER OR SUPPLIER		 	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 11	1/05/2020		
ACCORDIUS HEALTH AT CHARLOTTE				39 REDDMAN ROAD				
		DTTE		CHARLOTTE, NC 28212				
				<u> </u>				
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F 804	Continued From page	e 1	F 8	804				
	(Residents #3 and #1	1).			fault by the facility, its employees, agei	nts,		
	The findings included	:			or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is			
	1a. Resident #3 was	admitted to the facility			submitted as the facility'□s credible			
	5/18/20. Diagnoses ir	• •			allegation of compliance.			
	_	d gastrointestinal reflux						
	disease. A quarterly Minimum Data Set (MDS),							
	dated 10/15/20, assessed Resident #3 with				A -l -l			
	adequate hearing and vision, clear speech, able to be understood and able to understand others,				Address how corrective action will be accomplished for those residents found	d to		
	intact cognition and independent with eating.				have been affected be the deficient	טו נ		
	Review of his medica	-			practice:			
	physician's order for a mechanical soft, chopped				Dietary staff in-serviced on correct here.	ot		
	meats diet.	,			and cold holding temperatures. The			
					Resident Council was convened to			
		y Resident #3, undated,			discuss any on-going issues with food			
		mber and recorded that he			temperatures and corrective action the			
	_	at were cool for two days and			facility would take to ensure food rema	ins		
	could not eat them.				palatable and at an appetizing			
	Desident #2 was into	minused on 11/04/20 at 0:20			temperature.			
		rviewed on 11/04/20 at 9:30 the interview that he often			 Resident #3 was provided with warm meals and interviewed to update and 	ı		
		ere cold at meals especially			chart his food preferences. Resident #	3 to		
		weekends. He further stated			be interviewed on food temperature an			
		s concerns to the dietary			palatability ever shift for 7 days then da			
		s had not improved. He also			for 7 days then weekly for 4 weeks.	,		
		ast on 11/04/20 he received			- Resident #11 was provided with warr	m		
		vhich he did not eat, and that			meals and interviewed to update and			
		served at his dinner meal			chart his food preferences. Resident #	11		
	were cold during the	previous weekend.			to be interviewed on food temperature			
					and palatability ever shift for 7 days the			
	1b. Resident #11 was re-admitted to the facility				daily for 7 days then weekly for 4 week	is.		
	5/12/20. Diagnoses in	•			- Dietary Manager or designee will			
	quarterly MDS, dated	abetes mellitus type 2. A			address any concerns expressed by Resident #3 and #11 at that time.			
		equate hearing and vision,			nesident #3 and #11 at that time.			
		be understood and able to						
	understand others, in							

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		345243	B. WING				C	
NAME OF D	ROVIDER OR SUPPLIER	040240	1	· ·	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	05/2020	
NAME OF FI	NOVIDER OR SUFFLIER							
ACCORDI	US HEALTH AT CHAR	LOTTE			939 REDDMAN ROAD			
				С	HARLOTTE, NC 28212			
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F 804	Continued From pa	age 2	F 8	304				
	· ·	ating. Review of his medical			Address how the facility will identify ot	her		
		physician's order for a regular			residents having the potential to be	ici		
	diet with no added	-			affected by the same deficient practice	٠.		
		ents and a 1.5 liter per day			The facility has determined that all	··		
	fluid restriction.	one and a 1.0 hor per day			residents who consume food by mouth	1		
					have the potential to be affected.			
	Resident #11 was i	nterviewed on 11/04/20 at 8:53			- All alert and oriented residents, who			
	AM. He stated durir	ng the interview that the			have the potential to be affected, will be			
		ast and coffee that he was			interviewed to determine if their food			
	served at breakfast on 11/04/20 was "cold,				temperature is a palatable temperature	Э.		
	luke-warm at best." He also expressed that he felt				Any concerns will be immediately			
	the reason his foods were delivered to him cold				addressed by the Dietary Manager or			
	was because "That's a hard thing you know, they				designee.			
	bring the meal cart, park it at the end of the hall							
		up/down the hall passing out						
	trays with the cart s			Address what measures will be put in				
	Resident #11 stated			place or systemic changes made to				
		that nothing had been done to			ensure that the deficient practice will n	ot		
	correct his concern				recur:	_		
	1 - Ati	and the second second second second			- Dietary staff has been in-serviced or			
		oservation of the breakfast tray 4/20 at 7:55 AM and ended at			facility'□s policies and practice guideli for maintaining food at appetizing	ies		
	_	is observation two wells of the			temperatures. In-service training inclu	dad		
	_	bserved with stainless-steel			observations of each employee	Jeu		
		ompletely fill the wells. Both			performing temperature checks on the			
	water and steam w			line. A validation checklist was comple				
	stainless-steel pans			for each dietary employee determine i				
		rmer) was observed in use			employee was performing the procedu			
	l ''	temperatures. One cylinder			correctly. Findings were reviewed with			
		rees Fahrenheit (F) and the			each employee and corrective action			
	_	s set to 165 degrees F.			provided as needed.			
	-	-			- Temperature logs will be completed	at		
	A test tray was requ	uested on 11/04/20 at 8:20 AM.			every meal and any deviation from the			
	Temperature monitoring of the following foods				appropriate hot and cold holding			
		staff #1 (DS #1) on 11/04/20			temperatures will be reported to the			
		following temperatures			Dietary Manager or designee to be			
	obtained:				documented and addressed at that tim			
	·Grits, 160 degrees				The Dietary Manager will report negat	ve		
	·Eggs, 140 degrees	s F			findings to the QAA Committee and			

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F 804	open delivery cart, ar via their intercom systelivered. The deliver hall at 8:28 AM. Staff breakfast trays at 8:3 tray was delivered to Eleven residents recession and the text at 8:44 AM and survey following results: Sausage links, 93.7 remained congealed no visible steam. The cold, but has a good scrambled eggs, 94 remained congealed no visible steam. The has a good flavor." So Grits, 124 degrees Fithe butter melted and The CDM stated, "It's Surveyor agreed. Toast, no temperature remained congealed no visible steam. The I prefer my toast warr During an interview of CDM stated that two Resident #3, had provegarding cold foods	degrees F sed at 8:25 AM, placed on an and dietary staff announced tem that the cart was being by cart arrived on the 300 arrived to pass out the 1 AM and the last breakfast a resident at 8:44 AM. Seived a breakfast tray on the 2 Dietary Manger (CDM) are monitoring of the test tray was sampled at 8:46 at was plated. The CDM are so f the test tray and both or tasted the foods with the degrees F. The butter when added and there was CDM stated, "It's getting flavor." Surveyor agreed. The butter when added and there was CDM stated, "It's cold, but curveyor agreed. The grits were congealed, there was visible steam. warm, but could be hotter." The was taken. The butter when added and there was CDM stated, "It's good, but mer." Surveyor agreed. The prits were congealed, there was taken. The butter when added and there was CDM stated, "It's good, but mer." Surveyor agreed.	F	804	Resident Council. A member of the QAA Committee will receive at test tray each meal for one week then once a day for 3 weeks then once a week 4 weeks. Observations will be reported to the Dietary Manager, the QAA Committee and discussed with the Resident Council. Indicate how the facility plans to monitority plans to monitority plans to monitority plans are sustained: The Dietary Manager or designee will complete random validation reports of dietary staff performing procedures to ensure food remains at an appetizing temperature. Temperature logs and test tray results will be reported to the QAA Committee until such time consistent substantial compliance has been achieved as determined by the committee. All findings will be discussed with the Resident Council. This plan of correction will be monitor at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	

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F 804	spoke to both residestaff to monitor food foods on the tray lift food during meal purchasted that she had document this monitor the food foods of the breakfast meal stated that to improse the breakfast meal stated that the covered to keep the foods could be hot and staff should be trays as soon as the hall. The CDM also had some insulated for all halls. She furcarts were used for kitchen until the factorized that some rewith cold foods. He reviewed during the (QA) Committee mean further stated that the developed a plan to food and monitorin Administrator also	ew. The CDM stated she dents and in-serviced dietary dietemperatures before placing me for service and to taste the reparation. The CDM further dietary staff to not required dietary staff to not reast and temperature. She are the lowerator should be set to which may require staff to use note that the lowerator settings before service began. The CDM also nove food temperatures, all should be filled with pans or the heat from escaping, hot there are delivery cart arrived on the note that the department dietary carts, but not enough or the stated that the department dietary carts, but not enough or the stated that open delivery or the halls closest to the cauthorization to purchase	F	304				

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F 804	quality, so the QA pla	n was not currently being d that he left the monitoring CDM and discussion	F8	04			