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

PRINTED: 03/14/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345544	B. WNG			C 03/01/2013	
NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER				36	EET ADDRESS, CITY, STATE, ZIP CODE 626 WILLARD FARROW DR HARLOTTE, NC 28216	007	0 172010
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	Е	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were complaint investigatio 483.35(c) MENUS ME ADVANCE/FOLLOW! Menus must meet the residents in accordan dietary allowances of Board of the National Academy of Sciences and be followed. This REQUIREMENT by: Based on observation and review of facility r served a one half cup according to the menu Findings included: The first floor lunch m on 02/28/13 at 11:54 accoles a an alternathe menu spreadshee be served in a half cup Dietary staff #1 was on 12:28 PM to plate coles.	cited as a result of the in. Event ID #DY8111. EET RES NEEDS/PREP IN ED Inutritional needs of ce with the recommended the Food and Nutrition Research Council, National is be prepared in advance; is not met as evidenced in included the facility failed to portion of coleslaw it. eal tray line was observed AM. The menu included ate menu item. Review of it revealed coleslaw was to	F	363		te te pp/ a punt. / rtion This and s pg dition the rices trol A nd steam a the orrect. edure o be colicy on played	3.1.13 3.22.13 3.28.13
ABORATORY	12:38 PM revealed sh spreadsheet as guida portion size during me	staff #1 on 02/28/13 at the used the menu ince for serving the correct eals. Dietary staff #1 stated SUPPLIER REPRESENTATIVE'S SIGNATURE			steam tables/dining rooms. This new sheet shows the utensils and equivaler cup and ounce amounts and will serve as a tool for staff. (A copy of this sheet is included.)	nt :	3.28.13 X6) DATE

chief operating officer Administrator

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that a characteristic other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosure so 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 disclosured to the correction are dis days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisited continued

program participation.

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NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	36	EET ADDRESS, CITY, STATE, ZIP CODE 625 WILLARD FARROW DR HARLOTTE, NC 28215 PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG	2777	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 363	utensils was not avail a quarter cup serving instead. The second floor lunc observed in progress one quarter cup serving the stainless steel parline. Dietary staff #2 was in 12:40 PM. During the stated that she used the guidance for serving the during meals. Dietary one quarter cup serving to serve cold salads liand three bean salad; what I was told to do.' had already served or a resident during the I remember to whom. A utensils in the kitchen revealed there were fiavailable for use in the stated during the obsequant of the color of the colo	y of one half cup serving able and therefore she used utensil for the coleslaw the meal tray line was on 02/28/13 at 12:40 PM. A ng utensil was observed in nof coleslaw on the tray the menu spreadsheet as the correct portion size staff #2 also stated that a ng utensil was usually used ke pasta salad, coleslaw, she further stated "That's Dietary staff #2 stated, she ne quarter cup of coleslaw to unch meal, but did not an observation of serving with Dietary staff #2 ve half cup serving utensils e kitchen. Dietary staff #2 ervation that she assisted in the lunch meal on 02/28/13 at additional one half cup available. Dietary staff #1 thave picked up the wrong	F	363	F363 continued On or before 3/28/13, all dietary staff be in-serviced on utilizing the revised Serving Utensils sheet as a tool. Thi in-service will also cover the utensils and equivalent cup and ounce amou Effective 3/28/13, Dietary Director/ Designee to conduct weekly audits of serving utensil sizes during meal service. These audits will be conduct once per week X 3 months, then more for an additional 3 months. Effective 3/28/13, all audits related to utensil sizes will be reviewed at month QA meetings. This will be conducted monthly X 6 months.	d is nts. of sted nthly	3.28.13 3.28.13
	nutrition services man previously noticed tha the incorrect size serv	/13 at 12:48 PM with the ager revealed she had t dietary staff were using ring utensils at times, she ince then tried to complete					3/28/13

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NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER				STR	EET ADDRESS, CITY, STATE, ZIP CODE 625 WILLARD FARROW DR CHARLOTTE, NC 28215	- 00	101/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	V610	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
F 367 SS=D	CDM confirmed that the to include serving resisted. 483.35(e) THERAPEL BY PHYSICIAN Therapeutic diets must attending physician. This REQUIREMENT by: Based on observation and staff interviews, a failed to serve a mech sampled residents with therapeutic diets (Resident #31 was admonly29/13 with diagnose esophageal dysmotility admission orders incluint olerance diet without Review of a physician revealed Resident #31 Mechanical Soft with a to select gluten free, lanuts. Review of Resident #32 Data Set dated 02/05/	ich as possible which or correct portions. The me menu should be followed dents the correct portion UTIC DIET PRESCRIBED It be prescribed by the Is not met as evidenced In of the lunch meal, resident and record review, the facility anical soft diet to 1 of 3 in physician ordered ident #31). Initted to the facility on es which included history of y. Resident #31's aded a gluten free, lactose		363	F367 On or before 3/1/13, to ensure that residents are no longer at risk, Dietici audited all dietary slips against the doctor's orders to check for accuracy. On or before 3/1/13, to ensure that residents are no longer at risk, Dietar Director/designee conducted immedian-services with dietary staff. These in-services covered ensuring that the therapeutic spreadsheets are followe and the appropriate therapeutic/modidiet is served. (This is in addition to additional in-services and monitoring tools listed below.) On or before 3/22/13, Dietary Director Designee created a focus team for portion control and modified/therapeutiets. This team consists of a Dietary Supervisor and several Dietary Aides and Cooks. This team will be respon for ensuring that the new Serving Therapeutic and Modified Diets Policiand Procedure is followed on an on-grassis. On or before 3/28/13, a Serving Therapeutic and Modified Diets Policiand Procedure will be created and implemented.	y ate d fied vitic sible y	3.1.13

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		345544 B. WNG		C 03/01/2013		
NAME OF PROVIDER OR SUPPLIER ASBURY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR CHARLOTTE, NC 28215	03/01/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 367	revealed Resident #37 textured diet with thin Therapist documented mechanically soft diet regular textures to forr swallowing. Review of the therape lunch meal to be serve residents on a mechan served ground chicker Observation on 02/28/ Resident #31, whose received a lunch meal baked chicken, gravy, milkshake. Review of #31's lunch tray reveal mechanical soft diet w Aide (NA) #1 cut up th approximately one half Interview with Residen PM revealed the meat piece or chopped. Res swallowing was poor a the meat if served who she swallowed the cut difficulty. Interview with Nurse A 12:29 PM revealed Re either a whole or chop explained she assisted	herapy note dated 02/13/13 I required a mechanical soft liquids. The Speech I Resident #31 required a with ground meats and soft in a cohesive bolus for utic spreadsheet for the ed on 02/28/13 revealed hical soft diet were to be h. 13 at 12:26 PM revealed hight arm was in a brace, of one piece of crispy rice pilaf, iced tea and the dietary slip on Resident ed direction for a ith chopped meat. Nurse e chicken into f inch pieces. t #31 on 02/28/13 at 12:43 served was either in one sident #31 explained her nd the staff would cut up le. Resident #31 reported up chicken without ide (NA) #1 on 02/28/13 at sident #31 would receive	F3	F367 continued This new policy and procedure will include several new steps, including: (1) Prior to delivery and meal service of each meal, the lead produce employee will hold a pre-service meeting with dietary staff. At this meethe lead production employee will revente menu for that meal, and the proper consistency of all menu items being sofor each therapeutic/modified diet beis served; 2) During meal service, the lead production employee will review each resident tray to check for the appropriate therapeutic/modified diet; 3) During meal service and delivery, a second check, the staff member carry the meal/meal tray to the resident will the resident tray and check for appropriate, to ensure that plated food match ordered diet. (A copy of this new pol and procedure is included). On or before 3/28/13, all dietary and nursing staff to be in-serviced on new serving Therapeutic and Modified Die Policy and Procedure. On or before 3/28/13, all dietary staff to be in-serviced on utilizing the thera spreadsheets as a tool. These spreadre kept in a notebook, on each floor the facility, near the serving steam taken taken the serving steam taken taken the serving steam taken the serving steam taken taken the serving steam taken tak	eting, iew er served as ving review oriate es icy 3.28.13 ts 3.28.13 peutic dsheets of ole. 3.28.13	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

ASBURY CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR						С		
ASBURY CARE CENTER 3625 WILLARD FARROW DR			345544	B. WING			03	/01/2013
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
Interview with the Nutrition Services Manager (DSM) on 02/28/13 at 3:07 PM revealed Resident #31 alternated between ground and chopped meats on the mechanical soft diet. The DSM reported dietary staff should serve Resident #31's meat either in chopped or ground form. Interview with the Speech Therapist (ST) on 02/28/13 at 3:13 PM revealed Resident #31 alternated between ground and chopped meats for safe swallowing. The ST reported Resident #31 should not be served a whole piece of meat. F 371 SS=D The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Effective 3/28/13, all audits related to therapeutic/modified diets will be reviewed at monthly QA meetings. This will be conducted monthly X 6 months. 5 3.2 F 371 F 371 On 2/26/13 to ensure that residents are no longer at risk, Dietary Director/ Designee discarded expired nutritional supplements. On 2/26/13, to ensure that residents are no longer at risk, Dietary Aide/designee checked all main kitchen coolers for any	F 371	Interview with the Die at 1:15 PM revealed F ground chicken. The I she checked all trays Resident #31's whole Dietary Supervisor rep Resident #31 could remeal should be either Interview with the Nut (DSM) on 02/28/13 at #31 alternated between meats on the mechan reported dietary staffs meat either in choppe Interview with the Spe 02/28/13 at 3:13 PM realternated between gr for safe swallowing. The facility must - (1) Procure food from considered satisfactor authorities; and (2) Store, prepare, dis under sanitary condition.	tary Supervisor on 02/28/13 Resident #31 should receive Dietary Supervisor reported after plating but missed piece of chicken. The ported she did not know if receive chopped meat but the ground or chopped. rition Services Manager 3:07 PM revealed Resident en ground and chopped ical soft diet. The DSM should serve Resident #31's d or ground form. rech Therapist (ST) on revealed Resident #31 ound and chopped meats The ST reported Resident ved a whole piece of meat. CURE, ERVE - SANITARY sources approved or y by Federal, State or local tribute and serve food			Effective 3/28/13, Dietary Director/Deto conduct weekly audits of checking resident meal trays for appropriate therapeutic/modified diets during meservice. These audits will be conducted once per week X 3 months, then more for an additional 3 months. Effective 3/28/13, all audits related to the therapeutic/modified diets will be reviated monthly QA meetings. This will be conducted monthly X 6 months. F371 On 2/26/13 to ensure that residents and longer at risk, Dietary Director/Designee discarded expired nutrition supplements. On 2/26/13, to ensure that residents no longer at risk, Dietary Aide/design checked all main kitchen coolers for expired supplements, foods or beverance of the property of the proper	al eted nthly or iewed ee any ages.	3.28.13 3.28.13 2.26.13

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			D. Willo	STD	REET ADDRESS, CITY, STATE, ZIP CODE	0.3	3/01/2013
NAME OF PROVIDER OR SUPPLIER				120000000	626 WILLARD FARROW DR		P
ASBURY	CARE CENTER			С	CHARLOTTE, NC 28215		204
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 371	high calorie nutritional under refrigeration passexpiration for 1 of 3 refrigeration for 1 of 3 refrigeration for 1 of 3 refrigeration of the occurred on 02/26/13 refrigerator was observed on 02/26/13. Dietary staff #3 was in 09:07 AM and stated a monitoring the refrigerations. Dietary staff #2 was made in January 2 different high calorie h staff #3 further stated a supplements were place walk-in refrigerator in the resident request or phy #2 stated she had place supplements in the not the first and second flow expired nutritional supplements where the first and seco	tion and staff interviews, 16 supplements were stored at the date of manufacturer frigeration units. walk-un refrigerator at 09:06 AM. The walk-in ved with 16 containers (8 in calorie nutritional nufacturer expiration date at the was responsible for ation units for expired also stated that a transition 2013 to the use of a couse supplement. Dietary that the remaining unused coded in storage in the he event of a specific visician's order. Dietary staff at the work of the urishment refrigerators on cors, but missed these colements. at 09:08 AM with the irrector revealed all expired in discarded.	F	371	F371 Continued This team consists of 2 Dietary Aides Utility Storage Personnel. This team responsible for ensuring that daily checks of all main kitchen coolers are conducted, and any expired items are discarded immediately. The daily che of coolers will be documented on logs. On or before 3/28/13, the Food Stora Policy and Procedure will be revised. A new step will be added to the policy and procedure, which states, "Daily cof all coolers/refrigerators must be conducted. Any items that have reach their expiration date must be immediated discarded." (A copy of this revised posend procedure is included.) On or before 3/28/13, all dietary staff be in-serviced on revised Food Storage Policy and Procedure. Effective 3/28/13, Consultant Dietician Designee to conduct bi-monthly audit of main kitchen coolers. These audits will be conducted 2 times per month 3 months. Effective 3/28/13, Dietary Director/Designee to conduct bi-monthly audit of main kitchen coolers. These audits will be conducted 2 times per month 3 months, then monthly thereafter. Effective 3/28/13, all audits related to cooler inspections will be reviewed at monthly QA meetings. This will be conducted monthly X 6 months.	is eeeeks eecks s. ge y hecks hed ately licy to ge x s s x	3.28.13 3.28.13 3.28.13 3.28.13 3.28.13

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING _ B. WNG 345544 03/01/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3625 WILLARD FARROW DR **ASBURY CARE CENTER** CHARLOTTE, NC 28215 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 371 Continued From page 6 F 371 The nutrition services manager stated the 16 nutritional supplements with a manufacturer expiration date stamp of 02/15/13 were the prior nourishments used before the facility changed to a different house supplement. The nutritional services manager stated the prior supplements were kept in case of a resident request or specific physician's order, but should have been discarded once expired.

COPIES OF:

- Revised Policy for Food Storage
- New Policy for Serving Therapeutic and Modified Diets
- Revised Policy for Portion Control
- Serving Utensils Tool

FOOD STORAGE

POLICY:

Sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing. Food is stored, prepared, and transported at appropriate temperatures and by methods designed to prevent contamination.

PROCEDURE:

- 1. Dry storage rooms must be well ventilated. All storage areas should have adequate illumination with humidity controls to prevent condensation of moisture and growth of molds.
- Storage rooms must have only one access door. If the storage room has more than one door, only one door will be used. All other doors must be locked and their use prohibited. Secure locks must be installed on all other doors and windows. The keys to storage rooms shall be controlled by the food service manager.
- 3. Food items will be stored on shelves, with heavier and bulkier items stored on lower shelves.
- Plastic containers with tight-fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables, and broken lots of bulk foods. All containers must be legible and accurately labeled.
- 5. Chemicals must be clearly labeled, kept in original containers when possible, and kept in a locked area way from food.
- 6. Scoops must be provided for sugar, flour, dried vegetables, and spices. Scoops are not to be stored in food or ice containers, but are kept covered in a protected area near the containers. Scoops are to be washed and sanitized on a weekly basis or as needed.
- Hands must be washed after unloading supplies and prior to handling food items.
- 8. All stock must be rotated with each new order received. Rotating stock is essential to ensure the freshness and highest quality of all foods.
 - a. Old stock is always used first (first in first out method).
 - b. Supervise the person designated to put stock away to make sure it is rotated properly.
 - c. Food should be dated as it is placed on the shelves.
 - d. Date marking to indicate the date or day by which a ready-to-eat, potentially hazardous food should be consumed, sold, or discarded will be visible on all high risk food.
- Daily checks of all coolers/refrigerators must be conducted. Any items that have reached their expiration date must be immediately discarded.
- 10. Food is purchased in quantities that can be stored properly.
- 11. Food is arranged in food groups in the storage areas to make it easier to store, locate, and inventory.
- 12. Food is stored a minimum of 6 inches above the floor and 18 inches from the ceiling on clean racks or other clean surfaces, and is protected from splash, overhead pipes, or other contamination.

Healthcare and Dietary Policies and Procedures Title: Serving Therapeutic and Modified Diets

Policy:

Food is served in the appropriate consistency, for the therapeutic/modified diet that is ordered/appropriate for the resident.

Procedure:

- 1) Prior to delivery and meal service of each meal, the lead production employee will hold a pre-service meeting with dietary staff. At this meeting, the lead production employee will review the menu for that meal, and the proper consistency of all menu items being served for each therapeutic/modified diet being served.
- 2) During meal service, the lead production employee will review each resident tray to check for the appropriate therapeutic/modified diet.
- 3) During meal service and delivery, as second check, the staff member carrying the meal/meal tray to the resident will review the resident tray and check for appropriate diet, to ensure that plated food matches ordered diet.
- 4) Therapeutic spreadsheets will be kept at each serving steam table. These will be utilized as a staff resource and tool.
- 5) Periodic on-going in-services will be conducted to help ensure on-going compliance with policy and procedure.

P&P Issue Date: 3/2013

PORTION CONTROL

POLICY:

Individuals will receive the appropriate portions of food as planned on the menu. Control at the point of service is necessary to assure that only the standard portion is served.

PROCEDURE:

- 1. Use standardized recipes to avoid waste caused by overproduction. Recipes should be adjusted as needed and the yield and serving size specified on each recipe.
- 2. The menu should list the specific portion size for each food item. Menus should be posted at the tray line for staff to refer to for proper portioning of servings for each diet.
- Serve the food with ladles, scoops, spoodles and spoons of standard sizes. Scales should be used as needed to weigh meat portions. Scoops should be leveled off (not overflowing) for the most accurate portion size.
 - Portions that are too small result in the individual not receiving the nutrients needed.
 Portions that are too large increase the costs as well as providing the individual more food than needed or allowed (in the case of special diets).
- 4. The lead production individual at each serving steam table, during meal service, must check the scoop/spoon size and verify that it is correct.
- 5. Food service staff will be inserviced by the food service manager on proper portion sizes at regular intervals. Meal observations for quality control of portion sizes should be conducted by the food service manager or RD/DTR on a routine basis.

SERVING UTENSILS							
UTENSILS	CUP AMOUNT	OUNCE AMOUNT					
#6s	2/3 cup	5.34 ounces					
#8s	1/2 cup	4 ounces					
# 10 s	3/8 cup	3-4 ounces					
# 12 s	1/3 cup	2.67 ounces					
# 16 s	1/4 cup	2 ounces					
# 20 s	3 1/8 Tbs.	1 3/4 - 2 ounces					
# 24 s	2 2/3 Tbs.	1 1/2 - 1 3/4 ounces					
# 40 s	1 1/2 Tbs.	3/4 ounce					
6 ounce ladle	3/4 cup	6 ounces					

SERVING UTENSILS

UTENSILS	CUP AMOUNT	OUNCE AMOUNT
# 6 s	2/3 cup	5.34 ounces
# 8 s	1/2 cup	4 ounces
# 10 s	3/8 cup	3-4 ounces
# 12 s	1/3 cup	2.67 ounces
# 16 s	1/4 cup	2 ounces
# 20 s	3 1/8 Tbs.	1 3/4 - 2 ounces
# 24 s	2 2/3 Tbs.	1 1/2 - 1 3/4ounces
# 40 s	1 1/2 Tbs.	3/4 ounces
6 ounce ladle	3/4 cup	6 ounces