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

PRINTED: 09/07/2016 FORM APPROVED OMB NO. 0938-0391

` '		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345331	B. WING _		_	C <b>08/18/2016</b>	
NAME OF PROVIDER OR SUPPLIER  SARDIS OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 5151 SARDIS ROAD CHARLOTTE, NC 28270		00/10/2010	
SUMMARY STATEMENT OF DEFICIENCIES ( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECT CROSS-REFERENCE			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F3	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  18 It is the practice of this facility to ensure that the nutritional needs of our residents are met in accordance with recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, be prepared in advance and be followed.  All identified resident's tray tickets have been reviewed. A complete audit on all residents' tray tickets was completed by the Registered Dietitian on 8/31/16 to confirm that correct portions were entered into the Geri-Menu system.  The Food and Nutrition staff was educated on the specific portion sizes an utilization of appropriate scoop sizes by the Registered Dietitian on 8/18/16.  At the pre-service meal meeting, portion sizes will be reviewed with the dietary team and compared to daily production sheet and tray tickets. This reveals specific meal portion size for each food		ts led h , d.  ed	
		-	attendance.	- Chiployee III	(X6) DATE	
	AKS  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  483.35(c) MENUS ME ADVANCE/FOLLOWE  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 1 of 2 dinin interviews and review to provide the portion potatoes and green be chops (mechanical sof (Residents #20, #40, #180, #184, #186, and menu.)  The findings included  An observation occurred tray line in the Board of the National sof (Residents #20, #40, #180, #184, #186, and menu.)  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The findings included:  An observation occurred on 08/18/16 of the lunch meal tray line in the B Unit dining room from 11:58 AM until 12:35 PM. Review of the lunch menu and tray cards revealed the following foods would be served in a 4 ounce portion: Oven roasted potatoes Green bean casserole Pork chops (mechanical soft)  On 08/18/16 at 12:16 PM, Dietary staff (DS) #1 was asked to verify the portion size for the utensils she used to serve oven roasted potatoes, green bean casserole and pork chops (mechanical soft). DS #1 stated that the serving utensils were all "3 ounces."	A BUILDIN  345331  B. WING	A BUILDING  345331  ROYDDER OR SUPPLIER  AKS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.  This REQUIREMENT is not met as evidenced by: Based on 1 of 2 dining observations, staff interviews and review of menus, the facility failed to provide the portion of vegetables (oven roasted potatoes and green bean casserole) and pork chops (mechanical soft) to 11 residents (Residents #20, #40, #51, #53, #103, #153, #172, #180, #184, #186, and #193) according to the menu.  The findings included:  An observation occurred on 08/18/16 of the lunch meal tray line in the B Unit dining room from 11:58 AM until 12:35 PM. 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(EACH CORREC CROSS-REFEREN TAG  TAG  STATEMENT TAG  It is the practice of that the nutritional na are met in accordan are met in a	ASS  SUMMAY STATEMENT OF DEPLICENCIES  (SCALO DEPLICENCY MUST OF DEPLICENCIES)  (SCALO DEPLICENCY)  (SCALO DEPLICENCY)  F 363  ADVANCE/FOLLOWED  Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.  This REQUIREMENT is not met as evidenced by:  Based on 1 of 2 dining observations, staff interviews and review of menus, the facility failed to provide the portion of vegetables (oven roasted potatoes and green bean casserole) and pork chops (mechanical soft) to 11 residents  (Residents #20, #40, #51, #53, #103, #153, #172, #180, #184, #186, and #193) according to the menu.  The findings included:  An observation occurred on 08/18/16 of the lunch meal tray line in the B Unit dining room from 1.58 AM until 2:35 PM. Review of the lunch menu and tray cards revealed the following foods would be served in a 4 ounce portion:  Oven roasted potatoes  Green bean casserole  On 08/18/16 at 12:16 PM, Dietary staff (DS) #1 was asked to verify the portion size for the utensils she used to serve oven roasted potatoes, green bean casserole and pork chops (mechanical soft)  On 08/18/16 at 12:16 PM, Dietary staff (DS) #1 was asked to verify the portion size for the utensils she used to serve oven roasted potatoes, green bean casserole and pork chops (mechanical soft).  Street ADDRESS, CITY, STATE, 2PPCODE  TAG  DPROVIDES PLAN OF CORRECTION.  (CAACTOROROCRECTIVE ATOM SOULDS (CACTOROROCRECTIVE ATOM SOULDS (CACTOROROCRECTIVE ATOM SOULDS (CACTOROCRECTIVE ATOM SOULDS (CACTOROCRECTIVE ATOM SOULDS (CACTOROCRECTIVE ATOM SOULDS (CACTOR	

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

09/01/2016

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.

**Electronically Signed** 

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345331	B. WING			C <b>08/18/2016</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  5151 SARDIS ROAD  CHARLOTTE, NC 28270		00/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 363	Dietary staff #1 was portion of oven roase casserole and mech following residents: Oven roasted potate #20, #53, #172, #18 #193 Green bean cassere #20, #53, #172, #18 #193 Pork chops (mecha #20, #103, and #19  During an interview #1 reviewed the lun confirmed that the sroasted potatoes, gichops (mechanical portion. DS #1 state 3 ounce serving ute roasted potatoes, gichops (mechanical sine, she could not fat the time. DS #1 fishe had the right size she knew to check for the utensil.  During an interview Kitchen Supervisor roasted potatoes, gichops (mechanical sine portions. The should use productions. The should use productions size of foods size that was writter accuracy. The KS for the state of the should use productions. The should use productions. The should use productions is portion size of foods size that was writter accuracy. The KS for the should use productions.	2:16 PM until 12:32 PM, observed to plate a 3 ounce ted potatoes, green bean nanical soft pork chops to the oes - Residents #186, #153, 44, #103, #40, #180, #51, and ole - Residents #186, #153, 44, #103, #40, #180, #51, and onical soft) - Residents #153,	F 36	Food and Nutrition purchase scoops on 8/22/16. Laminate color-coded portion control cavailable at each dining local the main kitchen.  Food Service Supervisor, or conduct random observation ensure compliance. Any ider will be corrected at that time, the monitoring will be shared Administrator and Director of weekly basis and with QAPI period of 90 days, at which to of monitoring will be determine QAPI Committee.	ed, hart are tion and in  designee, will s weekly to ntified issues Results of I with the f Nursing on a monthly for a ime frequency		

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F 363	conducted "spot check he expected dietary's serving portion sizes  During an interview of Registered Dietitian (Ithe team at the facility she was not familiar were reviewed the lunch metated "We should off according to the mentated "We should off according to the mentated to the mentated to the control of	cks." The KS also stated that taff to make sure they were according to the menu.  n 08/18/16 at 12:40 PM, the RD) stated that she joined y just 2 days prior and that with the menus yet. The RD enu and the tray cards and fer a 4 ounce potion	F3	363			