

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

PRINTED: 05/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2023
NAME OF PROVIDER OR SUPPLIER NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER-SNU			STREET ADDRESS, CITY, STATE, ZIP CODE 200 HAWTHORNE LANE CHARLOTTE, NC 28207		
(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	E 000			
F 000	INITIAL COMMENTS	F 000			
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 observations and staff interviews, the facility failed to discard expired food items and remove grease build up on and around the fryer used to prepare food. These practices had the</p>	F 812	<p>Who: The Vice President of Nursing is ultimately responsible for the corrective action plan and ongoing compliance.</p>	5/19/23	

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

TITLE

(X6) DATE

Electronically Signed

05/11/2023

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 812	<p>Continued From page 1 potential to affect food served to 7 of 7 residents.</p> <p>The findings included:</p> <p>A continuous observation (with the Dietary Director and Lead Chef) of the kitchen occurred on 4/18/23 from 11:17 AM - 12:45 PM. The observation revealed the following:</p> <p>a) One gallon container of opened blue cheese dressing in the kitchen prep area, that expired on 4/12/23.</p> <p>b) One gallon container of olive oil salad dressing in the kitchen prep area, that expired 3/23/23.</p> <p>c) Two large pots of uncovered frozen gravy in walk-in freezer, labeled with expiration date of 4/4/23.</p> <p>d) Grease fryer #1 used to prepare resident foods displayed thick grease buildup on and around the grease fryer and floor.</p> <p>During an interview on 4/18/23 12:50 PM, the Lead Chef indicated the kitchen was to be cleaned nightly according to the cleaning schedule and the food located in the dry storage room, refrigerators and freezer were supposed to be checked and discarded weekly if expired.</p> <p>A follow-up continuous observation (with the Lead Chef) of the kitchen occurred on 4/19/23 from 11:03 AM - 11:50 AM. The same grease buildup observed on 4/18/23 was also observed on 4/19/23, as previously described.</p> <p>During an interview on 4/19/23 at 11:55 AM, the Lead Chef stated he assigned the task of</p>	F 812	<p>What and when:</p> <p>On 4/18/23 the expired salad dressings and gravy were immediately discarded.</p> <p>On 4/19/23 the fryer and the floor around the fryer was degreased and cleaned.</p> <p>No residents on the Skilled Nursing Unit (SNU) were found to have been affected by the expired gallon container of blue cheese or olive oil dressings as these containers are used for retail foods in the NHPMC café and all residents on the SNU received individually packaged salad dressing.</p> <p>No residents on the SNU were affected by the expired 2 pots of frozen gravy as the gravy was only used for retail service in the café and was not used for SNU food service.</p> <p>Per an audit conducted of resident meal cards from 3/22/23-4/19/23, 3 out of a possible 13 SNU residents received items that were fried in the identified fryer. There were no concerns vocalized during this time with fried foods by any residents during this timeframe.</p> <p>All residents on the SNU have the potential to be affected due to the food for the SNU being prepared in the NHPMC kitchen.</p> <p>In service training was initiated on 5/10/23 by Food and Nutrition Services (FANS) senior executive chef /RD to chef, sous chef and cooks which reviewed policies on area and equipment cleaning as well as handling and disposal of expired foods. This will include training on the daily shift checklist and weekly equipment cleaning</p>		

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F 812	<p>Continued From page 2</p> <p>cleaning the fryer, to the evening staff and did not follow up to make sure that the task was completed. He was not aware that the task was not completed at the time of the interview.</p> <p>During an interview on 4/19/23 at 2:25 PM, the Dietary Director revealed he was unaware the grease fryer was not cleaned after the Surveyor first observed it on 4/18/23. His expectation was for the kitchen cleaning schedule to be followed and that his staff need to do a better job with discarding expired foods and cleaning.</p> <p>An interview with the Administrator on 4/19/23 at 2:00 PM indicated she was made aware of the expired salad dressings, gravy and the unkept grease fryer. Her expectation was for expired foods to be discarded on a regular basis and the kitchen cleaning schedule adhered to.</p>	F 812	<p>log. All training will be completed by 5/16/23.</p> <p>Re- education by the executive chef/RD was done with the Porter on 4/19/23 which included procedures for cleaning the fryer and floors around the fryer at the end of each day to ensure there is not residue or build up.</p> <p>Training will be conducted during onboarding with any new team member within 2 weeks of hire on how to handle expired foods as well as the process for cleaning kitchen equipment.</p> <p>A map of the kitchen will be created by 5/16/23 outlining the areas in the kitchen that are used primarily for SNU food preparation and storage. All FANS management will be educated by 5/16/23 on areas in the kitchen used for SNU food preparation, service, and storage.</p> <p>Monitoring: The Executive Chef or designee will audit the daily shift checklist daily and the weekly equipment cleaning logs for compliance weekly. The FANS Director or RD will audit the daily shift checklist for compliance with monitoring for expired foods and fryer cleaning 3x a week for 4 weeks then weekly for 4 weeks then at least 3x monthly for 3 months. The FANS Director or RD will audit the weekly equipment cleaning log for compliance with fryer cleaning weekly for 4 weeks then biweekly for 1 month then monthly for 3 months.</p> <p>NHPMC SNU plan to monitor performance to make sure solutions are</p>	

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F 812	Continued From page 3	F 812	sustained: The Administrator will report all findings from FANS audits to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for a minimum of 3 months. The QAPI Committee will review the findings and provide recommendations to ensure compliance and sustained ongoing compliance as well as determine the need for further monitoring.		
F 814 SS=F	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove loose garbage and debris from underneath 1 of 1 trash lift located in the back of the kitchen area with no closed door separating the kitchen and food was being prepared a short distance away. This practice had the potential to impact sanitary conditions, food served to residents and attract pests/rodents. The findings included: A continuous observation (with the Dietary Director and Lead Chef) of the kitchen occurred on 4/18/23 from 11:17 AM - 12:45 PM. The observation revealed trash and debris under the trash lift in the kitchen area which was not separated by a closed door and food was being prepared for residents a short distance away.	F 814	Who: The Vice President of Nursing is ultimately responsible for the corrective action plan and ongoing compliance. What/When: The porter was in serviced on 4/19/23 which covered cleaning of the areas under and surrounding the scissor lift. On 4/19/23 trash and debris observed under the scissor lift for loading and unloading deliveries/trash outside of the main kitchen area was immediately removed and the area was cleaned by the porter. No residents were found affected by the deficient practice. All residents on the SNU have the potential to be affected due to the scissor lift utilization for deliveries and trash.	5/19/23	

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F 814	<p>Continued From page 4</p> <p>During an interview on 4/18/23 12:50 PM, the Lead Chef indicated the kitchen was to be cleaned nightly according to the cleaning schedule and he was not aware that it had not been cleaned.</p> <p>A follow-up continuous observation (with the Lead Chef) of the kitchen occurred on 4/19/23 from 11:03 AM - 11:50 AM. The same trash and debris that was observed on 4/18/23 was also observed on 4/19/23, as previously described.</p> <p>During an interview on 4/19/23 at 11:55 AM, the Lead Chef stated he assigned the task of cleaning the trash lift area and did not follow up to make sure that the task was completed. He was not aware the task was not completed at the time of the interview.</p> <p>During an interview on 4/19/23 at 2:25 PM, the Dietary Director revealed he was unaware the trash lift area was not cleaned after the Surveyor first observed it on 4/18/23. His expectation was for the kitchen cleaning schedule to be followed and that his staff needed to do a better job with keeping the trash area clean.</p> <p>An interview with the Administrator on 4/19/23 at 2:00 PM indicated she was not aware of the trash and debris not being cleaned for 2 days. Her expectation was for the dietary staff to adhere to the cleaning schedule.</p>	F 814	<p>On 5/10/23 the executive chef Inservice education began for the FANS Receiving Team (those who receive deliveries) and the Porter and was completed on 5/16/23. Training included review of policy on area and equipment cleaning which includes surrounding areas including the scissor lift as well as daily shift check list. Training will be conducted during onboarding with any new team member within 2 weeks of hire on the expectation of cleaning surrounding areas including the scissor lift.</p> <p>Monitoring: The Executive Chef or designee will audit the daily shift checklist daily for compliance. The FANS Director or RD will audit the daily shift checklist for compliance with scissor lift area cleaning 3x a week for 4 weeks then weekly for 4 weeks then at least 3x monthly for 3 months. NHPMC SNU plan to monitor performance to make sure solutions are sustained: The Administrator will report all findings from FANS audits to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for a minimum of 3 months. The QAPI Committee will review the findings and provide recommendations to ensure compliance and sustained ongoing compliance as well as determine the need for further monitoring.</p>		