

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

PRINTED: 11/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/05/2015
NAME OF PROVIDER OR SUPPLIER BRIAN CENTER NURSING CARE/SHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 2727 SHAMROCK DRIVE CHARLOTTE, NC 28205	
(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
F 000	INITIAL COMMENTS	F 000		
F 371 SS=E	<p>There were no deficiencies cited as a result of the complaint investigation. Event ID M8OP11.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews, and record review the facility failed to label and date leftover food items in the reach in cooler. The facility also failed to discard those items that were not used within 48 hours per facility policy. The facility also failed to tightly close, label, and date items in the walk in freezer, and remove expired milk from the walk in refrigerator.</p> <p>Findings included:</p> <p>The policy was reviewed regarding refrigerated and frozen storage (no date). It stated that food items should be dated and rotated, and leftovers should be covered, labeled, and dated. The food in the freezer should be wrapped tightly to prevent freezer burn. The policy also stated that stock should be rotated.</p>	F 371		11/11/15
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE
Electronically Signed				11/23/2015

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 371	<p>Continued From page 1</p> <p>An initial tour of the kitchen on 11/2/15 at 7:45 am with the dietary manager (DM) revealed the following problems:</p> <p>A. In the reach in cooler, there were numerous items either labeled and not dated, or dated and not labeled. Several items had no date or label. There was a large cooked pork loin in a pan dated 10/27/15. There were green beans, rice, macaroni and cheese, egg salad, dated 10/30/15 with no labels. There was chicken noodle soup and plain noodles not dated or labeled.</p> <p>B. The walk in refrigerator had 15 cartons of milk that expired on 10/30/15.</p> <p>C. The walk in freezer had bags of corn on the cob, green beans, french fries, pork chops, and biscuits that were open to air with no labels or dates and small buildup of ice crystals. There were cookies in a sealed gallon bag with no label or date.</p> <p>In an interview with the dietary manager (DM) on 11/2/15 at 8 am while on the initial tour, he stated that expired items should not be there, and leftovers in the reach in cooler and freezer should be sealed tightly, labeled, and dated. DM also acknowledged that everything should be labeled and dated and discarded if no date or label. He stated the policy said to use the leftovers within 3-5 days.</p> <p>In an interview with the senior district manager for dietary (SDM) on 11/4/15 at 9:30 am, she stated the leftover policy states that the food should be labeled and dated when placed in the reach in cooler and used within 48 hours. SDM also states that opened freezer foods should be sealed tightly and dated, and that expired milk should be returned to the company. The last milk</p>	F 371	<p>deficiency is accurate. Further, Brian Center Shamrock reserves the right to refute any deficiency on this Statement of deficiencies through Informal Dispute Resolution, formal appeal and/or other administrative or legal procedures.</p> <p>F371</p> <p>Criteria 1:</p> <p>All food that was not dated/labeled was discarded immediately on 11/2/2015 once identified during the initial facility tour.</p> <p>Criteria 2:</p> <p>Regional Dietary Manager reeducated dietary team on proper dating and labeling of food items once opened on 11/11/2015.</p> <p>Criteria 3:</p> <p>Dietary manager will continue to daily monitor all food storage for proper dating and labeling according to facility policy and state regulations. The dietary manager/designee will monitor the storage of food twice each day and sign for compliance. District Dietary Manager will complete weekly unit inspections which will include monitoring for proper dating and labeling for four weeks, bi-weekly for eight weeks, and monthly thereafter.</p> <p>Criteria 4:</p>		

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F 371	Continued From page 2 delivery was 10/28/15 so according to her, the milk should have been used before the 10/30/15 expiration date. In a follow up visit to the kitchen and an interview with DM on 11/5/15 at 12:30 pm ; he stated that the pork dated 10/27/15 in the reach in cooler was to be the alternative meat on the Monday, 11/2/15 menu, but was discarded. He stated the cook had actually cooked the meat on 10/31/15, but had written the wrong date on the pork. The DM also stated that he did daily walk throughs of the kitchen and discarded food items that were not labeled or dated , and that hadn't been used within the policy time frame. When he doesn't do the walk throughs, the cook on each shift is responsible for checking the coolers and freezer for items that need to be discarded. He stated that new staff are taught this when they are hired.	F 371	The Quality Assurance and Performance Improvement Committee will review the audit results and follow up on any action plans during the monthly Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. The Quality Assurance Performance Improvement Committee will determine if any further education is needed based on results of audits. The Quality Assurance and Performance Improvement Committee has the right to discontinue the audits once the committee determines compliance has been achieved.		
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require	F 520		11/11/15	

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F 520	<p>Continued From page 3</p> <p>disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: The facilities Quality Assessment and Assurance Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place in February 2015. This was for one recited deficiency which was originally cited in January 2015 on a recertification survey and subsequently recited in November 2015 on the current recertification survey. The deficiency was in the area of dietary services. The continued failure of the facility during two federal surveys of record show a pattern of the facilities inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referred to: F 371 Dietary Services: Based on observations, staff interviews, and record review the facility failed to label and date leftover food items in the reach in cooler. The facility also failed to discard those items that were not used within 48 hours per facility policy. The facility also failed to tightly close, label, and date items in the walk in freezer, and remove expired milk from the walk in refrigerator.</p>	F 520	<p>Criteria 1:</p> <p>Kitchen continued monitoring for food labeling as is part of their daily monitoring routine on 11/3/2015. Daily audits have been maintained and given to the Administrator.</p> <p>Criteria 2:</p> <p>Dietary Manager will continue to provide Administrator with daily audit results for food monitoring during morning stand up each day. District Manager will also perform random food storage inspections weekly beginning 11-9-2015.</p> <p>Criteria 3:</p> <p>Daily monitoring will be submitted to the Administrator on a daily basis as well as monitored though our monthly Quality Assurance and Performance Improvement Committee meeting beginning 11-10-2015. District manager inspection results will also be shared with Administrator on day of audit and results</p>		

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F 520	<p>Continued From page 4</p> <p>The facility was recited for F 371 for failing to label/date leftover food items, remove expired items from refrigeration and store foods in tightly closed containers. F 371 was originally cited during the January 16, 2015 recertification survey for failing to sanitize a thermometer between use and labeling/dating thawed ground beef.</p> <p>An interview with the administrator on 11/05/15 at 2:30 PM revealed that she attributed a recitation in the area of dietary services to management turnover and a lack of continued monitoring. The administrator stated that the facility had 4 dietary managers since the end of June 2015 which made it difficult to maintain compliance. The administrator stated that the facility typically completed monitoring tasks in preparation for the upcoming recertification survey about 6 weeks prior to the opening of the survey window, but due to the recent continued management turnover in the dietary department the QA monitoring was not completed as scheduled. The administrator stated that she expected the dietary manager to follow the QA checklists and policies to maintain compliance related to food storage and dietary services.</p>	F 520	<p>submitted to the Quality Assurance and Performance Improvement Committee meeting beginning 11-10-2015.</p> <p>Criteria 4:</p> <p>The Quality Assurance and Performance Improvement Committee will review the audit results and follow up on any action plans during the monthly Quality Assurance and Performance Improvement Committee meeting. Any items on the action plan will be completed to ensure continued compliance. The Quality Assurance Performance Improvement Committee will determine if any further education is needed based on results of audits. The Quality Assurance and Performance Improvement Committee has the right to discontinue the audits once the committee determines compliance has been achieved.</p>		