STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345103	A. BUILDING _____ B. WING _____	C 02/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON PLACE	**600 FULLWOOD LANE MATTHEWS, NC 28105**

(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 No deficiencies were cited as a result of the Complaint Investigation. Event OKR511.	F 000		
F 565 SS=E	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the	F 565		3/1/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/19/2018

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F 565	Continued From page 1 families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and resident council minute review, the facility failed to address and follow up on grievances for 10 out of 10 residents (Resident #51, #136, #35, #124, #10, #81, #65, #63, #135 and #13) who participated in the resident council meeting. This included not being able to voice concerns without interference. The resident council members voiced their concerns to the facility and there were no changes. The findings included: During the Resident Council meeting on 1/31/18 at 2:31pm with 7 alert and oriented members of the resident council (Resident #51, #136, #35, #124, #10, #81 and #65) it was revealed that residents were not given an opportunity to voice grievances during monthly resident council meetings due to one member monopolizing the meetings with topics of politics, conspiracy theories and health issues. The residents collectively expressed concerns that the agenda was not relevant to them. Resident concerns included: - Resident #124 and Resident #35 stated they walked out prior to the end of meetings because of not being able to express concerns on topics relevant the group. -Resident #124 stated she felt politically captive and revealed she can never get a word in.	F 565	Carrington is committed to providing the highest level of care for our residents. Carrington Place□s response to this report of survey does not denote agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are filing the POC because it is required by law. FTAG 565 Resident / Family Group and Response 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice For the last 3 resident council meetings, the resident council members were not able to voice their concerns due to one of the members using the entire meeting to discuss personnel theories about obscure ideas. The council meetings have become non productive and a majority of the council members do not want to attend the meetings any more. To help resolve this before the next council meeting, the By Laws will be revised and additions will be made to help guide the meetings and focus on resident concerns as a whole. Administration will meet with the council next week on 2/8/2018 to discuss and present the new by-laws and vote on revised by-laws for the council. During this meeting the administration will	

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F 565	Continued From page 2 -Resident #136 reported the format needed to change and no council member personal issues discussed first. -Resident #35 reported she had only been to one resident council meeting and would never go again as long as the format of the meeting did not allow for an opportunity to express or voice group concerns. Resident #51, #136, #124, #10, #81 and #65 all collectively agreed with Resident #35's statement. -An interview was conducted on 2/1/18 at 10:58am with Resident #81 who was alert and oriented. She stated the resident council meetings were not effective and she was unable to voice her concerns because one resident dominated the meetings. -An interview was conducted on 2/1/18 at 1:40pm with Resident #135 who was alert and oriented. She stated she no longer participated in monthly resident council meetings because she had concerns she wanted to address but was unable to get a word in, because one member of the resident council controlled the entire meeting with their own topics. She further stated she ended up walking out of the meeting. -An interview was conducted on 2/1/18 at 1:45pm with Resident #63 who was alert and oriented. She stated she no longer participated in monthly resident council meetings because when she did go, she was never given an opportunity to voice her concerns. During an interview on 1/29/18 at 3:45pm with the Activities Director (AD) she revealed there is a member of the resident council who controlled	F 565	provide the resident council with an agenda to guide the meeting and By-Laws to govern the meeting. The council will have the right to vote for the By-Laws and immediately implement them. 2.Address how corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice The facility will provide the council with a facility staff member to attend the resident council meeting. The staff member will assist the meetings and ensure By-Laws and agenda help guide the meetings. The facility will provide copies of resident council by-laws to each resident council member and the council members will be educated on their rights and the rights of the council. 3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. Resident Council meetings will be held one time per month. Each meeting will be conducted in a professional manner, lasting no longer than one hour. Topics discussed will have a 5 minute limit. Administrator will ensure all issues addressed by the council have a documented plan of action written, signed and dated within on week following resident council concerns. Previous month plan of actions will be discussed with the council at every council meeting	

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F 565	Continued From page 3 the meetings and did not allow the others member's opportunities to speak. A second interview on 1/30/18 at 9:25am with the AD revealed she had notified the Administrator in December 2017 of the members concerns with not being able to express or voice concerns during the resident council meetings. During an interview on 1/31/18 at 3:51pm with the Assistant Activities Director, she revealed she attended the monthly meetings. She stated there was a member of the resident council that monopolized the meeting and did not allow for other residents to speak. She further stated that most residents walked out during the meetings due to not having an opportunity to voice concerns. An interview was conducted with the Administrator on 2/1/18 at 10:33am. During the interview, he stated in December 2017 the AD made him aware of resident council member concerns with not being able to express or voice concerns in the monthly meetings. He stated his expectation for resident council meetings was that residents are provided opportunities to voice concerns and allowed to give input of topics.	F 565	by the activity assistant. Council meetings occur every 4 weeks. This plan will be signed off by the Administrator and resident council president. 4.Indicate how the facility plans to monitor its performance to make sure that the solutions are sustained. Minutes of the resident council shall be written or compiled by the activity director or activity assistant and presented to the administrator within 7 days following the council meetings, for the next 3 months. Administration will review council minutes within 7 days following each council meeting for next 4 months, to ensure the meeting is following the agenda and the residents are allowed to voice concerns. The resident council minutes will be reviewed by the administrator at QAPI for the next 12 months, and concerns will be tracked and trends will be discussed with the IDT	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §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	F 812		3/1/18

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F 812	Continued From page 4 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. §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, staff interviews and record review the facility failed to keep a fan used to dry dishes free from dust and debris and remove dented cans from use. The findings included: On 01/29/18 at 10:34 AM an initial tour of the kitchen was made. There was no Dietary Manager or Assistant Dietary Manager available to observe the initial tour. A cook reported that the assistant dietary manager (ADM) was out of facility buying food and wasn't sure when the ADM would return and agreed to assist with the initial tour. The cook was present for observations made during the initial tour. During the tour, observations were made of the dish room that revealed staff washing dishware from the breakfast meal. Clean dishware including mugs and dome lids were placed on a drying rack. A fan mounted on the wall was in use and pointed directly at the drying racks. Closer observations of the fan revealed accumulation of dust and debris on the wire grate of the fan.	F 812	Tag 0812 - 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary (LONG TERM CARE FACILITIES) Based on observations, staff interviews and record review the facility failed to remove dented cans from use. 1. The plan should address the processes that lead to the deficiency cited; Dietary staff is responsible for inspecting all food cans prior to placing food cans on the shelves for use did not remove dented cans from storage and dispose of them. 2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited; ADM removed the observed dented cans from dry storage and disposed of them and completed a quality inspection on all inventories of food cans in dry storage to	

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F 812	Continued From page 5 During the same tour, observations were made of the dry goods storage room. Canned items were noted to be stored on shelving. Random observations of the canned items revealed dented items were stored for use. The cook reported that a dietary employee was responsible for stocking shelves and inspecting cans for dents. She added that dented cans were not to be used and offered no explanation why the dented cans were stored ready for use. Four cans were noted to have dents in them: - One large can of soup had approximately 1 inch long by 1 inch deep dent on the rim - One large can of oranges had approximately a 2 inch by 4-inch side dent and crinkled rim - One large can had a deep gauge on the rim - One large can had a rim dent approximately 2inches long by inch deep On 01/31/18 at 11:26 AM follow-up observations were made of the kitchen with the ADM. The ADM stated she was notified about the dented cans stored on the shelves and had removed the dented cans from use. The ADM was present for observations of the same fan in the dish room. The fan was in the same condition as observed on 01/29/18 with dust and debris. The ADM reported that her staff did not clean the fan because maintenance did. The ADM also reported the fan was dusty and when in use would blow dust on the clean dishware. On 02/01/18 at 3:02 PM observations were made of the fan with the Administrator in training (AIT) and the Administrator. Observations revealed the	F 812	ensure all food cans were free from dents. Date Completed 1/30/2018 Education and instructions provided to the dietary staff by the ADM, on the topic of inspecting all food cans prior to stocking and disposing of dented cans immediately. This was completed on 2/1/18. The dietary staff in charge of stocking food cans will be required to complete and sign a Food Can Inspection log following each food delivery, indicating that every food can has been inspected and is free from dents. 3. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements; To ensure the deficient practice does not continue, weekly audits of all food cans in the dry storage room will be conducted by the dietary manager, or ADM for 4 weeks, then bi-weekly for 4 weeks, then monthly for 3 months. The Food Can Inspection" log will be signed at time of inspection. ADM will provide copies of the completed logs to the administrator on Fridays by 5pm. The Food Can Inspection logs will be submitted to QAPI and performance will be reviewed by QAPI committee for 12 months. 483.60(i)(2) - Store, prepare, distribute and serve food in accordance with	

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F 812	Continued From page 6 fan was in use and had not been cleaned. The AIT contacted the Maintenance Director who reported the fan had been cleaned last month. The Administrator stated the fan needed to be cleaned more often.	F 812	professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to keep a fan used to dry dishes free from dust and debris. 1. The plan should address the processes that lead to the deficiency cited: The fan is thoroughly cleaned by the maintenance staff monthly at the beginning of the month. The fan was last cleaned at the beginning of January and was not scheduled for cleaning until 2/5/2018. The fan is located at the height of the ceiling in the kitchen, directly above the commercial dishwasher where the air is very humid. The natural occurring dust particles in the air stick to the moisture on the fan and accumulate. The fan has to be mechanically removed from the wall mount for cleaning which is labor intensive and should be done by maintenance personnel only. The fan was cleaned today 2/1/2018 by the maintenance director. There was no evidence of dust on the dry dishware in the vicinity of the fan, however ever dish ran through the washer a second time 2/1/2018. 2. The procedure for implementing the plan of correction for the specific	

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F 812	Continued From page 7	F 812	deficiency cited is as follows: The maintenance department will complete cleaning of the fan every 2 weeks, instead of monthly, and sign a cleaning log after each service indicating that cleaning has been completed. 3. The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements, is as follows: To ensure bi-weekly cleaning of the fan is effective in correcting the deficiency cited. The EVS director will perform weekly inspections of the fan and document the inspection results on a log and the logs will be submitted to the administrator every week for 4 weeks, then every 2 weeks for 4 weeks, then monthly thereafter. The QAPI committee will review this procedure at least quarterly to ensure ongoing compliance is maintained.	