

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

PRINTED: 06/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/19/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 5939 REDDMAN ROAD CHARLOTTE, NC 28212	
(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	An unannounced recertification and complaint investigation survey was conducted on 05/16//22 through 05/19/22. The facility was found in compliance with the requirements of CFR 483.73, Emergency Preparedness. Event ID #7RWY11. INITIAL COMMENTS	F 000		
F 812 SS=E	An unannounced recertification and complaint investigation survey was conducted on 05/16/22 through 05/19/22. 1 of the 20 complaint allegations was substantiated resulting in a deficiency. Intakes: NC 00183498, NC 00184312, NC 00186564, NC 00187296, and NC 00188048. Event ID #7RWY11. 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 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	F 812		5/20/22

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

TITLE

(X6) DATE

Electronically Signed

06/03/2022

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</p> <p>by:</p> <p>Based on observations and staff interviews, the facility failed to discard expired milk and food items (2% milk, boiled eggs, relish, and mustard), produce with signs of spoilage (small to medium tomatoes, lettuce, and onions) and unlabeled and undated food items (peanut butter and jelly sandwiches and turkey and cheese sandwiches) in 1 of 1 walk in refrigerators. Additionally, the facility failed to label and date drink items in 2 of 2 nourishment room refrigerators (A unit and B unit). This practice had the potential to affect the food served to the residents.</p> <p>The findings included:</p> <p>An initial tour of the kitchen was made on 5/16/2022 at 10:30 AM with the Dietary Manager (DM). The following problems were observed with food stored in one of the kitchen's walk-in refrigerators:</p> <p>31 individual cartons of 2% milk in a blue crate with an expiration date of 5/14/2022 5 ½ water sealed packs of 12 count boiled eggs with an expiration date of 3/17/2022 1 used container of relish with an expiration date of 12/23/2021 1 used container of mustard with an expiration date of 4/12/2022 ½ case of small to medium red tomatoes with white, fuzzy matter 3 of 5 heads of lettuce with white, fuzzy matter 6 of 11 mushy, white onions in a bag with white, fuzzy matter 8 peanut butter and jelly sandwiches in a clear plastic wrap with no label or date 5 turkey and cheese sandwiches in a clear plastic wrap with no label or date</p>	F 812	<p>The facility failed to discard expired milk and food items (2% milk, boiled eggs, relish, and mustard), produce with signs of spoilage (small to medium tomatoes, lettuce, and onions) and unlabeled and undated food items (peanut butter and jelly sandwiches and turkey and cheese sandwiches) in 1 of 1 walk in refrigerators. Additionally, the facility failed to label and date drink items in 2 of 2 nourishment room refrigerators (A unit and B unit). This practice had potential to affect the food served to the residents.</p> <p>Residents affected: The dietary manager immediately discarded the expired and spoiled items in kitchen on 5/16/22, and Director of Nursing removed the unlabeled items in nourishment room refrigerators on 5/18/22.</p> <p>Residents with potential to be affected: All residents have the potential for being affected by the deficient practices. Re-education was started for the nursing staff on the proper procedures for labeling and dating items nourishment room refrigerators on 5/18/22 by Director of Nursing and Staff Development Coordinator, and re-education with kitchen staff on discarding expired and visibly spoiled food in the kitchen on 5/17/22 by Dietary Manager. On 5/16/22, the dietary manager audited the food in the kitchen for expiration and labeling. The audit found no more expired items or unlabeled items. On 5/18/22, the Director</p>		

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F 812	<p>Continued From page 2</p> <p>The DM was observed to remove these items from the walk-in refrigerator.</p> <p>An interview with the DM on 5/18/2022 at 10:24 AM revealed that she was responsible for checking expiration dates, checking for spoilage, and labeling and dating items in the walk-in refrigerator. She explained she last checked the walk-in refrigerator on Friday (5/13/2022). She stated that she completed these tasks daily and was running behind because of a call out. The DM was not certain why there were items that were expired, not labeled, and dated properly, and produce that showed signs of spoilage remained in the walk-in refrigerator.</p> <p>An interview with the Administrator on 5/18/2022 at 10:50 AM explained that staff should use their knowledge and skill set to do the best job. He stated that the DM and dietary aides knew to check for expirations and to label and date items stored in the walk-in refrigerator daily.</p> <p>An observation of the Unit A (100 and 200 hall) nourishment room was completed on 5/18/2022 at 3:03 PM revealed the following:</p> <p>1 unlabeled and undated plastic bottle with clear liquid observed in the freezer 1 unlabeled and undated plastic bottle with brown liquid observed in the freezer</p> <p>An interview with the Nurse Aide #1 (NA) on 5/18/2022 at 3:05 PM revealed that items should have a label, date, and resident's name.</p> <p>NA #1 was observed to remove items from the nourishment room.</p>	F 812	<p>of Nursing completed an audit for 2 of 2 nourishment room refrigerators. All education was completed with all staff on 5/20/22.</p> <p>Systemic changes: The Administrator, Director of Nursing, or Dietary Manager will use audit tool to monitor the food storage in the kitchen and nourishment rooms five days a week for four weeks, then weekly for four weeks, and then the Administrator will continue audit monthly.</p> <p>Monitoring: The Administrator will bring results of the audits will be reviewed with Quality Assurance Committee at the monthly Quality Assurance and Performance Improvement meeting for three months, or longer if needed. Administrator will review the audits and ensure that compliance is ongoing and determine the need for further audits and/or education.</p> <p>Completion Date: 5/20/22</p>		

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F 812	Continued From page 3 An interview with the Director of Nursing (DON) on 5/18/2022 at 3:18 PM revealed that the DM and staff monitored the nourishment room. She stated that staff should not have items in the nourishment room and the nourishment room was for resident use only. An observation of the Unit B (300 and 400 hall) nourishment room was completed on 5/18/2022 at 3:12 PM revealed the following: 3 unlabeled and undated energy drink cans in a black plastic bag observed in the freezer An interview with the DON on 5/18/2022 at 3:25 PM revealed that the DM checked the nourishment room daily and resident food should have a name, label, and a date on items. She stated that staff should not have items in the nourishment room.	F 812			