STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: _____ B. WING _____	11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	Plan of Correction 12/19/2017
D 000	Initial Comments The Adult Care Licensure Section and Mecklenburg County Department of Social Services conducted an annual survey and complaint investigation November 15-16, 2017. The complaint investigation was initiated by the Mecklenburg County Department of Social Services on October 31, 2017.	D 000	The following is the Plan of Correction for Brookdale South Park. This Plan of Correction is in regards to the Statement of Deficiencies dated 12/12/2017. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to serve eight ounces of pasteurized milk at least twice a day. The findings are: Interview on 11/15/17 at 9:45 am with the Executive Director (ED) revealed: -The facility was a Special Care Unit for residents with cognitive impairments. -The facility's current census was 51 residents. Observation on 11/15/17 at 9:50 am revealed the facility was divided into 4 halls with each hall	D 299	Facility to ensure compliance with state rule areas in nutrition and foodservice by consistently having milk poured for all residents a minimum of twice daily during meal time. Facility's' Dining Service Director Is responsible for purchasing and day to day oversight of dining operation. In addition to DSD, the ED and HWD will be responsible for ensuring that milk is poured for all residents a minimum of two times daily by physical observation each day and continued monitoring.

Reviewed and Accepted 01/02/18 KHH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: _____ B. WING _____	11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

(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) COMPLETE DATE
D 299	Continued From page 1 having a small dining room and kitchen with a full size refrigerator. Interview on 11/15/17 at 10:30 am with the Dining Services Coordinator revealed: -There was 1 main kitchen in the facility where he or one of the cooks prepared food. -The facility had 4 halls and each hall had a small dining room and kitchen with a full size refrigerator. -He used a rolling cart to transport meals to each of the dining rooms. -He would plug in the heated cart at each of the dining rooms while plating the food. -The Personal Care Aides (PCA) and Medication Aides (MA) were responsible for serving drinks and food to the residents. -The refrigerators in each of the halls' kitchens were kept stocked with milk and thickened beverages. -The PCAs and MAs would go to the main kitchen to get milk and thickened beverages when the supply in the halls' kitchens needed to be restocked. -He brought other beverages such as coffee, tea and juice with him during each meal delivery. Observation on 11/15/17 at 10:35 am of the walk in cooler in the main kitchen revealed there was more than a 3 day supply of milk, in gallon containers, available for serving to the residents. Observation on 11/15/17 of the facility's Week at a Glance menu revealed milk was to be served with all meals, but no portion size was indicated. Observation on 11/16/17 from 8:30 am to 9:20 am of the breakfast meal being served in dining room #1 revealed: -0 of 9 residents were offered or served milk.	D 299	Plan to be completed by 12/20/2017	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: _____ B. WING _____	11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

(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) COMPLETE DATE
D 299	Continued From page 2 -There was 1 ½ gallons of 2% milk in the refrigerator. -The milk remained in the refrigerator and was not offered or made visible to the residents. Observation on 11/16/17 from 8:30 am to 9:20 am of the breakfast meal being served in dining room #2 revealed: -0 of 7 residents were offered or served milk. -There was 1 gallon of 2% milk in the refrigerator. -The milk remained in the refrigerator and was not offered or made visible to the residents. Observation on 11/16/17 from 8:30 am to 9:20 am of the breakfast meal being served in dining room #3 revealed: -1 of 16 residents were served milk. -0 of 16 residents were offered milk. -There was ¾ of a gallon of 2% milk in the refrigerator. Observation on 11/16/17 from 8:30 am to 9:20 am of the breakfast meal being served in dining room #4 revealed: -0 of 14 residents were offered or served milk. -There was 1 ½ gallons of 2% milk in the refrigerator. -The milk remained in the refrigerator and was not offered or made visible to the residents. Interview on 11/16/17 at 9:19 am with a PCA revealed: -The PCAs and MAs were responsible for serving drinks to the residents. -She typically asked each resident if they wanted milk. -If the resident indicated they wanted milk, she would serve it to them. -At one time, she would serve every resident milk, but she found that too much milk was being	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: _____ B. WING _____	11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

(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) COMPLETE DATE
D 299	Continued From page 3 wasted so she stopped automatically serving it. -She did not offer milk to each resident in her dining room for breakfast because she thought another staff person had already done so. Observation on 11/16/17 from 12:30 pm to 1:22 pm of the lunch meal being served in dining room #1 revealed: -0 of 10 residents were offered or served milk. -There was 1 ½ gallons of 2% milk in the refrigerator. -The milk remained in the refrigerator and was not offered or made visible to the residents. Observation on 11/16/17 from 12:30 pm to 1:22 pm of the lunch meal being served in dining room #2 revealed: -There was 1 unopened gallon of 2% milk in the refrigerator. -A PCA opened the gallon of 2% milk and poured 3 glasses in the kitchen. -6 residents were eating in the dining room. -1 resident was eating in her room. -1 resident was served thickened milk. -1 resident was served lactose free milk. -3 residents were served 2% milk. -2 of 7 residents were not offered or served milk. Observation on 11/16/17 from 12:30 pm to 1:22 pm of the lunch meal being served in dining room #3 revealed: -0 of 17 residents were offered or served milk. -There was ¾ of a gallon of 2% milk in the refrigerator. -The milk remained in the refrigerator and was not offered or made visible to the residents. Observation on 11/16/17 from 12:30 pm to 1:22 pm of the lunch meal being served in dining room #4 revealed:	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: _____ B. WING _____	11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

(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) COMPLETE DATE
D 299	Continued From page 4 -0 of 14 residents were offered or served milk. -There was 1 ¼ gallons of milk in the refrigerator. -The milk remained in the refrigerator and was not offered or made visible to the residents. Interview on 11/16/17 at 12:51 pm with a MA revealed: -She liked to offer milk to residents with their dessert. -At one time, she would serve milk to all the residents, but she found not every resident drank it. -She had stopped automatically serving milk to every resident and had begun asking residents if they wanted milk. -If residents indicated they wanted milk, she would serve it to them. Observation on 11/16/17 from 12:30 pm to 1:22 pm of the lunch meal being served revealed the MA was not in the dining room when dessert was served. Interview on 11/16/17 at 1:15 pm with a second PCA revealed: -She typically offered milk to residents at breakfast and lunch. -She did not realize two of the residents in her dining room had not been offered milk for lunch. -Most all the residents would accept the milk. -If they accepted the milk, she would serve it to them. Interview on 11/16/17 at 3:28 pm with a resident revealed: -Staff did not serve milk to all residents. -He was served milk one time daily. -The staff knew he liked milk because they had observed him attempting to go to the refrigerator and serve himself.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: _____ B. WING _____	11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

(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) COMPLETE DATE
D 299	Continued From page 5 Interview on 11/16/17 at 3:39 pm with a second resident revealed: -The staff did not serve milk to all residents. -He disliked milk. -He could respond to staff if they offered him milk. Interview on 11/16/17 at 4:03 pm with the Dining Services Coordinator revealed: -He had been employed at this facility for 3 months. -He had been trained by a Dining Services Coordinator at another one of their sister facilities. -He was unaware that every resident should be served 8 ounces of pasteurized milk at least twice daily. -He thought it was sufficient enough to ask residents if they wanted milk. -He was unaware residents had not been offered milk. -He had trained the PCAs and MAs to ask residents if they wanted milk instead of serving milk to every resident. -Staff were trained to offer milk at breakfast and lunch. -He was responsible for ordering milk and ensuring it was available to be served. -He was aware that not all residents were cognitive enough to understand and respond to questions. Interview on 11/16/17 at 4:35 pm with the ED revealed: -The Dining Services Coordinator had been employed at this facility for 3 months. -The Dining Services Coordinator had received training at one of their other sister facilities and had completed a week long online training produced by their corporate office. -The Dining Services Coordinator was	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060085	A. BUILDING: _____ B. WING _____	11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH PARK	5326 PARK ROAD CHARLOTTE, NC 28209

(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) COMPLETE DATE
D 299	Continued From page 6 responsible for communicating with the staff regarding what drinks should be served to the residents. -She was responsible for providing oversight to the Dining Services Coordinator. -She was unaware that every resident should be served 8 ounces of pasteurized milk at least twice daily. -She thought it was sufficient enough to ask residents if they wanted milk. -She was unaware staff were not offering milk to the residents. -About 50% of the residents were cognitive enough to understand and respond to questions. -About 50% of the residents were not cognitive enough to understand and respond to questions, but they were not automatically served milk.	D 299		