STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060098	A. BUILDING: _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIOTT'S MANOR 2	10215 CONNELL ROAD CHARLOTTE, NC 28227

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an Annual survey on February 19, 2019.	C 000		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to have a matching therapeutic diet menu for 1 of 3 sampled residents (Resident #1) in regards to a mechanical soft diet with chopped meats. The findings are: Review of Resident #'1's FL2 dated 10/31/18 revealed: -Diagnoses of diabetes mellitus, Alzheimer dementia, hypertension and hypothyroidism. -There was an order for a controlled carbohydrate diet. Review of Resident #1's record revealed a subsequent physician's order dated 11/28/18 for a mechanical soft diet with chopped meats and nectar thickened liquids. Interview with the Cook on 02/19/19 at 9:40 am revealed: -She had worked as a cook at the facility for approximately 1 year.	C 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060098	A. BUILDING: _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIOTT'S MANOR 2	10215 CONNELL ROAD CHARLOTTE, NC 28227

(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
C 270	Continued From page 1 -She prepared the breakfast and lunch meals and served the residents. -The Executive Director (ED) prepared and served the residents their dinner meal. -She could not produce the menus for the week of 02/18/19-02/25/19. -The ED provided her the menus weekly, which he printed from the online menu planning site. -She was not able to produce the diet sheet listing the resident's physician ordered diets. -The diet sheets were kept in a binder in the kitchen drawer, but were not there at this time. -She knew Resident #1 was on a diabetic diet, but she is on Hospice now and could have comfort foods. -Resident #1 was also on thickened liquids. The medication aide (MA) prepared the thickener in all her liquids. -She knew Resident #3 was on a low salt diet so he did not have a salt shaker on the table. -All the other rersidents were on a regular diet. Observation of lunch being served in the dining room on 02/19/19 at 12:00pm revealed: -There were 5 residents at the dining room table. -The cook plated the food and served the residents. -The residents were all served chicken pot pie with the crust sliced open, a side dish of steamed carrots, a roll, 6 ounces of water, 6 ounces of milk and 4 ounces of sweet tea. -Four of the 5 residents received sliced pears. -Resident #1 was served applesauce. -The cook spoon fed Resident #1 her meal. Interview on 02/19/19 at 12:15pm with the Cook revealed: -The residents were all served a regular diet. -She knew Resident #1 was on a mechanical soft diet so she would cut her food up "really good".	C 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060098	A. BUILDING: _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIOTT'S MANOR 2	10215 CONNELL ROAD CHARLOTTE, NC 28227

(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
C 270	Continued From page 2 -Resident #1 did not need a mechanical soft diet because she could eat most foods "as long as they were cut up". -She did not know there were therapeutic extension menus or recipes for food preparation that could be printed from the online menu planning site. -She did not have access to the online dietary planning site. -She had never been trained to use any menu other than the regular diet menu for all residents. Review of the printed weekly menu for 02/19/19 provided by the ED revealed: -The menu for lunch on 02/19/19 was a 3 ounce beef patty with mushroom sauce, 1 cup of Romaine salad, 1 slice of garlic bread, 1 cup of beverage of choice and ½ cup ice cream. -There were no menu extensions for therapeutic diets. Interview with Resident Care Director on 02/19/19 at 1:00pm revealed: -She did not know the staff were using the regular diet menu, with some modifications, to serve all residents. -She did not know the cook did not have the menu for the week of 02/18/19-02/24/19. -It was the cook's responsibility to have the menu readily available in the kitchen with a list of the resident's physician ordered diets. -It was the cook's responsibility to serve the appropriate diet to the residents based on the physician's orders and the therapeutic menus. -She did not know there were recipes and therapeutic diet extensions online to be printed for the cook to accompany the menus. -The ED usually printed the menus. She was not as familiar with the options provided online. -She and the ED have access to the menu	C 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060098	A. BUILDING: _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIOTT'S MANOR 2	10215 CONNELL ROAD CHARLOTTE, NC 28227

(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
C 270	Continued From page 3	C 270		

planning site and she could have printed the menus for the cook.
-It was the cook's responsibility to ensure the menus and the diet orders are in the kitchen each week.
-It was her responsibility to ensure the cook was following the correct menus.

Attempted telephone interview with the cook on 02/19/19 at 1:25pm was unsuccessful.

Interview with the facility's contracted dietician on 02/19/19 at 1:45pm revealed:
-The menus provided to the facility included an online recipe index and therapeutic menu extensions.
-The index provided recipes for any therapeutic diets the facility had.
-The recipe for every meal item should be printed from the website for the cook to follow.

Attempted telephone interview with Resident #1's responsible party on 02/19/19 at 2:30pm was unsuccessful.

Telephone interview with the primary care physician's nurse manager on 02/19/19 at 2:57pm revealed:
-Resident #1 was on a mechanical soft diet with chopped meats and nectar thickened liquids.
-Resident #1 was on aspiration precautions due to a history of coughing while eating or drinking.
-She was very concerned Resident #1's diet was not being followed as ordered.
-The possible outcome of not following the therapeutic diet for Resident #1 was aspiration pneumonia.

Interview with the ED on 02/19/19 at 3:15pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060098	A. BUILDING: _____ B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIOTT'S MANOR 2	10215 CONNELL ROAD CHARLOTTE, NC 28227

(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
C 270	Continued From page 4 -He did not know there were recipes to print online for the cooks to follow - "That was news to me." -He thought the cooks could substitute as long as there was a protein, a vegetable, a fruit and a roll. -It was the cook's responsibility to ensure the menu was available in the kitchen before breakfast on Monday morning. -He and the RCD printed the menus from the online menu planning site. -The cook should be following the residents' diets as ordered by the physician. -He was the alternate cook for the dinner meal. -There was a substitution binder in the kitchen for all substitutions to be entered with the date and the reason. -It was his expectation the cook should enter menu substitutions in the binder to be reviewed by him and the RCD. Observation of the Substitution Binder revealed there were no entries for 02/18/19 or 02/19/19.	C 270		