

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/26/2020
NAME OF PROVIDER OR SUPPLIER ELMCROFT OF LITTLE AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 7745 LITTLE AVENUE CHARLOTTE, NC 28226		
(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 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on February 26, 2020.	{D 000}		
{D 296}	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult 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 menu for the guidance of food service staff for 1 of 1 sampled resident (Resident #1) with physician's orders for a low residue diet. Observation of the kitchen during the initial tour on 02/26/20 at 9:15am revealed: -There was a clipboard that included the regular menu and attached recipes on the counter across from the food preparation area. -There were no therapeutic menus available for a low residue diet for the guidance of staff. -There were no instructions or restrictions posted for the resident ordered a low residue diet. Review of Resident #1's current FL2 dated 12/03/19 revealed: -Diagnoses included atrial fibrillation, anemia, and Alzheimer's disease. -There was an order for a low residue diet "resident to manage".	{D 296}		

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

TITLE

(X6) DATE

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{D 296}	Continued From page 1 Review of Resident #1's Resident Register dated 09/11/18 revealed: -The resident had allergies or substances not to be administered which included nuts, seeds, popcorn, berries, and corn. -The resident "lost most of her ileum (part of the intestine that absorbs nutrients and water from food) so food passes quickly through the gastrointestinal tract." Review of a guide for a low residue diet in Resident #1's record revealed: -A low residue diet was described as a "diet in which fiber and other foods that are harder for your body to digest are restricted". -The guide included a list of foods to avoid on a low residue diet which included popcorn, corn, seeds, nuts, coconut, berries. Review of the facility's therapeutic diet list dated 02/25/20 revealed Resident #1 was to be served a low residue diet. Review of the lunch menu on 02/26/20 revealed: -The regular menu included soup du jour, roast pork with apples, lyonnaise potatoes, buttered squash, baked roll and mixed berry crisp. -There were no substitutions listed for residents ordered a low residue diet. Review of the dinner menu on 02/26/20 revealed the regular menu included a serving of zucchini corn salad. Interview with the dietary manager (DM) on 02/26/20 at 11:58am revealed: -She knew Resident #1 was ordered a low residue diet. -The only restrictions that she knew for Resident #1 included "no dairy and cheese".	{D 296}		

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{D 296}	Continued From page 2 -The mixed berry crisp was prepared with raspberries, blueberries, and strawberries. -She did not know Resident #1 was not to be served corn on a low residue diet. -She had not planned to make any substitutions to replace the zucchini corn salad for dinner. Observation of the lunch meal service on 02/26/20 between 12:00pm and 1:15pm revealed: -Resident #1 was served soup du jour with crackers, roast pork with apples, lyonnaise potatoes. -For dessert Resident #1 was offered mixed berry crisp. -After prompting the server, the mixed berry crisp was replaced with diced pears. -Resident #1 consumed 100% of her meal without difficulty. Interview with Resident #1 on 02/26/20 at 10:52am revealed: -She did not know she was on a low residue diet. -She knew she had diet restrictions, however she could not explain what they were. -"If I see the food, I know what I'm not supposed to eat, I know what to stay away from". Interview with Resident #1's Responsible Party (RP) on 02/26/20 at 11:28am revealed: -Resident #1 had been ordered a low residue diet since her admission in 2018. -She provided the staff with a list of foods to avoid when she was admitted. -All of the meals for Resident #1 were prepared by the dietary staff. -Resident #1 did not have any food in her room. -Resident #1 had her ileum removed in 2011 or 2012 and her diet had been restrictive since the procedure. -Resident #1's memory was declining, and she	{D 296}		

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{D 296}	Continued From page 3 was not always able to determine which foods to avoid. -When the resident was admitted, she was promised that the low-residue diet could be implemented. Interview with the cook on 02/26/20 at 1:27pm revealed: -She referred to the recipes when preparing all meals. -There was no separate menu or recipe for her to reference for the low residue diet. -The dietary manager (DM) had not provided her with any separate instructions to follow for a low residue diet. -She prepared nothing differently for Resident #1. Interview with the Dietary Manager (DM) on 02/26/20 at 1:25pm revealed: -She did not know the restrictions for a low residue diet. -If she had known the dietary restrictions, she would have included them on the allergy list. -She thought the Director of Nursing (DON) provided her a sticky note with some foods to avoid, however she could not find the sticky note. -She did not prepare anything differently for Resident #1 except offering her no dairy or cheese. -She did not have the information that was in Resident #1's record regarding a low residue diet. Interview with the Registered Dietician (RD) for the facility's contracted food service company on 02/26/20 at 3:11pm revealed: -She was responsible creating the menus for the facility. -The regular and therapeutic diet menus were prepared electronically for the staff to reference. -The facility's contract did not include a	{D 296}		

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{D 296}	Continued From page 4 therapeutic menu for a low residue diet. -A low residue diet was for short term use and included no seeds, nuts, corn, and other foods high and fiber. -No one at the facility had reached out to her for further instructions preparing a low residue diet. Interview with the DON on 02/26/20 at 1:30pm revealed: -When Resident #1 was first admitted the dietary staff received all information related to a low residue diet. -The current DM was not employed when the resident was admitted. -She thought the dietary staff had a list to reference when preparing a low residue diet for Resident #1. -She and the DM met last week to go over foods to avoid for the low residue diet. -She provided the DM a sticky note with the information, she did not know what happened to it. Interview with the Administrator on 02/26/20 at 1:35pm revealed: -She knew Resident #1 was ordered a low residue diet. -She thought Resident #1 could manage her own diet. -She expected the dietary staff to avoid foods that could not be consumed on a low residue diet. -She did not know there were no instructions for a low residue diet for food service staff posted in the kitchen. -She expected there to be instructions in the kitchen for the guidance of food service staff when preparing a low residue diet.	{D 296}		

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{D 310}	Continued From page 5	{D 310}			
{D 310}	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION. The Type B Violation was abated. Non-compliance continues. Based on observations, record reviews, and interviews the facility failed to assure therapeutic diets were served as ordered for 1 of 4 sampled residents with therapeutic diet order for a mechanical soft diet Resident (#3). The findings are: Observation of the kitchen during the initial tour on 02/26/20 at 9:15am revealed there was a clipboard that included the regular menu and attached recipes on the counter across from the food preparation area. Review of Resident #3's current FL2 dated 04/30/19 revealed diagnoses included dementia, trigeminal neuralgia, and mixed hyperlipidemia. Review of a diet order for Resident #3 dated 01/15/20 revealed a mechanical soft diet. Review of the facility's therapeutic diet list on	{D 310}			

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{D 310}	Continued From page 6 02/25/20 revealed Resident #3 was to be served a mechanical soft diet. Review of the lunch menu on 02/26/20 revealed: -The regular menu included Soup Du Jour, roast pork with apples, lyonnaise potatoes, buttered squash, baked roll and mixed berry crisp. -An alternative was listed as quiche Lorraine. Review of the recipe for roast pork with apples located in the kitchen on 02/26/20 revealed residents ordered a mechanical soft had special instructions to grind the cooked meat; make gravy and ladle over altered meat. Observation of the lunch meal service on 02/26/20 from 12:00pm to 1:00pm revealed: -Resident #3 was served, Soup Du Jour, roast pork with apples, lyonnaise potatoes, buttered squash, baked roll and mixed berry crisp milk, tea, and water. -Resident #3's roast pork with apples was shredded in large pieces, not ground as indicated on the special instructions documented on the recipe. -Resident #3 consumed 10% her meal. Interview with the Dietary Manager (DM) on 02/26/20 at 12:55pm revealed: -She received her training by the Regional Dietary Director (RDD). -The food processor was broken this morning, so she instructed the cook to use the blender. -She called the RDD this morning and reported the broken food processor. -She was instructed by the RDD to let maintenance look at it and if it could not be fixed to let the Administrator know and order a new one. -She did not let the Administrator know because	{D 310}			

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{D 310}	Continued From page 7 she was busy with the meals and receiving the supplies for the kitchen. -There was a clipboard that included the regular menu and attached recipes on the counter across from the food preparation area for the kitchen staff to use. -The cook was trained to go by the recipe for all therapeutic diets. -She did not know the roast pork was shredded instead of ground as instructed to do by the recipe. -The roast pork was not to be served shredded but ground and there was an alternative to be given (quiche Lorraine). Interview with the cook on 02/26/20 at 1:05pm revealed: -She was hired a week ago and was in the process of training by another cook. -She referred to the recipe when preparing all meals that was located on a clipboard on the counter across from the food preparation table. -There was a separate menu for her to reference for the different therapeutic diet menus. -The roast pork with apples were to be ground up prior to serving as directed by the written recipe for today's meal, for mechanical soft diets. -She did not grind the roast pork with apples for Resident #3 because the food processor did not work this morning. -She was told by the DM to use the blender. Interview with the Director of Nursing (DON) on 02/26/20 at 1:30pm revealed: -If there was an issue with a therapeutic diet, she should have been told. -She did not know there was an issue with the mechanical soft diets being served as ordered. -The cook should have served the alternative meal (quiche Lorraine) instead of serving the	{D 310}		

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{D 310}	Continued From page 8 roast port shredded instead of ground. Interview with the Administrator on 02/26/20 at 1:30pm revealed: -The DM received food service training with the Regional Dietary Director for 3 days when hired. -She expected the dietary staff to utilize the menus posted in the kitchen from the contracted food service company. -She expected the DM to print the therapeutic diet extension spreadsheets and ensure the cooks had access to the menus. -She expected the alternative to be used if the roast pork could not be served as described on the menu. -She did not know the cook was not following the recipe for the mechanical soft diets. -She was not informed the food processor was broken.	{D 310}		