Plan of Correction 2020

The following Plan of correction is for the community name Elmcroft by Eclipse Senior Living of Little Avenue. This plan of correction is, regarding the annual survey performed on 02/26/20. This plan of correction is not to be construed as an admission of our agreement with the findings and conclusions in the Corrective action plan or any related sanction or fine, rather it is submitted as a 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 findings nor have we identified mitigating factors.

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

1. diet menu for all physician-ordered therapeutic

Dietary Services training was conducted by the Executive Director on 02/27/20 which covered accessing the special diet preparation instructions and how to follow recipes with special diet instructions.

On 2/27/2020 the Executive director and or designee observes 1 meal daily to ensure special diet food preparation is done properly and in adherence with special food diet guidelines. This procedure shall remain in effective, ongoing. Weekly dietary board audit performed by Executive Director, Resident Services Director and or designee.

The findings from the audits are reported to the Executive Director (ED) and appropriate actions taken (Actions may include but not limited to: notification of physician (s), notification of responsible party (s), staff training.). This will remain on- going.

Additional Dietary Services Training was conducted by the Dietary Services Director on 2/28/20 which covered accessing the special diet preparation instructions and how to follow recipes with special diet instructions.

On-going monthly Dietary training will be conducted along with staff meeting with focus on Food preparation per company policies and procedures.

1. 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.

New Food processor purchased and in community.
Community will not write additional comments on diet sheet. Community will only offer diets that company specifies.

Diet orders it will be processed the same way a new order for a new medication is completed. New diet orders will be faxed to the pharmacy and then stamped with the new order process stamp and a copy given to dietary director. Diet roster will be updated upon receiving new order or new move in This process will to be completed and checked for accuracy by RSD and or her designee.

Tina Benson

The date of correction for standard deficiency . 5-19-2021

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060082	A. BUILDING: _____ B. WING _____	R 02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF LITTLE AVENUE	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}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Executive Director (X6) DATE: 5-19-2020

Reviewed and acknowledge on 05/20/2020. DMS

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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 seperate 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 coud 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}		