

Rec'd via email.

FEB 26 2015 PRINTED: 02/05/2015 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>2/25</i>	(X3) DATE SURVEY COMPLETED 01/29/2015
--	---	--	--

NAME OF PROVIDER OR SUPPLIER: BRIGHTON GARDENS OF CHARLOTTE
 STREET ADDRESS, CITY, STATE, ZIP CODE: 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210

County: Mecklenburg

(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 300	<p>10A NCAC 13F .0904(d)(3)(B) Nutrition And Food Service</p> <p>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: (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit.</p> <p>This Rule is not met as evidenced by: Based on interview, observation, and record review the facility failed to assure that a citrus fruit or a single strength juice in which there is 100 % of the recommended dietary allowance of Vitamin C in each six ounces of juice were served as listed on the facility menu.</p> <p>The findings are:</p> <p>Review of facility menus for 1/28/15-1/29/15 revealed six ounces of juice was supposed to be served every morning at breakfast.</p> <p>Observation during the initial tour in the kitchen on 1/28/15 at 9:30 am revealed: -Orange Juice Cocktail was located in the kitchen refrigerator. -Orange Juice Cocktail was 65% real fruit juice with a 4:1 concentration for mixing with water. -First three ingredients listed on the Orange Juice</p>	D 300		

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Amy Blalock* TITLE: *Executive Director* (X6) DATE: *2/12/15*

POC Approved / *JS*
per K. Parsons
02-26-15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2015
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF CHARLOTTE			STREET ADDRESS, CITY, STATE, ZIP CODE 6000 PARK SOUTH DRIVE CHARLOTTE, NC 28210		
(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 300	<p>Continued From page 1</p> <p>Cocktail were concentrated orange juice, high fructose corn syrup and water.</p> <p>Observation of the breakfast meal on 1/29/15 at 7:25 am revealed 42 of 42 residents were served 6 ounces of the Orange Juice Cocktail.</p> <p>Interview with Dietary Care Manager on 1/29/15 at 7:30 am revealed: -Orange Juice Cocktail was the only citrus beverage that they had ever served in the dining room.</p> <p>Interview with the Food Services Manager on 1/29/15 at 7:35 am revealed: -The Orange Juice Cocktail was considered their citrus serving for the day. -He was aware that it was only 65%. -The Orange Juice Cocktail was the only brand he had been approved to order through their corporate office. -He stated he had been cited for this before and he would attempt to get the 100% approved.</p> <p>Interview with the Administrator on 1/29/15 at 1:30 pm revealed: -She was not aware of the 65% Orange Juice Cocktail until the Food Services Manager had told her about it this morning.</p>	D 300			

**Sunrise Senior Living, Inc.
Plan of Correction**

Name of Community: Brighton Gardens of Charlotte

Address: 6000 Park South Drive, Charlotte, NC 28210

License number: HAL060019

Inspection date(s): 01/29/2015

Name and Title of Sunrise Representative Signing the Plan of Correction: Amy Blalock, Executive Director

Signature of Sunrise Representative: *Amy Blalock*

Date of Submission: 2/25/15

Regulation	Target Date by Which Correction will be completed	Plan of Correction
<p>10A NCAC 13F .0904(d)(3)(B) Nutrition And Food Service</p> <p>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:</p> <p>(B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in</p>	<p>01/29/2015</p> <p>01/29/2015</p> <p>02/04/2015 and Ongoing</p>	<p>A. With respect to the specific resident/situation cited:</p> <p>The Residents who received the orange juice cocktail vs. a juice/beverage containing 100% of the recommended dietary allowance of vitamin C experienced no negative outcomes.</p> <p>The Dining Service Coordinator immediately notified the Regional Director of Dining Services and the Crandall Dietician/ representative of the requirement to provide orange juice with 100% of the recommended dietary allowance of Vitamin C. As a result orange juice that meets the nutritional requirement was placed on the available food vendor order guide.</p> <p>The 100% Orange juice ordered on 01/29/2015 was delivered to the community and immediately provided to residents and continues to be provided on a daily basis to the residents.</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit.		
	<p>02/04/2015</p> <p>02/03/2015</p>	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>All residents will be served orange juice with 100% of the recommended dietary allowance of Vitamin C in each six ounces of juice on a daily basis and as listed on the community menu.</p> <p>The Regional Director of Dining Service provided the Brighton Gardens of Charlotte Dining Service Coordinator with the appropriate order guide number to ensure residents in the community receive orange juice meeting the dietary allowance of Vitamin C. . .</p>
	<p>02/04/2015</p> <p>02/04/2015 and ongoing</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>The Dining Service Coordinator orders the appropriate orange juice on a weekly basis from the approved vendor. Upon receipt of the weekly food order the Dining Service Coordinator will confirm the orange juice received meets the nutritional requirements.</p> <p>The Executive Director monitors the orange juice product during routine rounds of the main kitchen and the dining program.</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	<p>02/04/2015 and Ongoing</p> <p>Next QAPI Meeting is scheduled for 02/25/2015 and ongoing</p>	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The Executive Director or designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p> <p>The Executive Director or designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance improvement Meetings and action initiated if required.</p>

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Shook, Linda

From: Parsons, Darleena K
Sent: Friday, February 27, 2015 10:58 AM
To: Nina.Anderson@mecklenburgcountync.gov
Cc: Shook, Linda
Subject: Brighton Gardens 2015-01-29
Attachments: Brighton Gardesn of Charlotte POC 01_2015.pdf

Please see attached approved POC from the survey completed 01/29/15.

Darleena Kaye Parsons, RN
N.C. Department of Health and Human Services
Adult Care Licensure Section – Division of Health Service Regulation
Lexington Region – Home Based
12 Barbeta Drive, Asheville, North Carolina 28806
Courier Service: #03-23-11
Phone: 910-986-3412
Fax: 704-986-2204
kaye.parsons@dhhs.nc.gov
www.ncdhhs.gov/dhrs/acfs

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.