

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/12/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CRESCENT GREEN OF CARRBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>624 JONES FERRY ROAD CARRBORO, NC 27510</b>
---	---

(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	{D 000}		
{D 299}	<p>10A NCAC 13F .0904(d)(3)(A) 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: (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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to assure residents were served 8 ounces of pasteurized milk as listed on the facility menu twice a day and 4 ounces for evening snack.</p> <p>The findings are:</p> <p>Observation of the kitchen refrigerator during the kitchen tour on 5/10/16 at 10:06 am revealed: -¼ of a gallon of 2 % reduced fat milk in the refrigerator. -The food service supplier truck had just delivered food that did not include milk.</p> <p>Review of the current weekly menu for week 3 revealed: -All listed diets (regular, mechanical soft, puree, finger food, no added salt, and 2 gram sodium)</p>	{D 299}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/12/2016</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>CRESCENT GREEN OF CARRBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>624 JONES FERRY ROAD CARRBORO, NC 27510</b>
---	---

(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}	<p>Continued From page 1</p> <p>were to receive 8 ounces of 2 % milk at breakfast, and dinner. -The same diets listed were to receive 4 ounces of 2 % milk for evening snack.</p> <p>Interviews with 10 residents on 5/10/16 from 10:20 am -11:25 am revealed: - "Facility staff did not offer milk today". "I love milk and would have like to have milk today". - "The facility was out of milk right now." "We ran out over the weekend." "That was the last day we were served milk". - "A lot of residents like milk and it takes 1 ½ gallons to do a round to those who want milk." - "Milk is served a couple of times a week, staff will come and ask you if you want milk." "No milk was offered this morning" (5/10/16). - "No milk was offered this morning they didn't have any" (5/10/16). - "Friday was the last day they offered milk." "I am diabetic and should be getting milk." "They are trying to look good for all because you are here". - "Milk is offered once a week, I would drink it every day if it was offered to me." "They get low on milk and have to have it for cereals". - "Milk is offered every now and then, 3-4 times a week with lunch." "I would drink milk if it was offered daily". - "I don't eat breakfast." "I am not offered milk at lunch or dinner". "I am a coffee drinker".</p> <p>Staff interview on 5/10/16 revealed: - "I can assure you they are only offering milk today because the State is here." - Staff could not recall milk being offered even once a week. - Sometimes when cereal was served for breakfast residents were offered milk.</p>	{D 299}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>05/12/2016</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>CRESCENT GREEN OF CARRBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>624 JONES FERRY ROAD CARRBORO, NC 27510</b>
---	---

(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}	<p>Continued From page 2</p> <p>Interview with the Cook on 5/10/16 at 12:30 pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility had only ¼ of a gallon of skim milk and residents were not offered any that morning.</li> <li>-The medication aide was asked to go and purchase milk this morning.</li> <li>-The food truck came this morning but no milk was delivered.</li> <li>-The Director of Marketing usually purchased milk from a local vendor twice a week.</li> </ul> <p>Interview with the medication aide on 5/10/16 at 12:33 pm revealed.</p> <ul style="list-style-type: none"> <li>-When I arrived to work around 11 am the cook asked me to go to the local store and purchase milk because it was not enough in the facility.</li> <li>-"I was not told what kind of milk to purchase, I just got milk".</li> </ul> <p>Observation of the same refrigerator on 5/10/16 at 12:11pm revealed:</p> <ul style="list-style-type: none"> <li>-Seven gallons whole milk from a local store.</li> </ul> <p>Review of the label for the whole and 2 % milk containers revealed:</p> <ul style="list-style-type: none"> <li>-1 gallon of milk yields approximately 16 servings of 8 ounces of milk.</li> </ul> <p>Observation of the lunch meal delivery 5/10/16 at 12:12pm revealed:</p> <ul style="list-style-type: none"> <li>-Residents were seated at tables in a large dining room and in an adjacent smaller room.</li> <li>-A resident and 2 staff pushing carts were offering cups and glasses of milk to those residents raising their hands.</li> <li>-The gallon of 2 % milk used for lunch was a quarter full before offering to residents.</li> <li>-Fifteen residents raised their hands to request milk.</li> <li>-Plastic cups identical to the water cups on the</li> </ul>	{D 299}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/12/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CRESCENT GREEN OF CARRBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>624 JONES FERRY ROAD CARRBORO, NC 27510</b>
---	---

(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}	<p>Continued From page 3</p> <p>medicine carts were being used to dispense some of the milk to residents. -Further inspection of the plastic cups revealed the measurement on the bottom of the cup read 5 and one half ounces.</p> <p>According to resident census provided by the facility census on 5/10/16 was 83.</p> <p>Review of receipts for milk purchased for the facility revealed: -On 4/5/16, 6 gallons of 2% milk was purchased at 7:47 am. -On 4/12/16, 6 gallons of 2% milk was purchased at 8:35 am. -On 4/19/16, 6 gallons of 2% milk was purchased at 7:52 am. - On 4/25/16, 6 gallons of 2% milk was purchased at 1:46 pm. - On 5/3/16, 6 gallons of 2% milk was purchased at 1:35 pm. -On 5/10/16, 7 gallons of whole milk was purchased at 11:19 am. - On 5/10/16, 2 gallons of 2% milk was purchased at 15:28 pm.</p> <p>Based on interview and daily menus the facility required 3.75 to 5 gallons of milk for each meal service and 1 1/2 to 2 1/2 gallons of milk for evening snack.</p> <p>Another interview with the Cook on 5/10/16 at 2:55 pm revealed: -The majority of resident are served and will drink milk at both meals. -The cook estimates 75 % of the residents drank milk at both meals. - "It takes 1 to 1 1/2 gallons of milk to serve resident at meal times" . -The Director of Marketing orders milk every</p>	{D 299}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL068024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/12/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CRESCENT GREEN OF CARRBORO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>624 JONES FERRY ROAD CARRBORO, NC 27510</b>
---	---

(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  week. -The same amount of milk was purchased each week.  Telephone interview with the Director of Marketing on 5/10/16 at 3:10 pm revealed: -Due to limited space in the refrigerator 6-10 gallons of milk were purchased weekly from a local vendor. -Pick up from the local vendor was usually on Tuesday's the same day the food truck comes to the facility. -The facility does not have space to store a weeks' worth of milk. -The cook would know the number of residents who drank milk during meal service.	{D 299}		