

Plan of Correction for State Survey of June 30, 2016 for:

DePaul East Towne
4815 Sharon Amity Rd
Charlotte, NC 28205
Mecklenberg County
HAL-060-077

10A NCAC 13F .0904(b)(2) – Nutrition and Food Service
D287

All disposable place settings for meals have been placed in the care of the Dietary Manager. These supplies can only be accessed by the Dietary Manager when needed.

Disposable place settings/utensils will be used only for the following situations:

- For residents who are in isolation
- For residents who are taking meals in their room for infection control purposes
- In the event of a power outage in which sufficient non-disposable settings are unavailable
- Other appropriate occasions as determined by the Administrator, i.e. birthdays or other special occasions
- Resident preference, in which case those preferences will be documented in the residents' chart

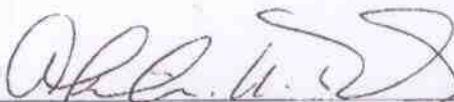
Dietary employees will notify the Administrator or Dietary Manager in the event of staff shortage in the department as soon as possible to access the required help needed to ensure proper washing/sterilizing of place settings for meals.

Dietary employees were instructed in the above procedures and are aware of the expectations. Those who fail to follow through with the guidelines will be reprimanded and given a verbal warning.

The Dietary Manager will ensure that disposable place settings/utensils are only used in the appropriate situations as noted and oversee proper use of all disposable supplies.

The Administrator will periodically, throughout the month, check each serving time to ensure staff follow the guidelines as instructed.

Date of completion: July 26, 2016


Akwiasli Revels Administrator, DePaul East Towne

7/14/2016
Date

8/1/16
✓ POC reviewed & accepted
 JRM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2016
NAME OF PROVIDER OR SUPPLIER EAST TOWNE		STREET ADDRESS, CITY, STATE, ZIP CODE 4815 NORTH SHARON AMITY ROAD CHARLOTTE, NC 28205		
(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 and the Mecklenburg County Department of Social Services conducted an annual survey and a complaint investigation on June 29-30, 2016. The complaint investigation was initiated by the Mecklenburg County Department of Social Services on June 20, 2016.	D 000		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure table service included a non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage container for residents' meals. The findings are: Interview with the Administrator revealed the current census was 101 residents. Observation on 06/29/16 at 12:00 pm of the lunch meal service revealed: -The beverages for each of the 101 place settings were prepared using 8 ounce styrofoam cups.	D 287		

Division of Health Service Regulation

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

TITLE

(X6) DATE

[Signature] ADMINISTRATOR *[Signature]* Administrator 07-14-2016

STATE FORM

6509

QGN11

If continuation sheet 1 of 4

8-1-16 poc reviewed + accepted
Jeannette Buechling

Division of Health Service Regulation

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D 287	<p>Continued From page 1</p> <p>-The beverages served included water, tea, coffee and milk. -Each of the 101 place settings were prepared using a disposable plastic knife, fork and spoon. -Dessert for the lunch meal was fruit cocktail, which was served in a disposable styrofoam bowl for each resident.</p> <p>Interview on 06/29/16 with several residents during the lunch service revealed: -"We've had the plastic silverware for about the past month". -"We don't always have the styrofoam cups, but a lot of times we do". -"The only time we have plastic silverware or styrofoam cups is when the kitchen is short on staff". -"Most days we have plastic silverware and styrofoam containers". -"I don't mind the styrofoam or the plastic silverware". -"Just about every day we have styrofoam cups and the plastic silverware".</p> <p>Observation of the dry storage area in the kitchen on 06/29/16 at 11:40 am revealed: -5 cases of 1000 quantity plastic knives and 1 opened case of plastic knives. -2 cases of 1000 quantity plastic forks and 1 opened case of plastic forks. -3 cases of 1000 quantity plastic spoons and 1 opened case of plastic spoons. -5 cases of 1000 quantity 8 ounce styrofoam cups and 1 opened case of 8 ounce styrofoam cups.</p> <p>Observation of the kitchen area on 06/29/16 at 12:00 pm revealed: -No visible non-disposable containers. -No visible non-disposable knives, forks or spoons.</p>	D 287		

Division of Health Service Regulation

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D 287	<p>Continued From page 2</p> <p>-A large 3 drawer storage container, one drawer contained plastic knives, one drawer contained plastic forks and one drawer contained plastic spoons.</p> <p>Observation of the kitchen area on 06/29/16 at 12:50 pm, after the lunch service was completed revealed:</p> <p>-There were 8 dishwasher racks of 36 clean, non-disposable beverage cups and tumblers. -Large dishwasher racks of clean non-disposable knives, forks and spoons.</p> <p>Interview on 06/29/16 at 11:45 with a dietary aide who was setting the tables in the dining room for the lunch service revealed:</p> <p>-Usually non-disposable tableware was used. -Today the kitchen was short staffed, so disposable cups, bowls and plastic knives, forks and spoons were being used.</p> <p>Interview on 06/30/16 at 8:55 am with the Dietary Manager revealed:</p> <p>-The kitchen is stocked with enough non-disposable dinnerware and table ware to provide meals to the residents. -The kitchen was short staffed yesterday, due to an employee calling out. -The remaining kitchen staff prepared lunch and did not have time to get the breakfast dishes cleaned in the dishwasher. -Disposable cups, bowls and plastic knives, forks and spoons were used as a result of the kitchen being short staffed yesterday.</p> <p>Interview on 06/30/16 at 8:40 am with the Administrator revealed:</p> <p>-Disposable plates, cups, bowls and plastic knives, forks and spoons would be used if the dishwasher was out of order or the power was</p>	D 287		

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D 287	Continued From page 3 out. -The kitchen was short staffed yesterday and the employee did not have time to prepare lunch and get the breakfast dishes cleaned before lunch. -Ordinarily the non-disposable place settings and tableware were used, but yesterday was an exception.	D 287		



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Richard O. Brajer
Secretary

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

July 5, 2016

Akwiasdi Revels, Executive Administrator
DePaul Adult Care Communities, Inc., Licensee
East Towne
4815 North Sharon Amity Road
Charlotte NC 28205

arevels@depaul.org mconnolly@depaul.org

Re: **Annual Survey and Complaint Investigation completed June 30, 2016 ASPEN Event ID
QGON11/Complaint Intake Reference NC00118309**

Facility: East Towne
Licensure Number: HAL-060-077
County: Mecklenburg

Dear Ms. Revels:

Thank you for the cooperation and courtesy extended during the survey completed June 30, 2016 by staff with the Adult Care Licensure Section and the Mecklenburg County Department of Social Services.

Based on survey findings, the complaint allegation was not substantiated.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

Adult Care Licensure Section

www.ncdhhs.gov

Tel 919-855-3765 • Fax 919-733-9379

Location: Broughton Building, 805 Biggs Drive • Raleigh, NC 27603

Mailing Address: 2708 Mail Service Center • Raleigh, NC 27699-2708

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