STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092124	A. BUILDING _____ B. WING _____	R 02/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF NORTH RIDGE	600 NEWTON ROAD RALEIGH, NC 27609

(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 and annual survey on February 15, 16, 17, and 20, 2017.	D 000	See attached	
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: Based on observations, interview and record review, the facility failed to serve a therapeutic diet to 1 of 2 Residents (#9) with a physician's order for limited Vitamin K. The findings are: Review of Resident #9's current FL-2 dated 12/7/16 revealed: -The resident's diagnosis included dementia, hyperthyroidism and high blood pressure. -The resident had an for a Regular diet. Review of Resident #9's Resident Register revealed the resident was admitted to the facility on 12/15/16. Review of Resident #9's Care Plan dated 1/23/17 revealed a limited Vitamin K diet was needed, because the resident received Coumadin (a blood thinner) therapy. Review of Resident #9's diet orders revealed:	D 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wendy Wengood, Regional Director of Operations — TITLE — (X6) DATE: 4/3/17

Reviewed and accepted 4/3/2017 HF

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D 310	Continued From page 1 -There was a subsequent diet order dated 12/7/16 for a Regular No Added Salts diet. -There was a subsequent diet order dated 12/19/16 to change the diet to a Limited Vitamin K diet. -There was a diet order dated 1/23/17 for Limited Vitamin K diet. Review of the diet list dated 2/16/16 revealed the resident was on a "Vitamin K" diet. Review of the Thursday Week 18 Restricted Vitamin K lunch menu revealed: -The menu included 4 tomato wedges, 1 ounce (oz) dressing of choice; 2 oz barbeque chicken, 4 oz green beans, 3-4 oz steakhouse potato salad, 1 serving of corn bread, 1 banana chocolate chip cookie. -The alternate menu included 6 oz chicken vegetable soup-no cabbage, 3 oz turkey burger-no lettuce, 3 oz corn chips. Observation of the lunch meal on 2/16/17 at 12:30 p.m. revealed Resident #9's meal included ½ cp of green leafy salad, ½ cp chicken vegetable soup, 1 turkey burger with a slice of lettuce and tomato, ½ cp potato salad and 1 banana chocolate chip cookie. Observation on 2/16/17 at 12:07 p.m. revealed the Dietary Aide was passing out green leafy salads to the residents. Interview with the Dietary Aide on 2/16/17 at 12:07 p.m. revealed the residents usually received green leafy salads daily. Interview with a Dietary Aide on 2/16/17 at 12:16 p.m. revealed: -Resident #9 was on a Restricted Vitamin K diet.	D 310		

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D 310	Continued From page 2 -Residents on a Restricted Vitamin K diet cannot have a whole lot of green leafy vegetables. Sometimes the resident could get green leafy vegetables. Observation of the serving station in the kitchenette on 2/16/17 at 12:43 p.m. revealed the menu for the Restricted Vitamin K diet was not posted in the kitchen. Interview with the Dietary Aide on 2/16/17 at 12:43 p.m. revealed there was no menu of the Restricted Vitamin K diet posted in the kitchenette. Observation on 2/16/17 at 12:59 p.m. revealed Resident #9 had eaten 2 bites of the turkey burger, ¼ of the leafy salad, the resident did not eat the sliced lettuce and tomato or the potato salad. Review of the Thursday Week 18 Restricted Vitamin K dinner menu revealed: -The menu included 1/3 cp Waldorf salad, ½ cp beef bourguignon, ½ cp parslied noodles, ½ cp capri vegetables, 1 dinner roll and 1 slice glazed spice cake. -The alternate menu included 6 oz chicken vegetable soup-no cabbage, 2 oz cheese omelet, 3/8 cp homestyle potatoes and 1 scone. Observation of the dinner meal on 2/16/17 at 5:10 p.m. revealed Resident #9 was served what was on the Restricted Vitamin K diet menu. Interview with the same Dietary Aide on 2/17/17 at 11:02 a.m. revealed she had been serving residents on a Restricted Vitamin K diet lettuce, since September 2016.	D 310		

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D 310	Continued From page 3 Interview with the Dietary Supervisor on 2/17/17 at 8:24 a.m. revealed: -Resident #9 was on a Restricted Vitamin K diet. -The residents on the Restricted Vitamin K diet cannot have dark green leafy vegetables or green leafy lettuce. -The residents on the Restricted Vitamin K diet should not have received lettuce on 2/16/17 with the lunch meal. -The menus were not posted in the kitchenette. -He tried to monitor dietary in the kitchenette "as much as possible," but he could not do it as often because he worked in the other kitchen and he was short staffed. -The last time he monitored dietary staff in the kitchenette was during the week of 2/5-2/11/17. Interview with the Dietary Supervisor on 2/17/17 at 11:29 a.m. revealed: -He trained the Dietary Aide on how to prepare the Restricted Vitamin K diet more than two months ago. -He was not aware she had served lettuce to Resident #9, during the lunch meal on 2/16/17. -If he was aware, he would have advised the Dietary Aide not to serve lettuce to the resident. Interview with Resident #9's primary care physician (PCP) on 2/17/17 at 12:37 p.m. revealed: -She usually does not evaluate Resident #9, but she had evaluated the resident once "several weeks ago." -Resident #9 was on Coumadin therapy, she had atrial fibrillation and was on a Vitamin K restricted diet. -Her expectation was for Resident #9 to not receive fresh green leafy vegetables on a regular basis. -The resident could only receive green leafy	D 310		

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D 310	Continued From page 4	D 310		

vegetables once a month on holidays.
-She was not aware Resident #9 had received lettuce with her meals on 2/16/17.
-She did not know if Resident #9's prothrombin time (PT) and international ratio (INR) labs were within therapeutic range.
-If they were not within range, she would question if the resident had been receiving the correct diet or not.

Review of Resident #9's labs revealed:
-On 12/30/16, the PT/INR was 35.5/3.41. The normal therapeutic range according to the lab report was between 11.6-15.2/less than 1.50.
-On 1/6/17, the PT/INR was 32.1/3.00.
-On 1/27/1, the PT/INR was 26.8/2.39.

Interview with Resident #9 on 2/17/17 at 5:13 p.m. revealed:
-She was not on a restricted green leafy vegetables and she could eat anything she wanted to.
-She did not know if she was on Coumadin or not.

Interview with a Personal Care Aide on (PCA) 2/17/17 at 5:20 p.m. revealed:
-She served food in the dining room to the residents.
-Resident #9 was not a diet with restricted green leafy vegetables.

Interview with a second PCA on 2/17/17 at 5:45 p.m. revealed:
-She helped serve food in the dining room.
-Resident #9 cannot receive green leafy vegetables in her diet and it has been that way for the past couple of months.

Interview with a Medication Aide (MA) on 2/17/17 at 5:50 p.m. revealed Resident #9 received

FORM APPROVED

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D 310	Continued From page 5 Coumadin, but she was unsure if she was on a diet that did not allow the resident to receive green leafy vegetables or not. Interview with the Interim/Regional Administrator on 2/17/17 at 6:06 p.m. revealed: -If a resident had an order for a Restricted Vitamin K diet, she would expect dietary staff to serve the food to the resident correctly. -If the Dietitian wrote on the menu for residents to not receive lettuce on the Restricted Vitamin K diet, the residents should not receive lettuce. -She did not say how often she monitored dietary meals.	D 310		

Correction is in regards to the State Annual Survey from **2-20-15.** This Plan of Correction is not to be construed as an admission of our agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as 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 finding, nor have we identified mitigating factors.

10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in the Adult Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids shall be served as ordered by the resident's physician.

1. The Dining Services Manager and Divisional Director of Dining Services has audited all therapeutic diet orders and posted the updated information to the diet communication board. **Completed on 3/23/17.**
2. Re-training for all dining services associate's on the community's policy regarding Therapeutic Diets and the process of updating the Diet Board to reflect current diet orders. **To be completed by 4/15/17**. Documentation of training will be maintained on file in the community by attendance/sign in sheets and available for review. Re training will be on an ongoing basis.
3. Therapeutic Diet Menu is available for review by all dining services associates. Re-training on location and use of menu information for food preparation. **To be completed by 4/15/17**. Documentation of training will be maintained on file in the community by attendance/sign in sheets and available for review. Re training will be on an ongoing basis.
4. Dining Services Manager/designee will conduct random diet order audits 3 times per week for one month to end May 1, 2017. At the end of one month, weekly random audits will continue for one month to end June 1, 2017. At the end of one month random audits as needed. The Executive Director will follow up weekly related to audit completeness and audit results.

Signature of Executive Director/Date: Wendy Livengood

Name of Executive Director and title. Wendy Livengood, Regional Director of Operations/Acting Executive Director