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	HAL092177	A. BUILDING: _____ B. WING _____	02/14/2018

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(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 Wake County Department of Social Services conducted an annual survey on February 13-14, 2018.	D 000		
D 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure a therapeutic diet list was accurate and maintained for the guidance of staff for 2 of 6 residents sampled with a resident on a regular, no pork diet (#2), and a resident on a regular diet (#6). The findings are: 1. Observation of the kitchen on 02/13/18 at 11:22 a.m. revealed: -There was a posted picture board in the kitchen with photographs of the residents (names were on some but not all of the photographs) with resident room numbers beside the resident photograph, and a color coded system using colored paper under the resident's picture to reflect the residents' diet. -There was a column of 3 colored squares on the left side of the diet picture board that included a yellow square labeled "NAS" (no added salt), a blue colored square labeled "NCS" (no concentrated sweets), and a pink square labeled "SOFT".	D 309		

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D 309	Continued From page 1 Interview with the Dining Service Director (DSD) on 02/13/18 at 11:23 a.m. revealed: -Dietary staff used the dietary picture board as a guide for the residents' food preparation and a therapeutic diet book was also kept in the kitchen. -The residents on the picture board without a color code were on regular diets. a. Review of the current FL-2 dated 04/25/17 for Resident #2 revealed: -Diagnoses included dementia, anxiety, depression, hypothyroidism, cerebral vascular accident, primary hypertension, and chronic renal failure. -There was an order for a regular diet. Review of a subsequent primary care provider's (PCP's) order for Resident #2 dated 06/30/17 revealed an order for a regular, no pork diet. Review of the facility's dietary picture board on 02/13/18 at 11:22 a.m. in the kitchen revealed: -Resident #2 did not have a color coded square underneath her photograph on the dietary picture board. -There was no documentation posted for the resident's ordered diet of no pork. Review of a therapeutic diet book in the kitchen revealed the PCP's order dated 06/30/17 for a regular, no pork diet was stored behind a "Resident Profile Summary". Interview with a medication aide (MA) on 02/14/18 at 1:00 p.m. revealed the MA had never seen Resident #2's plated food come from the kitchen labeled specifically for a regular, no pork meal for the resident.	D 309		

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D 309	Continued From page 2 Refer to the interview with a Supervisor in the Special Care Unit (SCU) on 02/14/18 at 12:45 p.m. Refer to the confidential interview with staff. Refer to the interview with the MA on 02/14/18 at 1:00 p.m. Refer to the interview with a second MA on 02/14/18 at 3:22 p.m. Refer to the interview with a Personal Care Aide (PCA) on 02/14/18 at 3:34 p.m. Refer to the telephone interview with the DSD on 02/14/18 at 3:50 p.m. Refer to the interview with the Assisted Living Director (ALD) on 02/14/18 at 4:15 p.m. Refer to the interview with the Administrator on 02/14/18 at 4:15 p.m. b. Review of the current FL-2 dated 11/10/17 for Resident #6 revealed: -Diagnoses included dementia, insomnia, depression, hypertension, hypothyroidism, hyperlipidemia, benign prostate, hypertrophy, and coronary artery disease. -Resident #6's level of care was documented as an assisted living facility, locked unit. -There was an order for a regular diet. Review of the facility's dietary picture board on 02/13/18 at 11:22 a.m. in the kitchen revealed Resident #6 had a yellow color coded square underneath his photograph on the dietary picture board indicating the resident was on a no added salt (NAS) diet.	D 309		

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D 309	Continued From page 3 Review of a therapeutic diet book in the kitchen revealed: -There was a primary care provider's (PCP's) order for Resident #6 dated 10/24/17 for NAS diet, stored behind a "Resident Profile Summary". -Resident #6's FL-2 diet order dated 11/10/17 was not in the therapeutic diet book in the kitchen. Interview with the Dining Service Director (DSD) on 02/13/18 at 11:23 a.m. revealed the facility's regular menu and the no added salt menu were prepared the same. Interview with a personal care aide (PCA) on 02/14/18 at 12:06 p.m. revealed Resident #6 was on NAS diet. Refer to the interview with a Supervisor in the Special Care Unit (SCU) on 02/14/18 at 12:45 p.m. Refer to the confidential interview with staff. Refer to the interview with the Medication Aide (MA) on 02/14/18 at 1:00 p.m. Refer to the interview with a second MA on 02/14/18 at 3:22 p.m. Refer to the interview with a PCA on 02/14/18 at 3:34 p.m. Refer to the telephone interview with the DSD on 02/14/18 at 3:50 p.m. Refer to the interview with the Assisted Living Director (ALD) on 02/14/18 at 4:15 p.m.	D 309		

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D 309	Continued From page 4 Refer to the interview with the Administrator on 02/14/18 at 4:15 p.m. _____ Interview with a Supervisor in the Special Care Unit (SCU) on 02/14/18 at 12:45 p.m. revealed: -The residents' plated meals were received from the kitchen by dietary staff. -Soup did not come from the kitchen plated and was received in a large serving pan. -The soup was placed in serving bowls by the personal care aides (PCAs) in the small kitchens beside the residents' dining rooms. -The PCAs were responsible for serving the plated foods and beverages to the residents and providing assistance to the resident's with their meal. Medication aides (MAs) assisted as needed. -The residents in the SCU had assigned seating in the dining room. -There was a diagramed chart for the residents' assigned seating. Confidential interview with one staff member revealed: -At one time, there was a posted diet list for all the residents in the SCU on the refrigerator. -It had been months since the staff member had observed any diet list for the residents in the SCU. -The diet list was posted on the refrigerator in the small kitchen area beside the residents' dining room but it had been "months" since the staff member remembered seeing the diet list. Interview with a MA on 02/14/18 at 1:00 p.m. revealed: -She had worked at the facility for about one year. -She had never seen a diet list posted on the refrigerator in the small kitchens in the SCU. -The SCU had a diet book containing the	D 309		

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resident's diets, however, this book was not updated and did not have all of the resident's diets.
-The diet book was updated by the prior Special Care Unit Coordinator who had resigned last November and the diet book "must have just fell through the cracks".
-Staff on the floor did not know specifics about diets unless they went and looked in the resident records.

Interview with a second MA on 02/14/18 at 3:22 p.m. revealed:
-She had worked at the facility for 3 years.
-She was not sure how long it had been, but at one time there was a diet list posted on the refrigerators in the SCU, however, due to "HIPPA" those diet lists could not be posted.
-There was a SCU diet book and if a diet order was not in the book then the residents' diet could be found in the residents' record.
-Residents in the SCU had assigned seating and staff knew by the resident's assigned seating who received "restorative" foods which were foods that were easier for the residents to eat.

Interview with a PCA on 02/14/18 at 3:34 p.m. revealed he had seen a diet list before but it had been a few months ago.

Telephone interview with the Dining Service Director (DSD) on 02/14/18 at 3:50 p.m. revealed:
-SCU staff were responsible for passing out the plated foods to the residents.
-The Assisted Living Director (ALD) was responsible for keeping a diet list to guide the SCU floor staff when serving the residents the plated foods.

Interview with the ALD on 02/14/18 at 4:15 p.m.

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D 309	Continued From page 6 revealed: -The ALD, the Resident Care Coordinator (RCC) and Direct Care Coordinator (DCC) received all diet orders when those orders were written by the PCP, the order was then copied and placed in the dietary box so the dietary board and diet list could be updated. -The dietary staff were responsible to assure diet lists were updated for all staff members. Interview with the Administrator on 02/14/18 at 4:15 p.m. revealed he expected there to be an accurate and up to date list for all staff preparing and serving the residents' meals.	D 309		
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, interviews and record reviews, the facility failed to assure 1 of 2 residents sampled who were on a therapeutic diet and resided in the special care unit was served a regular, no pork diet (#2) as ordered by the resident's primary care provider (PCP). The findings are: Review of the current FL-2 dated 04/25/17 for Resident #2 revealed: -Diagnoses included dementia, anxiety,	D 310		

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depression, hypothyroidism, cerebral vascular accident, primary hypertension, and chronic renal failure.
- Resident #2's level of care was documented as an assisted living facility, locked unit.
-The resident was intermittently disoriented.
-There was an order for a regular diet.

Review of a subsequent primary care provider's (PCP's) order for Resident #2 dated 06/30/17 revealed an order for a regular, no pork diet.

Review of the facility's dietary picture board (no posted date) in the kitchen revealed Resident #2 was on a regular diet.

Review of a therapeutic diet book in the kitchen revealed:
-There was a "Resident Profile Summary" for Resident #2 with a "created on" date of 04/14/17.
-There was a section for food restrictions with a computer generated entry of "yes" beside allergies and an entry under the sections for details "no pork or seafood".
-There was a section for food preferences with an entry "no pref".
-The PCP's order dated 06/30/17 for a regular, no pork diet was behind the "Resident Profile Summary"

Review of the therapeutic spreadsheet menu for dinner on 02/13/18 revealed:
-There was a column labeled "Regular".
-The dinner meal included choices of 4 ounces teriyaki beef, 4 ounces of chicken cordon bleu, one eggroll, ½ cup asparagus, 6 ounces of carrot and ginger soup, rolls/variety one, 6-8 ounce choices of coffee, tea, water, milk and assorted 100% fruit juices, 1 slice or ½ cup of dessert of choice that included assorted cookies 2 each, ½

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cup of gelatin (named brand), ½ cup of ice cream.

Observation of Resident #2 during the lunch meal on 02/13/18 between 5:20 p.m. to 6:08 p.m. revealed:
-At 5:22 p.m., the resident was served approximately 6- 8 ounces of water and milk.
-At 5:32 p.m., the resident was served the carrot and ginger soup and a 2 pack of wheat crackers and the resident was assisted with eating by a personal care aide (PCA) feeding her the soup.
-At 5:49 p.m., the resident was served chicken cordon bleu that had been cut into bite size pieces by a PCA, approximately ½ cup of rice and approximately 6-8 asparagus spears and a slice of cheesecake.
-At 5:55p.m., the resident was being assisted with eating the chicken cordon bleu, the rice, asparagus, and beverages by the PCA feeding her.
-Upon notification at 6:08 p.m., the PCA stopped feeding the resident.

Interview with the PCA on 02/13/18 at 6:08 p.m. revealed she was not sure if Resident #2 had an allergy to pork.

Interview with a medication aide (MA) sitting at the same table as Resident #2 table on 02/13/18 at 6:08 p.m. revealed:
-Resident #2 was served "chicken cordon bleu" for dinner.
-There was "ham" in the chicken cordon bleu.
-She would check Resident #2's diet order and allergy list.

A second interview with the MA on 02/13/18 at 6:15 p.m. revealed:
-Resident #2 received a "restorative" meal.

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-A "restorative" meal was the same as a regular meal, however, included types of foods that were softer in texture and easier to chew and swallow.
-Resident #2 was on a regular, no pork diet.
-Resident #2 should have received the beef instead of the ham for the dinner meal.
-Resident #2 did not have any allergies to pork but did not eat pork because of her religious (named) beliefs.

A second interview with the PCA on 02/13/18 at 6:19 p.m. revealed she initially did not realize Resident #2's dinner was chicken cordon bleu and thought it was just chicken.

Review of the therapeutic spreadsheet menu for the lunch meal on 02/14/18 revealed:
-There was a column labeled "Regular".
-The lunch meal choices included 6 ounces of baked potato soup, 4 ounces of barbeque chicken, 1 ham salad plate, ½ cup of steak fries, ½ cup of cauliflower, rolls/variety one, 6-8 ounce choices of coffee, tea, water, milk and assorted 100% fruit juices, 1 slice or ½ cup of dessert of choice that included assorted cookies 2 each, ½ cup of gelatin (named brand), ½ cup of ice cream.

Observation of Resident #2 during the lunch meal on 02/14/18 at 11:45 a.m. revealed:
-The resident was served approximately 6 ounces of potato soup, ½ cup cauliflower, ¾ cup of ham salad on a lettuce leaf, and ½ cup of steak fries, 6 to 8 ounces of water and milk.
-Resident #2 required feeding assistance to eat her meal.

Observation of Resident #2 in the dining room on 02/14/18 at 11:46 a.m. revealed:
-Upon notification the sitter stopped feeding the

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resident the ham salad.
-A PCA left the dining room to retrieve another plate for the resident.

Interview with the sitter assisting Resident #2 to eat lunch on 02/14/18 at 11:46 a.m. revealed she was not sure if the chopped meat was ham but knew it had mayonnaise in it.

Observation of Resident #2 in the dining room on 02/14/18 at 11:55 a.m. revealed:
-The resident was given a second plate of food with barbecue chicken and approximately ½ cup of cauliflower and the ham salad plate was removed from in front of the resident's place setting.
-The sitter was feeding the resident the barbeque chicken.

Interview with a MA on 02/14/18 at 11:49 p.m. revealed:
-She was not sure if Resident #2 had an order for a regular, no pork diet.
-The residents' ordered diets were kept in a diet book in the SCU.
-She had looked in the diet book and there was no diet orders for Resident #2.

A second interview with the MA on 02/14/18 at 1:00 p.m. revealed;
-The PCA and occasionally, the MAs were responsible to serve the plated food from the kitchen to the residents, however, it was "up to dietary staff" to assure meals were prepared and plated according to the residents' physician ordered diet.
-The MA had never seen Resident #2's plated food come from the kitchen labeled specifically for a regular meal with no pork.

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Confidential interview with staff revealed:
-Resident #2 was served pork sausage or pork bacon every morning.
-Resident #2's plated food had never been labeled from the kitchen as regular, no pork.
-At one time, there was a posted diet list for all the residents in the SCU on the refrigerator.
-It had been months since the staff member seen the diet list for the residents in the SCU.
-When it was posted, the diet list was posted on the refrigerator in the small kitchen area beside the residents' dining room.

Based on observation, interview and record reviews, Resident #2 was not interviewable.

Based on an attempted telephone interview with Resident #2's family member on 02/14/18 at 1:12 p.m., the interview was unsuccessful.

Telephone interview with the Dining Service Director on 02/14/18 at 3:50 p.m. revealed:
-There was not a system in place in the kitchen to assure that the foods prepared for Resident #2 were pork free other than the facility offering alternative menu items for the residents.
-SCU staff were responsible for passing out the plated foods to the residents and dietary staff were responsible for plating the food.
-The Assisted Living Director (ALD) was responsible for keeping a diet list to guide the SCU floor staff when serving the residents the plated foods.

Interview with the ALD on 02/14/18 at 4:15 p.m. revealed:
-Resident #2 did not eat pork because of religious practices.
-The ALD and the Resident Care Coordinator (RCC) and Direct Care Coordinator (DCC)

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received all diet orders when those orders were written by the PCP, the order was then copied and placed in the dietary box so the dietary board and diet list could be updated.
-She was not sure why the diet board and diet list was not updated.
-The dietary staff were responsible to assure diet lists were updated for all staff members.

Telephone interview with the Clinical Organizer for Resident #2's PCP's office on 02/14/18 at 3:00 p.m. revealed:
-There was not a diet order dated 06/30/17 in the resident's office record for a regular, no pork diet and thought the order must have been written at the facility by the PCP.
-The resident did not have any type of medical documentation in her office record that indicated there was an allergy to pork and thought the order was written this way due to the resident's religious beliefs.
-She would relay a message asking the PCP to call back.

Review of a voice message received from the Clinical Organizer with Resident #2's PCP on 02/14/18 at 4:09 p.m. revealed:
-She contacted the PCP who had reported that she did not remember the order dated 06/30/17 for a regular, no pork diet.
-She had attempted to "reach out" to the resident's family member in regards to the order and if it was written due to a religious preference.
-The order for a regular diet with no pork would stay in place until the PCP received additional information.

Interview with the Administrator on 02/14/18 at 4:15 p.m. revealed:
-He expected for all diets to be served as ordered

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(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 310	Continued From page 13 by the residents' PCP. -The facility would put a system in place to assure all staff were aware of all specific diet orders and a system to assure the diets were served to the residents as ordered.	D 310		
D 464	10A NCAC 13F.1307 Special Care Unit Res. Profile & Care Plan 10A NCAC 13F .1307 Special Care Unit Resident Profile & Care Plan In addition to the requirements in Rules 13F .0801 and 13F .0802 of this Subchapter, the facility shall assure the following: (1) Within 30 days of admission to the special care unit and quarterly thereafter, the facility shall develop a written resident profile containing assessment data that describes the resident's behavioral patterns, self-help abilities, level of daily living skills, special management needs, physical abilities and disabilities, and degree of cognitive impairment. (2) The resident care plan as required in Rule 13F .0802 of this Subchapter shall be developed or revised based on the resident profile and specify programming that involves environmental, social and health care strategies to help the resident attain or maintain the maximum level of functioning possible and compensate for lost abilities. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to complete quarterly written assessments for 3 of 3 residents sampled (#1, #2, and #3) who resided in the Special Care Unit of the facility.	D 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092177	A. BUILDING: _____ B. WING _____	02/14/2018

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D 464	Continued From page 14 The findings are: 1. Review of Resident #3's current FL-2 dated 3/24/17 revealed diagnoses included dementia, osteoporosis, anxiety and hyperlipidemia. Review of Resident #3's Resident Register revealed the resident was admitted on 3/10/16. Review of Special Care Unit Quarterly Assessment for Resident #3 revealed there was no quarterly review completed since 8/23/17. Interview with the covering Assisted Living Director (ALD) on 2/14/18 at 9:40 a.m. revealed: -The previous ALD left the facility in November 2017. -The ALD was responsible for completing the quarterly reviews for the residents on the Special Care Unit. -The new ALD would start this week. -"I will be honest the last quarterly assessment for Resident #3 has not been completed". Interview with the ALD on 02/14/2018 at 10:45am revealed she was temporarily responsible for completing the quarterly reviews since November 2017 but she had been behind and was trying to "keep up with them the best she could". Refer to the interview with the ALD on 2/14/18 at 9:40 a.m. Refer to the interview with the ALD on 02/14/2018 at 1:00 p.m. 2. Review of Resident #1's current FL-2 dated 12/1/15 revealed: -Diagnoses included multi-infarct dementia, hypertension. Type 2 Diabetes mellitus,	D 464		

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D 464	Continued From page 15	D 464		

gastroesophageal reflux disease, atrial fibrillation, hyperlipidemia and sleep disturbance.
-The resident was intermittently disoriented.
-The resident was ambulatory.

Review of the Resident Register for Resident #1 revealed he was admitted to the Special Care Unit of the facility on 10/09/16.

Review of Special Care Unit (SCU) quarterly Resident Profiles and Care Plans for Resident #1 revealed:
-There were quarterly SCU Profiles and Care Plans dated 10/9/16, 3/24/17, 5/19/17, 8/24/17 and 10/26/17.
-There was no quarterly review completed for 01/2018.

Interview with the Assisted Living Director (ALD) on 02/14/2018 at 10:45am revealed she was temporarily responsible for completing the quarterly reviews since November 2017 but she had been behind and was trying to "keep up with them the best she could".

Interview with the ALD on 02/14/2018 at 1:00pm revealed Resident #1's SCU quarterly review had not been completed due to the vacant SCU Coordinator position.

Refer to the interview with the ALD on 2/14/18 at 9:40 a.m.

Refer to the interview with the ALD on 02/14/2018 at 1:00 p.m.

3. Review of the current FL-2 dated 04/25/17 for Resident #2 revealed:
-Diagnoses included dementia, anxiety, depression, hypothyroidism, cerebral vascular

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D 464	Continued From page 16	D 464		

accident, primary hypertension, and chronic renal failure.
-Resident #2's level of care was documented as an assisted living facility, locked unit.
-The resident was intermittently disoriented.
-The resident was semi-ambulatory using a wheelchair and a walker.
-The resident required assistance with bathing and dressing.

Review of the Resident Register for Resident #2 revealed the resident was admitted to the Special Care Unit (SCU) on 04/17/17.

Review of Resident #2's Care Plan dated 10/23/17 revealed:
-There was a computer generated entry the care plan was "initiated" on 04/14/17.
-The resident had severe memory loss.
-The resident required assistance from staff with transferring and extensive assistance with mobility.
-The resident required total assistance from staff for dressing, complete assistance with bathing and was dependent on staff for toileting needs.
-The resident required assistance from staff to physically cut-up food and or opening containers and required staff to give verbal cues.

Review of Resident #2's SCU quarterly profiles revealed:
-The form used for the quarterly profiles was labeled "Service Evaluation".
-The resident had two quarterly profiles (Service Evaluations) dated 04/14/17 and 10/23/17.
-There was not a quarterly profile for the third quarter of 2017 and for the first quarter of 2018.

Interview with the Assisted Living Director (ALD) on 02/14/18 at 10:45 a.m. revealed:

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D 464	Continued From page 17 -A quarterly profile for Resident #2 had not been done since 10/23/17. -She was temporarily responsible for completing the quarterly reviews since November 2017 but she had been behind and was trying to "keep up with them the best she could". Refer to the interview with the ALD on 2/14/18 at 9:40 a.m. Refer to the interview with the ALD on 02/14/2018 at 1:00 p.m. Interview with the ALD on 2/14/18 at 9:40 a.m. revealed it was the responsibility of the SCU Coordinator to complete the quarterly assessments for the residents in the Special Care Unit. Interview with the Assisted Living Director (ALD) on 02/14/2018 at 1:00pm revealed: -The SCU Coordinator position had been vacant since 11/2017. -Two SCU Coordinators were hired recently and one was starting today.	D 464		