

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL049031                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X3) DATE SURVEY COMPLETED<br><br>R<br>05/15/2019 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CARILLON ASSISTED LIVING OF MOORESVILLE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>198 E WATERLYNN RD<br>MOORESVILLE, NC 28117 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |
| (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<br><br>The Adult Care Licensure Section conducted a follow-up survey 05/13/19-05/15/19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | {D 000}                                                                              | Plan: The facility will ensure that all dining and management staff related to dietary oversight will participate in a training related to all specialty diets including thickened liquids. This training will be conducted by the Nurse or designee.<br><br>Monitoring System: The Executive Director and Regional Director of Operations will ensure that ongoing training of special diets, including thickened liquids will occur quarterly by the Nurse or designee. Resident diet orders will be reviewed at Stand Up as part of the QA process. | 5/16/19                                           |
| {D 310}                                                                     | 10A NCAC 13F .0904(e)(4) Nutrition and Food Service<br><br>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.<br><br>This Rule is not met as evidenced by:<br>FOLLOW-UP TO TYPE B VIOLATION<br><br>Based on these findings, the previous Type B Violation was not abated.<br><br>Based on observations, interviews and record reviews, the facility failed to assure therapeutic diets were served as ordered for 2 of 2 sampled residents (Resident #2 and #3) with diet orders for a nectar thickened liquid diet.<br><br>The findings are:<br><br>1. Review of Resident #2's current FL-2 dated 03/27/19 revealed:<br>-Diagnoses included acute respiratory failure with hypoxia.<br>-There was an order for a nectar thickened liquid | {D 310}                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

NH7812

If continuation sheet 1 of 16

Reviewed and Accepted on 06/18/19 by Mary Agena/MA

Division of Health Service Regulation

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| {D 310}                                                                     | <p>Continued From page 1</p> <p>diet.</p> <p>Review of Resident #2's Resident Register revealed he was admitted to the facility on 03/29/19.</p> <p>Review of Resident #2's physician's orders dated 04/01/19 revealed an order for a grind all meats diet.</p> <p>Review of Resident #2's progress notes from the Skilled Nursing Facility (SNF) he previously resided in dated 03/27/19 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was admitted to the SNF on 03/06/19 after hospitalization for a choking episode that occurred at his previous Assisted Living Facility (ALF) and aspiration pneumonia of both lower lobes.</li> <li>-Resident #2 was admitted to the SNF for post-acute care and skilled rehabilitation.</li> <li>-Resident #2's diet was changed to thickened liquids due to the recent aspiration.</li> </ul> <p>Review of Resident #2's SNF discharge summary revealed:</p> <ul style="list-style-type: none"> <li>-The primary diagnosis treated at the SNF was acute respiratory failure with hypoxia.</li> <li>-Resident #2 was discharged on 03/28/19.</li> </ul> <p>Review of the facility's home health notes revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 had been receiving speech therapy services since 04/05/19 for dysphagia (difficulty swallowing) and to minimize aspiration risk.</li> <li>-Resident #2 had speech therapy visits on 04/05/19, 04/09/19, 04/11/19, 04/18/19, 04/23/19, 04/25/19, and 05/09/19.</li> <li>-On 05/09/19, there was documentation from the Speech Language Pathologist (SLP) that she had provided education to staff regarding the</li> </ul> | {D 310}                                                                |                                                                                                                          |                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 2</p> <p>aspiration risk of giving Resident #2 fruit in syrup.</p> <p>Review of the therapeutic diet list dated 05/01/19 revealed Resident #2 was to be served a grind all meats diet and nectar thickened liquid diet.</p> <p>a. Review of the therapeutic diet menu for lunch on 05/13/19 revealed:</p> <ul style="list-style-type: none"> <li>-Residents on a ground meat diet were to be served ground meatloaf, mashed potatoes, collard greens, a roll with margarine, butter pecan ice cream, 2% milk, and coffee/tea/water.</li> <li>-There was no guidance specific to nectar thickened liquid diets.</li> </ul> <p>Observation of the lunch meal service in the Special Care Unit (SCU) dining room on 05/13/19 from 12:08pm to 1:01pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was served nectar thick water, nectar thick dairy beverage and nectar thick tea by the dietary server.</li> <li>-Resident #2 was served ground meat loaf, mashed potatoes, green beans, roll and melted ice cream by a personal care aide (PCA).</li> <li>-Resident #2 consumed none of the water, 100% of the dairy beverage, 50% of the tea, 50% of the ground meat loaf, 50% of the mashed potatoes, 75% of the green beans, 50% of the roll and 100% of the ice cream without difficulty.</li> </ul> <p>Interview with the SCU Coordinator on 05/13/19 at 12:50pm revealed:</p> <ul style="list-style-type: none"> <li>-The only desserts delivered from the kitchen to the SCU dining room for the lunch meal service were bowls of no sugar added ice cream.</li> <li>-The last few bowls of ice cream remaining on the cart had melted because she had left them next to the oven where she was baking a pie.</li> <li>-The desserts were "more like milk shakes now."</li> </ul> | {D 310}                                                                |                                                                                                                          |                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 3</p> <p>Telephone interview with Resident #2's Power of Attorney (POA) on 05/13/19 at 3:38pm revealed:</p> <ul style="list-style-type: none"> <li>-On 03/01/19, Resident #2 spent the day with her outside of his former ALF.</li> <li>-Resident #2 ate lunch out with her and then returned to his ALF that evening.</li> <li>-She was contacted by his ALF on the evening of 03/01/19 because Resident #2 was short of breath and was sent to the hospital.</li> <li>-Resident #2 spent four to five days in the hospital for aspiration pneumonia.</li> <li>-She was told by the hospital, Resident #2 likely aspirated on the ice cream brownie he had during his lunch outing with her.</li> <li>-After being discharged from the hospital, Resident #2 was admitted to a SNF for rehabilitation and then admitted to this ALF in late March 2019.</li> </ul> <p>Telephone interview with Resident #2's SLP on 05/13/19 at 4:47pm revealed:</p> <ul style="list-style-type: none"> <li>-She was providing speech therapy services to Resident #2 for a history of dysphagia and multiple episodes of aspiration pneumonia.</li> <li>-Resident #2's current diet order was grind all meats and nectar thickened liquids.</li> <li>-Resident #2 had a barium swallow study while hospitalized in March 2019 and was then ordered nectar thickened liquids.</li> <li>-She planned to have another barium swallow study done toward the end of Resident #2's speech therapy certification period in June 2019.</li> <li>-She wanted to work more with Resident #2 on swallowing techniques before recommending another barium swallow study because she did not think he would be able to safely consume thin liquids as of yet.</li> <li>-She had observed Resident #2 during two meals since his start of care date with speech therapy.</li> <li>-The last meal she observed, Resident #2 was</li> </ul> | {D 310}                                                                              |                                                                                                                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 4</p> <p>served fresh strawberries in a liquid by facility staff.</p> <p>-She asked staff to remove the strawberries in liquid and educated them regarding the risk of aspiration when serving Resident #2 a food with thin liquid in it.</p> <p>-Residents on a nectar thickened liquid diet should never consume ice cream in any form, not melted or frozen.</p> <p>-Resident #2 should not have any liquids not nectar thickened because he could potentially aspirate again.</p> <p>Telephone interview with Resident #2's SNF SLP on 05/14/19 at 10:05am revealed:</p> <p>-She had provided speech therapy services for Resident #2 during his SNF rehabilitation.</p> <p>-Resident #2 had required SNF rehabilitation after a hospitalization for aspiration pneumonia.</p> <p>-During Resident #2's hospitalization in March 2019 a barium swallow study was done at which time he was ordered a nectar thickened liquid diet due to his difficulty with swallowing thin liquids.</p> <p>-Resident #2 had a repeat barium swallow study done on 03/25/19.</p> <p>-During the 03/25/19 barium swallow study, Resident #2 was initially observed to use throat clearing when consuming thin liquids, but as the study progressed, silent aspiration occurred.</p> <p>-It was recommended Resident #2 continue on nectar thickened liquids.</p> <p>-Residents on nectar thickened liquid diets should not be served ice cream because it became a thin liquid when it entered the mouth.</p> <p>-Resident #2 had a history of both audible and silent aspiration, so even if he did not make audible choking noises during consumption of thin liquids, he could silently aspirate and develop pneumonia again.</p> | {D 310}                                                                              |                                                                                                                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 5</p> <p>Attempted telephone interviews with Resident #2's Primary Care Provider (PCP) on 05/14/19 at 4:22pm and 05/15/19 at 12:59pm were unsuccessful.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #2 was not interviewable.</p> <p>Refer to interview with a SCU Personal Care Aide (PCA) on 05/14/19 at 1:15pm.</p> <p>Refer to interview with the SCU Coordinator on 05/14/19 at 1:25pm.</p> <p>Refer to interview with a SCU medication aide on 05/14/19 at 1:35pm.</p> <p>Refer to interview with the Dining Services Coordinator on 05/14/19 at 1:44pm.</p> <p>Refer to interview with the Administrator on 05/14/19 at 2:13pm.</p> <p>b. Review of the therapeutic diet menu for lunch on 05/14/19 revealed:</p> <ul style="list-style-type: none"> <li>-Residents on a ground meat diet were to be served a ground pork sandwich, waffle fries with catsup, coleslaw, lemon pie, 2% milk, and coffee/tea/water.</li> <li>-There was no guidance specific to nectar thickened liquid diets.</li> </ul> <p>Observation of the lunch meal service in the SCU dining room on 05/14/19 from 12:05pm to 1:00pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was served iced water not thickened and iced tea not thickened by a PCA.</li> <li>-Resident #2 took one sip of the iced tea and consumed without difficulty.</li> </ul> | {D 310}                                                                              |                                                                                                                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 6</p> <p>-After prompting, the iced water and iced tea were removed and Resident #2 was served nectar thick water, nectar thick tea and nectar thick dairy beverage.</p> <p>-Resident #2 was served a ground chicken sandwich, baked beans, a slice of lettuce, a slice of tomato and a lemon bar.</p> <p>-Resident #2 consumed none of the nectar thick water, 50% of the nectar thick tea, 75% of the nectar dairy beverage, 25% of the ground chicken sandwich, 50% of the baked beans, 1 bite of lettuce, 100% of the tomato and 100% of the lemon bar without difficulty.</p> <p>Interview with a PCA on 05/14/19 at 1:00pm revealed:</p> <p>-She had been employed at this facility for two months.</p> <p>-When she first started her employment, she shadowed other staff who told her Resident #2 was on a nectar thickened liquid diet.</p> <p>-She served Resident #2 iced water not thickened and iced tea not thickened because she "just forgot he was on thickened liquids."</p> <p>-A list of residents and their physician ordered diets was posted on the inside door of the insulated hot box used to bring meals from the kitchen to the SCU dining room.</p> <p>-If she had questions about what diet a resident was on prior to the hot box arriving from the kitchen, she would ask her supervisor.</p> <p>Telephone interview with Resident #2's Power of Attorney (POA) on 05/13/19 at 3:38pm revealed:</p> <p>-On 03/01/19, Resident #2 spent the day with her outside of his former ALF.</p> <p>-Resident #2 ate lunch out with her and then returned to his ALF that evening.</p> <p>-She was contacted by his ALF on the evening of 03/01/19 because Resident #2 was short of</p> | {D 310}                                                                |                                                                                                                          |                          |                                                      |

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| NAME OF PROVIDER OR SUPPLIER<br><br>CARILLON ASSISTED LIVING OF MOORESVILLE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>198 E WATERLYNN RD<br>MOORESVILLE, NC 28117                                     |                          |                                                      |
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| {D 310}                                                                     | <p>Continued From page 7</p> <p>breath and was sent to the hospital.</p> <p>-Resident #2 spent four to five days in the hospital for aspiration pneumonia.</p> <p>-She was told by the hospital, Resident #2 likely aspirated on the ice cream brownie he had during his lunch outing with her.</p> <p>-After being discharged from the hospital, Resident #2 was admitted to a SNF for rehabilitation and then admitted to this facility in late March 2019.</p> <p>Telephone interview with Resident #2's SLP on 05/13/19 at 4:47pm revealed:</p> <p>-She was providing speech therapy services to Resident #2 for a history of dysphagia and multiple episodes of aspiration pneumonia.</p> <p>-Resident #2's current diet order was grind all meats and nectar thickened liquids.</p> <p>-Resident #2 had a barium swallow study while hospitalized in March 2019 and was then ordered nectar thickened liquids.</p> <p>-She planned to have another barium swallow study done toward the end of Resident #2's speech therapy certification period in June 2019.</p> <p>-She wanted to work more with Resident #2 on swallowing techniques before recommending another barium swallow study because she did not think he would be able to safely consume thin liquids as of yet.</p> <p>-She had observed Resident #2 during two meals since his start of care date with speech therapy.</p> <p>-The last meal she observed, Resident #2 was served fresh strawberries in a liquid by facility staff.</p> <p>-She asked staff to remove the strawberries in liquid and educated them regarding the risk of aspiration when serving Resident #2 a food with thin liquid in it.</p> <p>-Residents on a nectar thickened liquid diet should never consume ice cream in any form, not</p> | {D 310}                                                                |                                                                                                                          |                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 8</p> <p>melted or frozen.</p> <p>-Resident #2 should not have any liquids not nectar thickened because he could potentially aspirate again.</p> <p>Telephone interview with Resident #2's SNF SLP on 05/14/19 at 10:05am revealed:</p> <p>-She had provided speech therapy services for Resident #2 during his SNF rehabilitation.</p> <p>-Resident #2 had required SNF rehabilitation after a hospitalization for aspiration pneumonia.</p> <p>-During Resident #2's hospitalization in March 2019 a barium swallow study was done at which time he was ordered a nectar thickened liquid diet due to his difficulty with swallowing thin liquids.</p> <p>-Resident #2 had a repeat barium swallow study done on 03/25/19.</p> <p>-During the 03/25/19 barium swallow study, Resident #2 was initially observed to use throat clearing when consuming thin liquids, but as the study progressed, silent aspiration occurred.</p> <p>-It was recommended Resident #2 continue on nectar thickened liquids.</p> <p>-Residents on nectar thickened liquid diets should not be served ice cream because it became a thin liquid when it entered the mouth.</p> <p>-Resident #2 had a history of both audible and silent aspiration, so even if he did not make audible choking noises during consumption of thin liquids, he could silently aspirate and develop pneumonia again.</p> <p>Attempted telephone interviews with Resident #2's Primary Care Provider (PCP) on 05/14/19 at 4:22pm and 05/15/19 at 12:59pm were unsuccessful.</p> <p>Based on observations, interviews, and record reviews it was determined Resident #2 was not interviewable.</p> | {D 310}                                                                              |                                                                                                                          |                                                   |

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| {D 310}                                                                     | <p>Continued From page 9</p> <p>Refer to interview with a SCU PCA on 05/14/19 at 1:15pm.</p> <p>Refer to interview with the SCU Coordinator on 05/14/19 at 1:25pm.</p> <p>Refer to interview with a SCU medication aide on 05/14/19 at 1:35pm.</p> <p>Refer to interview with the Dining Services Coordinator on 05/14/19 at 1:44pm.</p> <p>Refer to interview with the Administrator on 05/14/19 at 2:13pm.</p> <p>2. Review of Resident #3's current FL-2 dated 01/10/19 revealed:<br/>-Diagnoses included Alzheimer's disease.<br/>-There was an order for a blender prepared diet.</p> <p>Telephone interview with Resident #3's Primary Care Physician's nurse on 05/14/19 at 4:22pm revealed Resident #3's diet order was blender prepared diet with nectar thickened liquids since 2018.</p> <p>Review of the therapeutic diet list dated 05/01/19 revealed Resident #3 was to be served a blend all foods except bread and No Concentrated Sweets (NCS) diet and a nectar thickened liquid diet.</p> <p>Review of the therapeutic diet menu for lunch on 05/13/19 revealed:<br/>-Residents on a blender prep/NCS diet were to be served blended beef, mashed potatoes, blended peas, blended bread, no sugar added butter pecan ice cream, 2% milk, and coffee/tea/water.<br/>-There was no guidance specific to nectar</p> | {D 310}                                                                |                                                                                                                          |                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 10</p> <p>thickened liquid diets.</p> <p>Observation of the lunch meal service in the Special Care Unit (SCU) dining room on 05/13/19 from 12:08pm to 1:01pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was served nectar thick water, nectar thick dairy beverage and nectar thick tea by the dietary server.</li> <li>-Resident #3 was served blended beef, mashed potatoes, blended green beans, blended bread and melted no sugar added ice cream by a personal care aide (PCA).</li> <li>-Resident #3 consumed none of the water or tea, 25% of the dairy beverage, 100% of the blended beef, 100% of the mashed potatoes, 100% of the blended bread, 100% of the blended green beans and 100% of the no sugar added ice cream without difficulty.</li> </ul> <p>Review of the therapeutic diet menu for lunch on 05/14/19 revealed:</p> <ul style="list-style-type: none"> <li>-Residents on a blender prep/NCS diet were to be served blended pork, mashed potatoes, blended bread/peas, no sugar added pudding, 2% milk, and coffee/tea/water.</li> <li>-There was no guidance specific to nectar thickened liquid diets.</li> </ul> <p>Observation of the lunch meal service in the SCU dining room on 05/14/19 from 12:05pm to 1:00pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was served nectar thick water, nectar thick tea, nectar thick dairy beverage, blended pork, blended carrots, mashed potatoes, blended bread, and no sugar added chocolate pudding by a PCA.</li> <li>-Resident #3 consumed none of the water, 50% of the nectar thick tea, 50% of the nectar thick dairy beverage, 100% of the blended pork, 100% of the blended carrots, 100% of the mashed</li> </ul> | {D 310}                                                                              |                                                                                                                          |                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 11</p> <p>potatoes, 100% of the blended bread, and 100% of the no sugar added pudding.</p> <p>Interview with a personal care assistant (PCA) on 05/13/19 at 8:50am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was on a blender prepared diet with nectar thickened liquids.</li> <li>-Resident #3 was being seen by a therapist who was working with him on his swallowing, and pacing his meals.</li> <li>-She had been instructed to watch him closely during meals to ensure he did not eat too fast, and only give him prepared nectar thickened liquids.</li> </ul> <p>Telephone interview with Resident #3's Speech Therapist on 05/14/19 at 10:10am revealed:</p> <ul style="list-style-type: none"> <li>-She had been seeing the resident over the past two years for ongoing decrease swallowing.</li> <li>-Resident #4 was last evaluated by her on 05/02/19.</li> <li>-She had a referral to evaluate Resident #3 after a recent episode of coughing and decreased swallowing.</li> <li>-During her evaluation Resident #3 had decreased swallowing and cough when tried on thin liquids, so she recommended he continue to only be served a blender prepared diet and nectar thickened liquids.</li> <li>-She was currently seeing Resident #3 twice weekly for difficulty with swallowing and meal pacing.</li> <li>-During a recent therapy session she had educated the staff at the facility not to serve Resident #3 ice cream.</li> <li>-She had advised them not to serve ice cream because when it melted the milk content could be aspirated by Resident #3.</li> </ul> <p>Interview with the medication aide (MA) on</p> | {D 310}                                                                              |                                                                                                                          |                                                      |

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| {D 310}                                                                     | <p>Continued From page 12</p> <p>05/14/19 at 3:44pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was on a blender prepared with nectar thickened liquids.</li> <li>-She could not recall the exact date he had been placed on the diet.</li> <li>-She only remembered he had an episode of coughing and choking on his food, and he was being seen by a speech therapist.</li> </ul> <p>Based on observations, interviews, and record reviews it was determined Resident #3 was not interviewable.</p> <p>Attempted telephone interview with Resident #3's responsible party (RP) on 05/13/19 at 9:00am was unsuccessful.</p> <p>Refer to interview with a SCU PCA on 05/14/19 at 1:15pm.</p> <p>Refer to interview with the SCU Coordinator on 05/14/19 at 1:25pm.</p> <p>Refer to interview with a SCU medication aide on 05/14/19 at 1:35pm.</p> <p>Refer to interview with the Dining Services Coordinator on 05/14/19 at 1:44pm.</p> <p>Refer to interview with the Administrator on 05/14/19 at 2:13pm.</p> <hr/> <p>Interview with a SCU PCA on 05/14/19 at 1:15pm revealed:</p> <ul style="list-style-type: none"> <li>-She had been employed at this facility for a little less than one year.</li> <li>-The facility had two residents on nectar thickened liquid diets.</li> <li>-She knew which residents were on nectar thickened liquid diets because she was told by</li> </ul> | {D 310}                                                                              |                                                                                                                          |                          |                                                      |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL049031               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br>05/15/2019 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CARILLON ASSISTED LIVING OF MOORESVILLE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br>198 E WATERLYNN RD<br>MOORESVILLE, NC 28117 |                                                                                                                          |                                                      |
| (X4) ID<br>PREFIX<br>TAG                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                             |
| {D 310}                                                                     | <p>Continued From page 13</p> <p>other staff when she first began her employment at the facility and then again when a new resident was admitted.</p> <p>-All food including desserts were delivered to the SCU dining room by kitchen staff.</p> <p>-Ice cream was the only dessert option during the lunch meal service on 05/13/19.</p> <p>-She had never been told residents on thickened liquid diets could not have ice cream as a dessert.</p> <p>Interview with SCU Coordinator on 05/14/19 at 1:25pm revealed:</p> <p>-She provided oversight to the PCAs.</p> <p>-PCAs should know which residents were on nectar thickened liquid diets because a list of residents and their diets was posted both inside a dining room cabinet that was accessed often during meal service and also on the door of the insulated hot box used to bring food from the kitchen to the SCU dining room.</p> <p>-She had never been told residents on thickened liquid diets could not have ice cream as a dessert.</p> <p>Interview with a SCU medication aide on 05/14/19 at 1:35pm revealed:</p> <p>-She had been employed at this facility for almost four years.</p> <p>-Two residents were on thickened liquid diets.</p> <p>-There was a list of residents and their physician ordered diets on the hot box food cart and inside one of the cabinets in the SCU dining room.</p> <p>-She had never been told residents on thickened liquid diets were not allowed to have certain foods, including ice cream.</p> <p>Interview with the Dining Services Coordinator on 05/14/19 at 1:44pm revealed:</p> <p>-The kitchen staff prepared and plated all foods in</p> | {D 310}                                                                              |                                                                                                                          |                                                      |

Division of Health Service Regulation

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| {D 310}                                                                     | <p>Continued From page 14</p> <p>the main kitchen and transported them to the SCU dining room.</p> <p>-The PCAs, MAs and SCU Coordinator were responsible for serving the food to the residents, and at times the dietary server would assist if needed.</p> <p>-The only dessert he sent to the SCU dining room for the lunch meal service on 05/13/19 was no sugar added butter pecan ice cream and no sugar added banana split ice cream.</p> <p>-He did not know there were some foods not allowed, including ice cream, on a thickened liquid diet.</p> <p>Interview with the Administrator on 05/14/19 at 2:13pm revealed:</p> <p>-Facility staff had received training in February and May 2019 on therapeutic diets including thickened liquids.</p> <p>-The training included information on updating therapeutic diet lists, utilizing therapeutic diet lists as a reference to know what diet a resident was ordered, and primarily focused on modified texture diets such as ground and blender prepared.</p> <p>-The training did not include information regarding foods not allowed on a thickened liquid diet.</p> <p>The facility failed to serve Resident #2, who had a recent hospitalization for aspiration pneumonia, a nectar thickened liquid diet and failed to serve Resident #3, who failed a swallowing evaluation, a nectar thickened liquid diet as ordered, placing both residents at risk for aspiration. This failure was detrimental to the health and safety of the residents and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/14/19 for this violation.</p> | {D 310}                                                                              |                                                                                                                          |                          |                                                      |

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| {D912}                                                                      | <p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights<br/>Every resident shall have the following rights:<br/>2. To receive care and services which are<br/>adequate, appropriate, and in compliance with<br/>relevant federal and state laws and rules and<br/>regulations.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, interviews, and record<br/>reviews, the facility failed to assure residents<br/>received care and services which were adequate,<br/>appropriate, and in compliance with relevant<br/>federal and state laws and rules and regulations<br/>related to serving therapeutic diets as ordered.</p> <p>The findings are:</p> <p>Based on observations, interviews and record<br/>reviews, the facility failed to assure therapeutic<br/>diets were served as ordered for 2 of 2 sampled<br/>residents (Resident #2 and #3) with diet orders<br/>for a nectar thickened liquid diet. [Refer to Tag<br/>0310 10A NCAC 13F .0904 (e) (4) Nutrition and<br/>Food Service (Type B Violation)].</p> | {D912}                                                                               | <p>Plan: The community will ensure that<br/>residents receive care and services<br/>appropriate which are adequate,<br/>appropriate, and in compliance with<br/>relevant Federal &amp; State laws and rules<br/>&amp; regulations. An in-service<br/>regarding Resident Rights will be held<br/>with staff to ensure their<br/>understanding of resident rights.</p> <p>Monitoring System: The Executive<br/>Director in conjunction with the<br/>Resident Care Director, Regional<br/>Nurse and Regional Director will<br/>conduct quarterly MAR audits to<br/>ensure diet order processes are<br/>adequate, appropriate, and in<br/>compliance as evidenced by the<br/>condition of the residents. Care plan<br/>changes will be made where necessary<br/>based upon observations made.</p> | 5/16.19                                              |