	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL034035	B. WING		08	8/12/2015
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ROOKDA	LE REYNOLDA ROAD		YNOLDA ROAD			
		WINSTO	N SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 000	Initial Comments		D 000			
		artment of Social Services and follow-up survey on				
D 137	10A NCAC 13F .0407 Qualifications	7(a)(5) Other Staff	D 137			
	(a) Each staff persor shall:	7 Other Staff Qualifications a at an adult care home tiated findings listed on the				
		n Care Personnel Registry				
	facility failed to ensur A) had no substantial	as evidenced by: and record review, the re 1 of 3 sampled staff (Staff I findings listed on the North Personnel Registry (HCPR)				
	The findings are:					
	-A hire date of 5/3/15 -She was hired as Re	ersonnel records revealed: esident Care Coordinator				
	dated 3/24/14 with no -An updated docume	ntation of a completed				
		with no substanial findings.				
	Interview with Staff A revealed: -She had worked her	on 8/11/15 at 3:50 pm e since 5/19/15.				
	-She came here from -She thought the Bus	another facility. iness Office Coordinator				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
	ROVIDER OR SUPPLIER	HAL034035	ADDRESS, CITY, STATE,		30	/12/2015
			EYNOLDA ROAD			
ROOKD	ALE REYNOLDA ROAD	WINSTO	ON SALEM, NC 2710	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 137	Continued From page	e 1	D 137			
	medication aides (MA (PCA). -On occasion she wo performing PCA tasks transferring, bathing, -On occasion she wo administering medica Interview with the BO revealed: -The HCPR check wa	ities included supervision of A) and personal care aides rked as direct care staff s including assisting with and grooming of residents. rked as a Medication Aide tions to residents. PC on 8/11/15 at 3:55pm as performed by the hiring				
	BOC at the time of in -Was not aware that a prior to hire date. Interview with Staff A revealed a HPCR che 8/11/15 with no subst	a HCPR check was not done on 8/12/15 at 9:50 am eck was completed on antial findings.				
	8/12/15 at 10:15 am i	gional Support nurse on revealed: as performed on 8/11/15.				
D 310	10A NCAC 13F .0904 Service	4(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Diets(4) All therapeutic die supplements and thic	4 Nutrition and Food Service s in Adult Care Homes: ets, including nutritional skened liquids, shall be the resident's physician.				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		HAL034035	B. WING		80	/12/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
BROOKD	ALE REYNOLDA ROAD		YNOLDA ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 2	D 310			
	reviews, the facility fa therapeutic diets Ren Carbohydrate Contro sampled resident (Re were served as order The finding are: A. Review of Resider	nal, Nectar Thickened liquids, I diet orders for 3 of 5 esident #2, #4, and #5).				
	7/15/15 revealed: -Diagnoses that inclu Disease, Diabetes, R amputation, and atria -An order for Hemodi -A diet order for a dia	tight below the knee Il fibrillation. ialysis 3 times weekly.				
	summary menu in the -There were diets list Carbohydrate Contro Textured modified, Lo	lity's therapeutic modification e kitchen revealed: ed for No Added Salt (NAS), I (CC), Nectar Thicken, ow fat / Low cholesterol, s, 2 Gram Sodium, and				
	lunch menu for 8/11/ -The lunch meal for a house salad, chicken steam cabbage, mas cake as well as reduc	posted week at a glance 15 revealed: a regular diet consisted of with waffle and gravy, hed potatoes and coconut ced sugar coconut cake. ce was a hamburger on bun				
	1:10 pm of the lunch revealed:	15 between 12:15 pm and meal served to Resident #2 rved the following meal for				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			A. BUILDING:			
		HAL034035	B. WING		30	8/12/2015
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
BROOKDA	ALE REYNOLDA ROAD		YNOLDA ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From pag	e 3	D 310			
	-A 8 ounce glass of v -A 12 ounce glass of	vater. orange juice that had been				
	-	ce machine located in the				
	ranch dressing.	arden salad with low calorie				
	-One piece of chicke					
	-	of mashed potatoes. of steamed cabbage.				
	-One waffle square w	vith un-sweet syrup.				
	-Resident refused de	esert. ned 1/2 of the piece of				
		e mashed potatoes, 100% of				
	the steamed cabbag	e, 100% of the waffle.				
		ned 100 % of the orange				
	juice, and 1/2 of the	glass water.				
		/15 of the Daily Modification nu located in the facility				
	kitchen revealed:					
	as follows:	ne Liberalized renal diet were				
	tomatoes and use Ita	n salad was to omit the alian Vinaigrette salad				
	dressing.	Waffles with Gravy were to				
		e 4 ounces of Chicken				
	Tenders with 1/2 cup					
	-The Mashed Pota served as 1/2 cup of	toes were to be omitted and				
		ir coconut cake was to be				
	omitted and serve a	sugar free cookie 1 ounce.				
	- The orange juice substitute apple juice	was to be omitted and e 6 ounces.				
		/15 between 12:15 pm and				
		meal served in the dining				
	room revealed: -5 management staff	and 2 Personal Care Aides				
	(PCA) had served all					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			
		HAL034035	B. WING		08	/12/2015
IAME OF PF	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE,	ZIP CODE		
ROOKDA	ALE REYNOLDA ROAD		EYNOLDA ROAD ON SALEM, NC 2710	06		
(X4) ID			ID	PROVIDER'S PLAN ((X5) COMPLE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	DATE
D 310	Continued From page	e 4	D 310			
	meal.					
		had ask Resident #2 what				
	she preferred to drink					
	-	on 8/11/15 at 3:15 pm with				
	Resident #2's dialysis					
		nodialysis treatment 3 times				
	weekly. -Resident #2 should I	he on a renal diet				
		not have orange juice due to				
		ssium in orange juice.				
		lue obtained by the dialysis				
		a potassium level was 5.2				
		the laboratory report from				
		potassium was 3.5-5.0).				
		2's lab value report from the				
	dialysis center reveal					
	-On 2/2/15 a potassiu					
	-On 3/4/15 a potassiu -On 4/1/15 a potassiu					
	-On 5/6/15 a potassit					
	-On 6/3/15 a potassiu					
	-On 7/1/15 a potassiu					
	•	the laboratory report from				
		potassium was 3.5-5.0).				
		sident #2's record revealed:				
		he dialysis center on 3/5/15				
		ninimize use of tomatoes &				
	• •	hite and sweet potatoes,				
		l orange juice , dried starchy				
	beans and peanut bu					
		e cranberry and apple.				
	-Request not signed					
	liberalized renal diet f	ers dated 6/4/15 for a for Resident #2.				
	Review of the nutritio	nal facts from the orange				
	juice concentrate use					1

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.				
		HAL034035	B. WING		80	8/12/2015	
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
ROOKDA	LE REYNOLDA ROAD		YNOLDA ROAD N SALEM, NC 2710)6			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE	
D 310	Continued From page	e 5	D 310				
	revealed:						
	-Serving size was list	ed as 1 cup					
	-Calories were listed	-					
		sted on the nutritional facts					
	for the orange juice of						
	Telephone interview	on 8/12/15 at 8:20 am with					
	-	ndor which delivered the					
	orange juice concent						
	-The amount of potas	0,					
		mg/per-serving 1 cup					
	serving.						
		y the potassium was not al facts on the orange juice.					
	Interview on 8/11/15	at 4:15 pm and on 8/12/15 at					
		rse from Resident #2's					
	primary physican rev						
	-The physician had s	een Resident #2 on 8/10/15.					
	-An order dated 6/4/1	5 for a liberalized renal diet					
	for Resident #2.						
		ident #2 was non-compliant					
	with her diet as well a						
		ot aware Resident #2 had					
	lunch meal on 8/11/1	s of orange juice during the					
		o. It what he preferred Resident					
		build have one glass of					
	orange juice daily.						
	Interview on 8/12/15	at 7:15 am with Resident #2					
	revealed:						
	-Had been on hemod						
		ne was on a special diet and					
	-	ould be I am diabetic".					
	•	I the orange juice on the					
	table, so "she drank i	facility did not want her to					
	drink much orange ju						
		nk orange juice and stated, "I					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL034035	B. WING		08	8/12/2015
iame of Pi	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE		
BROOKD	ALE REYNOLDA ROAD		YNOLDA ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 310	Continued From page	e 6	D 310			
	like it". -She stated, " I usual drink orange juice 3 t	ly drink cranberry juice, but l imes a week".				
	revealed a signed ph	f Resident #2's record ysican order dated 8/12/15, peverage of choice but try to ce with renal diet.				
	shift lead cook revea	at 2:45 pm with the second led: byed at the facility for 4				
	as preparing the food	preparing the meals as well d plates for the residents. he week at a glance daily ted in the kitchen.				
	-She prepared the m at a glance menu. -She had not prepare	eals according to the week ed the beverages for the to the dining room to eat,				
	"that was the PCA's of	duty". esident #2 should not have				
	were to be followed for physican ordered the					
		terview on 8/11/15 at 3:30 lead cook.				
	Refer to the interview the Dietary Manager.	v on 8/11/15 at 3:50 pm with				
	Refer to the interview the Business Office N	/ on 8/12/15 at 8:15 am with ⁄Ianager.				
	Refer to the interview	v on 8/12/15 at 8:45 am with				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		1141.024025				14 0/004 F
	ROVIDER OR SUPPLIER	HAL034035	ADDRESS, CITY, STATE,		08	/12/2015
			YNOLDA ROAD	,		
SROOKDA	ALE REYNOLDA ROAD	WINSTO	N SALEM, NC 2710	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
D 310	Continued From page	e 7	D 310			
	the Regional facility N	Nurse.				
	Refer to the interview with the Executive Di	/ on 8/1/2/15 at 10:30 am rector.				
	1/20/15 revealed:	nt #5's current FL2 dated				
		on, diabetes and colon				
	summary menu in the -There were diets list Carbohydrate Contro Textured modified, Lo	lity's therapeutic modification e kitchen revealed: ed for No Added Salt (NAS), I (CC), Nectar Thicken, ow fat / Low cholesterol, s, 2 Gram Sodium, and				
		FResident #5's record ysician order dated 5/14/15 ontrol diet.				
	lunch menu for 8/11/ -The lunch meal cons chicken with waffle al mashed potatoes and reduced sugar cocon	sisted of house salad, nd gravy, steam cabbage, d coconut cake as well as				
	#5's room of the lunc #5's by a PCA reveal -An 8 ounce glass of -An 8 ounce glass of	water.				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			
		HAL034035	B. WING		08	/12/2015
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
ROOKD	ALE REYNOLDA ROAD		YNOLDA ROAD N SALEM, NC 2710	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 310	Continued From pag	e 8	D 310			
	-One 4 ounce scoop -One 4 ounce scoop -A 1/2 inch slice of re	•				
	Therapeutic menu fo (CC) therapeutic diet 8/11/15 revealed: -The substitution for -The tossed garder Vinaigrette salad dre -The Chicken and	 (15 of the Daily Modification r a Carbohydrate Controlled t for the lunch meal on the CC diet were as follows: n salad was to use Italian ssing. Waffles with Gravy were to election (Omit Bread). 				
	revealed: -He ate all his meals -The facility food was -He was not sure wh had ordered.	at 1:20 pm with Resident #5 in the room everyday. s good, but not like home. at type of diet the physician al sweetener in my tea".				
	shift lead cook revea -She had been emplo months. -Her duties included as preparing the food -She was aware of th menu which was pos -She prepared the m at a glance menu. -She had not prepare residents that came to "that was the PCA's -She was unaware th were to be followed f physican ordered the	oyed at the facility for 4 preparing the meals as well d plates for the residents. he week at a glance daily sted in the kitchen. eals according to the week ed the beverages for the to the dining room to eat, duty". he modified therapeutic menu for residents who had				

STATE FORM

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL034035	B. WING		08	8/12/2015
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ROOKDA	ALE REYNOLDA ROAD		YNOLDA ROAD N SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From pag	e 9	D 310			
	Refer to telephone in pm with the first shift	terview on 8/11/15 at 3:30 lead cook.				
	Refer to the interview the Dietary Manager	v on 8/11/15 at 3:50 pm with				
	Refer to the interview the Business Office N	v on 8/12/15 at 8:15 am with Manager.				
	Refer to the interview the Regional facility I	v on 8/12/15 at 8:45 am with Nurse.				
	Refer to the interview with the Executive D	v on 8/1/2/15 at 10:30 am irector.				
	C. Review of Reside 6/17/15 revealed:	nt #4's current FL 2 dated				
	transit constipation, F	I Paralysis Agitans, slow Parkinson's, depression. FL2 except for "double neals"				
	Review of Resident # -A physician's order of					
	thick liquids. -A physician's order of milk with his cereal".	dated 8/12/15 for "May have				
	revealed:	ent #4 on 8/11/15 at 2:30 pm s and "have to make myself				
	drink because I get d -"Certain things still r cereals like cornflake	lehydrated". nake me choke like flat es. Rice Krispies are ok. I				
	the milk after the cert - "Sometimes I pour	Is with milk but do not drink eal is gone." my thickened cranberry juice it and thicken the milk".				
		f regular (thin) water to				

STATE FORM

If continuation sheet 10 of 16

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL034035	B. WING		80	/12/2015
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
BROOKD	ALE REYNOLDA ROAD		YNOLDA ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 10	D 310			
	moisten my mouth."					
	at 12:35 pm revealed -Resident #4 had no	problems swallowing meds. ar thick) water or juice was				
	-She had been at this -She had reviewed R notes of the previous -She was aware Resi Nectar thickened liqu -A small sip of thin wa cognition of the residuresident was aware of	8/11/15 at 3:00 pm revealed: a facility for one week. esident #4's record and SLP. ident #4 had an order for ids. ater was allowed if the ent was alert and the of what they were doing. to moisten it was "what I to do".				
	at 3:15 pm revealed: -Resident #4 pours p in with his cereal and	cation Aide (MA) on 8/11/15 re-thickened cranberry juice milk to thicken it. the milk in the cereal.				
	juice from a Pre-thick	ved 8 ounces of cranberry				
	beverage. -Resident #4 request of cereal with milk. -Resident #4 request cheese sandwich with	ed and was served one bowl ed and was served a grill h chips. If the cereal but did not				

STATE FORM

6899

	E SURVEY IPLETED	(X3) DATE S COMPL		(X2) MULTIPLE CO A. BUILDING:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	T OF DEFICIENCIES OF CORRECTION	
AMEE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IRROCKDALE REYNOLDA ROAD 2980 REYNOLDA ROAD WINSTON SALEM, NC 27106 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULTORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION GROUP BETTIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULTORY OR LSC IDENTIFYING INFORMATION) ID D PREFIX TAG ID PROVIDER'S PLAN OF CORRECTION GROUP BETTIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULTORY OR LSC IDENTIFYING INFORMATION) ID D PROVIDER'S PLAN OF CORRECTION GROUP BETTIES (EACH DEFICIENCY) D 310 Continued From page 11 was left in bottom of the bowl. Resident #4 at a 100% of the grill cheese sandwich and chips. Resident #4 at an oissues with eating nor any swallowing difficulty during the lunch meal. D 310 Interview with Resident #4's primary care physician on 8/12/15 at 11:00 am revealed: He had no problems with milk on the cereal as described. Refer to the interview on 8/11/15 at 3:30 pm with the first shift lead cook. Refer to the interview on 8/12/15 at 8:15 am with the Business Office Manager. Refer to the interview on 8/12/15 at 10:30 am with the Executive Director. Refer to the interview on 8/12/15 at 10:30 am with the Executive Director. Phone interview on 8/12/15 at 10:30 am with the Executive Director. Phone interview on 8/11/15 at 3:30 pm with the first shift lead cook revealed: Phone interview on 8/11/15 at 3:30 pm with the first shift lead cook revealed:	8/12/2015	08/1		B. WING	HAL 034035		
BIT CONCLUE REVINUED READ 2828 REVISION SLEUM, NC. 27105 (X1) D PREFIX TAG SUMMARY STREMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEVITIFYING INFORMATION) D D PREFIX TAG D PROVIDER'S PLAN OF CORRECTIVE ACTION BHOLD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY D 310 Continued From page 11 was left in bottom of the bowl. -Resident #4 at a 100% of the grill cheese sandwich and chips. -Resident #4 at ono issues with eating nor any swallowing difficulty during the lunch meal. D 310 Interview with Resident #4's primary care physician on 8/12/15 at 11:00 am revealed: -He had no problems with milk on the cereal as described. Interview on 8/11/15 at 3:30 pm with the first shift lead cook. Refer to the interview on 8/11/15 at 3:50 pm with the Dietary Manager. Refer to the interview on 8/12/15 at 8:15 am with the Business Office Manager. Refer to the interview on 8/12/15 at 10:30 am with the Executive Director. - Resident facility Nurse. Refer to the interview on 8/12/15 at 10:30 am with the first shift lead cook. Refer to the interview on 8/12/15 at 8:15 am with the Dietary Manager. Refer to the interview on 8/12/15 at 10:30 am with the Executive Director. - Resident facility Nurse. Refer to the interview on 8/12/15 at 10:30 am with the Executive Director. - Thom interview on 8/17/15 at 3:30 pm with the first shift lead cook revealed:	5/12/2015	00/1	ZIP CODE			ROVIDER OR SUPPLIER	IAME OF PF
Image: Construction of period works and the second work and							
Prefer to the interview on 8/11/15 at 3:30 pm with the Execute On 8/12/15 at 8:45 am with the Execute On 8/12/15 at 10:30 am with the Execute On 8/11/15 at 3:30 pm with the first shift lead cook, revealed: Prefer to the interview on 8/11/15 at 3:30 pm with the first shift lead cook, revealed:			6	ON SALEM, NC 2710	WINST	ALE REYNOLDA ROAD	BROOKDA
was left in bottom of the bowl. -Resident #4 ate 100% of the grill cheese sandwich and chips. -Resident #4 consumed all of the 8 ounces of nectar thickened cranberry juice. -Resident #4 had no issues with eating nor any swallowing difficulty during the lunch meal. Interview with Resident #4's primary care physician on 8/12/15 at 11:00 am revealed: -He had no problems with milk on the cereal as described. -New order was faxed to the facility and placed in the record to allow milk with cereal. Refer to telephone interview on 8/11/15 at 3:30 pm with the first shift lead cook. Refer to the interview on 8/12/15 at 8:15 am with the Dietary Manager. Refer to the interview on 8/12/15 at 8:45 am with the Regional facility Nurse. Refer to the interview on 8/12/15 at 10:30 am with the Executive Director. Phone interview on 8/11/15 at 3:30 pm with the Executive Director.	(X5) COMPLE DATE	ON SHOULD BE IE APPROPRIATE	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	PREFIX	Y MUST BE PRECEDED BY FULL	(EACH DEFICIENC	PREFIX
-Resident #4 ate 100% of the grill cheese sandwich and chips. -Resident #4 consumed all of the 8 ounces of nectar thickened cranberry juice. -Resident #4 had no issues with eating nor any swallowing difficulty during the lunch meal. Interview with Resident #4's primary care physician on 8/12/15 at 11:00 am revealed: -He had no problems with milk on the cereal as described. -New order was faxed to the facility and placed in the record to allow milk with cereal. Refer to telephone interview on 8/11/15 at 3:30 pm with the first shift lead cook. Refer to the interview on 8/11/15 at 3:50 pm with the Dietary Manager. Refer to the interview on 8/12/15 at 8:15 am with the Regional facility Nurse. Refer to the interview on 8/12/15 at 10:30 am with the Executive Director. Phone interview on 8/12/15 at 10:30 pm with the first shift lead cook revealed:				D 310	e 11	Continued From page	D 310
-She had worked for the company for 3 years but					% of the grill cheese ed all of the 8 ounces of berry juice. ssues with eating nor any uring the lunch meal. nt #4's primary care at 11:00 am revealed: with milk on the cereal as it to the facility and placed in lk with cereal. erview on 8/11/15 at 3:30 lead cook. on 8/11/15 at 3:50 pm with lanager. on 8/12/15 at 8:15 am with lanager. on 8/12/15 at 8:45 am with lurse. on 8/1/2/15 at 10:30 am rector.	-Resident #4 ate 100' sandwich and chips. -Resident #4 consum nectar thickened crar -Resident #4 had no i swallowing difficulty of Interview with Reside physician on 8/12/15 -He had no problems described. -New order was faxed the record to allow mi Refer to telephone int pm with the first shift Refer to the interview the Dietary Manager. Refer to the interview the Business Office M Refer to the interview the Regional facility M Refer to the interview with the Executive Dia Phone interview on 8 first shift lead cook re	
in this facility for 2 months. -She was trained in this facility by the Dietary Manager for 2 weeks. -Her duties included ordering supplies, preparing and serving meals, and updating resident's diet orders.					nths. is facility by the Dietary ordering supplies, preparing	in this facility for 2 mo -She was trained in th Manager for 2 weeks -Her duties included of and serving meals, and	

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL034035			(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		08	08/12/2015		
IAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
BROOKDA	ALE REYNOLDA ROAD		YNOLDA ROAD	06			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
D 310	Continued From page	e 12	D 310		,		
	physican orders from the nursing staff for dietary changes in resident's diets.						
	•						
	-She had prepared all the plates that were served in the dining room for the lunch meal on 8/11/15. -She prepared all food without using additional						
	salt while cooking.						
	-The dietary manager had placed the measured						
	scoops for the lunch meal on the counter for						
	serving the vegetables to the residents.						
	-She was not aware of the amount each scoop						
	held but relied on the color code of the scoop.						
	-She was aware the green scoop was used to						
	serve the vegetable.						
	-She was aware the modification therapeutic daily diet menu for the residents was located in the						
	kitchen.						
	-She had prepared the lunch meal for the resident						
	who ate in his room and had known he was on a CC diet.						
	-She stated " If a resident was on a CC diets they						
	were to have less carbohydrates like bread and						
	starches and more vegetables".						
		ek at a glance menu to be					
	an acceptable diet for facility.	r all the residents in the					
	Interview on 8/11/15 Manger revealed:	at 3:50 pm with the Dietary					
		nent at this facility 8/1/15.					
		therapeutic modification diet					
	menu's were posted i	-					
		ead cooks had known					
	residents in the facility were on physican ordered						
	therapeutic diets and she had showed the cooks						
	how to serve and prepare the food using the						
	therapeutic menu.						
		not spent much time with the					
	-	not had the training they					
	needed".	ooks in the kitchen were new					
aian af Llas	Ith Service Regulation						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035			(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		B. WING	7/0.0005	08	/12/2015		
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
ROOKD	ALE REYNOLDA ROAD		YNOLDA ROAD N SALEM, NC 271	06			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT		
D 310	Continued From page	e 13	D 310				
	to the facility.						
		ne kitchen once and found					
	the therapeutic modification daily diet sheet still						
	on the previous day.						
	-In her opinion the staff had not followed the						
	physican ordered therapeutic diets, and probably						
	served all the resident the from the week at a						
	glance menu.						
	Interview on 8/12/15 at 8:15 am with the Business						
	Office Manager revealed:						
	-She had helped serve the lunch meal to the						
	residents on 8/11/15.						
	-She was aware some of the residents were on						
	physican ordered therapeutic diets. -Some of the management staff assisted serving						
	the lunch meal on 8/11/15 had never served the						
	residents' meals before.						
	-She was aware Res	ident #2 was on a renal diet.					
	Interview on 8/12/15	at 8:45 am with the regional					
	facility nurse revealed						
	-	erved the meals to the					
	residents' as well as	5					
		unning late in preparing the					
		agement were pulled to idents lunch on 8/11/15.					
	•	ve the residents lunch meal					
	on 8/11/15.						
		ement staff were new and					
		residents meals prior to					
	8/11/15.	·					
		all the staff had known					
	residents were on ph diets.	ysican ordered therapeutic					
	Interview on 8/1/2/15						
	Executive Director re						
	-	erve the residents their					
	meals and beverages	.					

STATE FORM

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If continuation sheet 14 of 16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035 NAME OF PROVIDER OR SUPPLIER			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED 08/12/2015	
		HAL 024025	B. WING			
		ADDRESS, CITY, STATE,	00	0/12/2015		
			YNOLDA ROAD			
BROOKDA	ALE REYNOLDA ROAD	WINSTO	N SALEM, NC 2710	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
D 310	Continued From page	e 14	D 310			
	 -Management staff that were new served the meals and beverages to residents their lunch meal on 8/11/15. -Some of the management staff had never served meals and beverages to residents prior to 8/11/15. -She was aware resident in the facility were on physican ordered therapeutic diets. -She was aware the facility had a therapeutic spread sheet called a modification daily menu diet list and it was located in the kitchen. -She was unaware the lead cooks were not using the modification therapeutic diets ordered by the physican. -The lead cooks as well as the dietary manager were all new to the facility. 					
	on 8/12/15 as follows -Staff will be retrained as ordered prior to ne and therapeutic diets -Diet orders will be re MD orders, charts au	d regarding therapeutic diets ext shift by the dietary staff will be served as ordered. eviewed for compliance with dits will be reviewed by the Director, Resident Care				
	CORRECTION DATE VIOLATION SHALL N 28, 2015 .	E FOR THE TYPE B NOT EXCEED SEPTEMBER				
D912	G.S. 131D-21(2) Dec	laration of Residents' Rights	D912			
	Every resident shall h 2. To receive care an	ration of Residents' Rights have the following rights: nd services which are e, and in compliance with				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/12/2015		
		HAI 034035					
			ADDRESS, CITY, STATE, ZIP CODE			00/12/2010	
POOKD	ALE REYNOLDA ROAD	2980 RE	YNOLDA ROAD				
KUUKDA		WINSTO	N SALEM, NC 2710	06			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE COMP TO THE APPROPRIATE DA		
D912	Continued From page	e 15	D912				
	relevant federal and s regulations.	state laws and rules and					
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding nutrition and food service. The findings are:						
	reviews, the facility fa therapeutic diets Ren Carbohydrate Contro sampled resident (Re were served as order	ns, interviews, and record ailed to assure the hal, Nectar Thicken liquids, I diet orders for 3 of 5 esident #2, #4, and #5). red by the physican.[Refer to 13F .0904(e)(4) (Type B					