STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL004003	B. WING		09/0	3/2015
NAME OF I	PROVIDER OR SUPPLIER	<u>I</u>		STATE, ZIP CODE	1 03/0	3/2013
MEADO	VVIEW TERRACE OF	WADESBORO	N HIGH SCI DRO, NC 28	HOOL ROAD		
(V4) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service		D 310			
	<ul><li>(e) Therapeutic Die</li><li>(4) All therapeutic supplements and the</li></ul>	04 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician.				
	review, the facility f diets for nectar thic	on, interview and record ailed to assure therapeutic kened liquids were served as sician for 2 of 2 sampled				
	The findings are:					
	at 11:35 am revealed -Cartons of Nectar juice, milk, and wat -Packets of thicken consistency measured -Directions on the properties of the consistency measured -Pour contents of -Add 6 fluid ounced -Stir until powder of -Note: Once prep	thick orange juice, cranberry er. ed coffee drink mix nectar like ring .42 ounces each. backet for preparation of the ncy coffee were: packet into a cup. es of hot water.				

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL004003	B. WING		09/0	3/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADO\	WVIEW TERRACE OF	WADESBORO	ON HIGH SCI ORO, NC 28	HOOL ROAD		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	COMPLETE DATE
D 310	Continued From page 1		D 310			
	07/13/15 revealed: -Diagnoses include palsy, schizophreni hypothyroidism, div constipationNo diet order was Review of physician Resident #2 reveals concentrated swee no tomatoes.  Review of Resident -An admission date -Physician notes or	erticulitis, and chronic				
	Review of the diet list provided by the Food Service Director on 09/02/15 revealed Resident #2 was to be served a regular diet with "thick liquids".					
	12:05pm to 1:00pm -Resident #2 was s wheelchairResident #2 was fe -The resident was s ounces), parslied c cake with icing (a 2 thick water (8 ounc ounces)Individual creamer were available on re -At 12:34 pm Resid staff thickened coff	eated at the table in a eeding herself. served shepherd's pie (3 auliflower (1/2 cup), strawberry inch by 3 inch square), nectar es), and nectar thick tea (8				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL004003	B. WING		09/	03/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE	<u>.</u>	
MEADO	WVIEW TERRACE OF	WADESBORO	ON HIGH SCI			
ZABO	TOTAL TERROR OF	WADESE	ORO, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 310	coffee by the nurse -The coffee was thi consistencyAt 12:40 pm Resid coffee as she contin -At 12:53, the resid nectar thickened wa -Two staff persons not address with the coughingShe completed ear coughing.  Observation of the revealed Resident a  Interview on 09/03/ revealed: -She had not come because she slept I -She had snacks in -She had thickened problems with swall -She used to enjoy meals, but "sometir smells like beer or v -She did not like the facility servedShe wanted at leas creamers added to -Staff prepared her -Sometimes she co of the coffee" -She had not told si smell of the coffeeShe had not had a -She could not rem speech therapist be one."	aide (NA). ckened, but not to nectar thick ent #2 took several sips of nued to eat. ent drank several sips of the ater and coughed twice. were clearing tables and did e resident as to why she was ting at 1:00 pm with no further breakfast meal on 09/03/15 #2 did not come to breakfast.  15 at 2:15pm with Resident #2 to breakfast on 09/03/15 ate. her room. I liquids because she had lowing sometimes. drinking coffee with her mes what they serve me now it wine". e taste of the "new coffee" the st two, sometimes three, her coffee.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		HAL004003	B. WING		09/	03/2015
	PROVIDER OR SUPPLIER  WVIEW TERRACE OF	WADESBORO 123 ANS		STATE, ZIP CODE HOOL ROAD 1170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	or the Administrator -She felt very comfor staff.  Interview on 09/02/ revealed: -Resident #2 receiv mealsThey did not know thickened liquids wa- Resident #2 liked a her coffeeThe NAs used indi- dietary.  Interview on 09/03/ Service Director revShe was aware Re- nectar thick liquid dResident #2 liked 2 her coffee.  Interview on 09/03/ Administrator and Frevealed they notified 09/03/15 to request evaluation.  Refer to interview wand 12:36pm.  Refer to interview wand 12:36pm.	rif she had concerns. ortable with the administrative  15 at 12:36pm with two NAs red thickened liquids with her if the consistency for her as nectar-thick or honey thick. at least 2 liquid creamers in vidual creamers provided by  15 at 8:35am with the Food realed: esident #2 was on a regular iet. 2, sometimes 3, creamers in  15 at 3:00pm with the Regional Administrator ed Resident #2's physician on an order for a speech therapy  with two NAs on 09/02/15 at  with the Food Service Director am.  in 09/03/15 at 10:40am with	D 310			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		HAL004003	B. WING		09/	03/2015
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
MEADO	WVIEW TERRACE OF	WADESBORO 123 AN	SON HIGH SCH	IOOL ROAD		
WEADO	WVIEW TERRACE OF	WADES	BORO, NC 28	170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 4	D 310			
	O7/21/15 revealed: -Diagnoses include coronary artery dise -An order for a regu diet and may have Review of Resident -An admission date -Resident #5 was re the facilityResident's Hospice included Resident # and dysphagiaResident had to be dysphagia. Review of the diet li Service Director on	d brain tumor, osteoarthritis, ease, and dementia.  ular ground nectar thick liquid pleasure food from family.  #5's record revealed: to the facility of 09/16/13. eceiving Hospice services at e Care Plan dated 07/20/15  #5 had a history of seizures e fed due to periods of  ist provided by the Food 09/02/15 revealed Resident d a regular pureed diet with				
	"thick liquids" and not be not	lunch meal on 09/02/15 from revealed: eated at the table in a eated at the end of a table ents and one staff person to assist residents. Served pureed shepherd's pie parslied cauliflower (1/2 cup) cake with icing (a 2 inch by 3 r thick water (8 ounces), and ounces). een served and consumed all a consistency could not be	1			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DATE SU COMPLE					
		HAL004003		B. WING		09/	03/2015
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADO	WVIEW TERRACE OF	WADESBORO	123 ANSC	N HIGH SCH	HOOL ROAD		
WEADO	WVIEW TERRACE OF	WADESBURU	WADESB	ORO, NC 28	170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCII ' MUST BE PRECEDED B' SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
D 310	eyes closedResident #5 consudifficult with feeding. Observation of the from 8:15 - 8:45am -Resident #5 was swheelchairResident #5 was swith five other residested at the tableThe resident was sand cheese taco (1 cereal (3/4 cup) with nectar thick water (orange juice (1/2 cultary) and cheese taco (1 cereal (3/4 cup) with nectar thick water (orange juice (1/2 cultary) and confider mixture Resident #2's place -Individual coffee cron the tableAt 8:23am observed bring Resident #2 the within 1/2 inch of the -A NA picked up a cultary of the surface of	breakfast meal on 0 revealed: eated at the table in eated at the end of ents and one staff pto assist residents. Served a pureed scall-ouce), pureed brown nectar thick milk (8 ounces), and Nectar thick milk (8 ounces), and Nectar thick milk (8 ounces), and Nectar thick milk (9 ounces), and Nectar thick milk (10 ounces), and Necta	a table person ambled egg eakfast 1 cup), tar thick of Nectar ffee cup at unce) were Director filled cup. dd to the e prepared to the clike coffee	D 310			
	-Resident #5 was fe eyes closed. -The resident did no meal. -Resident #5 consu the nectar thick mill nectar thick orange	ot verbally respond of the meak (all), nectar thick v	during the al, including vater (1/2),				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DATE SL COMPLE					
		HAL004003		B. WING		09/	03/2015
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADO		WADECDODO			HOOL ROAD		
WEADO	WVIEW TERRACE OF	WADESBURU	WADESB	ORO, NC 28	170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED E SC IDENTIFYING INFORI	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 6		D 310			
	coffee with 1 cream feeding self or coug		culty with				
	It was determined by observation and interview that Resident #5 was not interviewable.  Interview on 09/03/15 at 3:10pm with a family member of Resident #5 revealed: -The resident was receiving Hospice servicesThe resident's liquids were served as thickened by the facility staff"A packet goes into his liquids to thicken it."						
			a family				
	-The family maintain room and fed it to h		sident's				
	-They resident had		g".				
	Interview on 09/02/ revealed:	15 at 12:36 pm with	two NAs				
	-Resident #5 was le hearing.						
	-Resident #5 receiv meals.						
	-They did not know thickened liquids wa -Resident #5 liked 2	as nectar-thick or h	oney thick.				
	-They used the indi dietary to put in Res		ovided by				
	Interviews with two and 3:55pm revealed	ed:	·				
	-Resident #5 sat at residents who requi	ired close supervisi					
	assistance with fee	ble to feed himself,					
	needed supervision diet and thickened I	iquids.	•				
	-The NAs prepared tea, milk, and juice	•	,				
	containers located containers put the th	on a cart in the dini	ng room.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.	<del></del>		
		HAL004003	B. WING		09/0	3/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MEADO\	WVIEW TERRACE OF	WADESRORO	ON HIGH SCI ORO, NC 28	HOOL ROAD 170		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	Continued From pa	age 7	D 310			
	in the coffee cups and dietary staff poured the hot water into the cups in the kitchen.  Interview with the Food Service Director on 09/03/15 at 8:35am revealed:  -A NA had put the packet of thickening powder for the coffee in Resident #2's coffee cup.  -The Food Service Director then "filled the cup with hot water".  -The cup used was an 8 ounce cup.  -She did not measure the water when she prepared the nectar thick-like coffee for Resident #5.					
	-She was not awar	with water to "almost the top." e that the instructions required to be used to prepare the				
	-The dietary staff o Resident #5's coffe likes it."	r NAs put two creamers in e "because that is the way he				
	-She knew that the packet.	re were directions on the				
	revealed Resident	RCD on 09/03/15 at 10:40 #5: prior to him going on the				
	-He was receiving I -He was able to fee for set-up and mon	ed himself with staff assistance itoring.				
		petite and had not had any king thickened liquids.				
	11:05 am revealed	HPS nurse on 09/03/15 at Resident #5 was "much better g problems since he was put s."				
	Refer to Interview v	vith two NAs on 09/02/15 at				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		` '	E CONSTRUCTION		SURVEY PLETED
		HAL004003		B. WING		09/	03/2015
	PROVIDER OR SUPPLIER	WADESBORO	123 ANSC		STATE, ZIP CODE HOOL ROAD 1170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 8		D 310			
	Refer to interview won 09/03/15 at 9:50	vith the Food Service lam.	Director				
	Refer to interview on 09/03/15 at 10:40am with the Resident Care Director (RCD).						
	Refer to interview of the LHPS nurse.	n 09/03/15 at 11:05ar	n with				
	revealed: -The NAs served transidents' mealsThe thickened wa pre-thickened, so the themThe dietary staff propowder to thicken themThe NA or dietary shot water and then	staff filled the coffee o	nks for e epare contained cup with				
	09/03/15 at 9:50 an -She had been at th -She received traini the cook at the time -She had worked in several yearsDietary offered cof diets, to residents a -The cups that were ounces and the cre ounce eachShe was not aware	ne facility for two year ing from the Administi e she was hired. I the food service indu	s. rator and ustry for apeutic e 8 fluid				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		` ′	E CONSTRUCTION		SURVEY PLETED
				A. BUILDING:			
		HAL004003		B. WING		09/0	03/2015
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MEADO	WVIEW TERRACE OF	WADESBORO		ON HIGH SCI ORO, NC 28	HOOL ROAD 170		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 310	-Dietary and NAs wo of water added to tour search on how and someone new someo	were not measuring the he cups. The training to dietary struction of prepare thickened rain each other when w." The ble for preparing the reference. Thickened liquids. The on thickened liquids of the list. The list of the RCD or the year had concerns about ricult with swallowing of the preparence of the thickened liquids of the thickened liquid of the thickened liquid each residents' diet or the sted in the kitchen.  The training to dietary structure of the preparence of the preparence of the thickened liquid each residents' diet or the sted in the kitchen.  The training to dietary structure of the thickened liquid each residents of t	aff or I liquids. they esident sidents were ecified a or ents' t kitchen ate on the ds. rder to he e RCD repared. aware of ar-thick e coffee." ad the	D 310			

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR  A. BUILDING: COMPLETE				
		HAL004003	B. WING		09/0	3/2015
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	0/2010
MEADO	WVIEW TERRACE OF	WADESBORO	ON HIGH SCI	HOOL ROAD 1170		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 310	-The NAs serve the pre-mixed to the result of the result of the result of the result of the provided computed included revision of the provided computed included revision of the provided to the provided to the provided to the provided included to the provided included to the provided including the provided including preparation of the	thickened liquids that were siden  15 at 11:05am with the LHPS petency training for the NAs, ewing therapeutic liquid diets sician.  Is to be aware that some hickened liquids.  In which residents required then serving in the dining room. The repared the thickened coffee rages were pre-mixed.  In-service for nursing and the different types of the siden.	D 310			

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