	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060139	B. WING		10/02/2015	
iame of Pr	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
REGENCY	RETIREMENT VILLAG	F	OTTE, NC 28210	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
		-				
D 137	10A NCAC 13F .040 Qualifications	7(a)(5) Other Staff	D 137			
	 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; 					
	facility failed to ensure C, D, and E) had no	as evidenced by: and record reviews, the re 3 of 7 sampled staff (Staff substantiated findings listed a Health Care Personnel				
	The findings are:					
	A. Review of Staff C revealed:-Hire date of 09/09/1-No documentation c	2 as a housekeeper.				
		heck completed on 10/01/15 no substantiated findings.				
		5 at 12:10 pm with Staff C know anything about HCPR				
	Refer to interview on Business Office Man	10/01/15 at 4:00 pm with the ager.				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY
			B. WING			
	ROVIDER OR SUPPLIER	HAL060139	ADDRESS, CITY, STATE		10	/02/2015
		9120 WI				
REGENCY	(RETIREMENT VILLAGI	E CHARLO	OTTE, NC 28210			
(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 137	Continued From page	e 1	D 137			
	Refer to interview on the Administrator.	10/02/15 at 11:20 am with				
	 B. Review of Staff D revealed: -Hire date of 08/28/11 					
	-No documentation o	f a HCPR check. heck completed on 10/01/15				
		no substantiated findings.				
	Staff D was unavaila					
	Refer to interview on Business Office Man	10/01/15 at 4:00 pm with the ager.				
	Refer to interview on the Administrator.	10/02/15 at 11:20 am with				
	C. Review of Staff E revealed:					
	-Hire date of 11/06/14 -No documentation o	4 as a server/kitchen staff. f a HCPR check.				
		heck completed on 10/02/15 no substantiated findings.				
	Interview on 10/02/15 revealed he "never h	5 at 12:15 pm with Staff E eard of the HCPR".				
	Refer to interview on Business Office Man	10/01/15 at 4:00 pm with the ager.				
	Refer to interview on the Administrator.	10/02/15 at 11:20 am with				
	(BOM) on 10/01/15 a	siness Office Manager t 4:00 pm revealed he had out 2 months and was not				

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED
		HAL060139			10/02/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
REGENCI	(RETIREMENT VILLAGE		LOW RIDGE DRIV	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
D 137	Continued From page	2	D 137			
	aware the facility had non-clinical staff.	to check the HCPR for				
	HCPR checks for all r hiring process. -The Administrator wa complete a HCPR che of their position.	d: nsible for completing the new employees during the as aware the facility had to eck on all staff, regardless CPR checks had not been				
D 299	10A NCAC 13F .0904 Service	(d)(3)(A) Nutrition And Food	D 299			
	 (d) Food Requiremen (3) Daily menus for refollowing: (A) Homogenized who milk or buttermilk: Or pasteurized milk at lear Reconstituted dry mill may be used in cookin purposes due to risk or purpo	ast twice a day. c or diluted evaporated milk ng only and not for drinking of bacterial contamination lower nutritional value of				
	This Rule is not met a Based on observation interviews, the facility pasteurized milk at lea Memory Care Unit res	, record review and failed to serve 8 ounces of ast twice a day to the				
	The findings are:					
	Review of the facility	diet menu spreadsheet for				

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
				10	/02/2015
OVIDER OR SUPPLIER					
RETIREMENT VILLAGE			=		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 3	D 299			
Memory Care Unit or 1:25 pm revealed: -There were 14 resid room at two tables. -At 12:15 pm there w cartons of thickened center of the long din -At 12:15 pm there w dining table. -At 12:18 pm one res carton unsuccessfully -At 12:50 pm another	n 9/30/15 from 12:15 pm to ents served in the dining ere 8 cartons of milk, and 3 milk placed across the ing table. vas no milk on the round ident tried to open the milk y and put it back.				
-5 of 14 residents rec -At 1:25 pm a Nurse remaining milk cartor refrigerator. -At 1:25 pm a NA dise	ceived milk. aide (NA) returned 6 of the ns to the Memory Care carded 2 milk cartons that				
Memory Care Unit or 6:10 pm revealed: -There were 14 resid room at two tables. -At 5:10 pm a NA ren Memory Care refriger of the residents. -14 of 14 residents re -12 of 14 residents re -At 5:15 pm one resid minutes before succe	n 9/30/15 from 5:10 pm to ents served in the dining noved milk cartons from the rator and placed milk in front eccived water. eccived milk. dent used a spoon for 2 essfully opening her milk				
	OF DEFICIENCIES F CORRECTION COVIDER OR SUPPLIER RETIREMENT VILLAGI SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page the week of 9/27/15 t was listed to be serve diets. Observation of the lu Memory Care Unit or 1:25 pm revealed: -There were 14 resid room at two tables. -At 12:15 pm there w cartons of thickened center of the long din -At 12:15 pm there v dining table. -At 12:18 pm one resis carton unsuccessfully -At 12:50 pm another and was served 2 cu -13 of 14 residents rec -5 of 14 residents rec -5 of 14 residents rec -5 of 14 residents rec -At 1:25 pm a Nurse remaining milk cartor refrigerator. -At 1:25 pm a NA ren Memory Care Init or 6:10 pm revealed: -There were 14 resid room at two tables. -At 5:10 pm a NA ren Memory Care refrige of the residents. -14 of 14 residents rec -12 of 14 residents rec -At 5:15 pm one resid minutes before succe	F CORRECTION IDENTIFICATION NUMBER: HAL060139 OVIDER OR SUPPLIER STREET / 9120 Wit CHARLI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 the week of 9/27/15 to 10/03/15 revealed milk was listed to be served at all meals and with all diets. Observation of the lunch meal service in the Memory Care Unit on 9/30/15 from 12:15 pm to 1:25 pm revealed: -There were 14 residents served in the dining room at two tables. -At 12:15 pm there were 8 cartons of milk, and 3 cartons of thickened milk placed across the center of the long dining table. -At 12:15 pm there was no milk on the round dining table. -At 12:15 pm there was no milk on the round dining table. -At 12:50 pm another resident tried to open the milk carton unsuccessfully and put it back. -At 12:50 pm another resident joined the table and was served 2 cups of milk with her dinner. -13 of 14 residents received milk. -At 1:25 pm a Nurse aide (NA) returned 6 of the remaining milk cartons to the Memory Care refrigerator. -At 1:25 pm a NA discarded 2 milk cartons that were partially opened. Observation of the dinner meal service in the Memory Care Unit on 9/30/15 from 5:10 pm to 6:10 pm revealed: -There were 14 residents served in the dining room at two tables. -At 5:10 pm a NA removed milk cartons from the Memory Care refrigerator and placed milk in front	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL060139 B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, RETIREMENT VILLAGE 9120 WILLOW RIDGE DRIVE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 3 D 299 the week of 9/27/15 to 10/03/15 revealed milk was listed to be served at all meals and with all diets. D 299 Observation of the lunch meal service in the Memory Care Unit on 9/30/15 from 12:15 pm to 1:25 pm revealed:	F CORRECTION IDENTFICATION NUMBER: A BUILDING: HAL060139 B. WING COVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RETIREMENT VILLAGE 9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210 SUMMARY STATEMENT OF DEFICIENCES (REQUATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN. (EACH DEFICIENT/WAISTER PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN. (EACH CORRECTIVE TAG Continued From page 3 D 299 the week of 9/27/15 to 10/03/15 revealed milk was listed to be served at all meals and with all diets. D 299 Cobservation of the lunch meal service in the Memory Care Unit on 9/30/15 from 12:15 pm to 1:25 pm revealed: D 299 There were 14 residents served in the dining room at two tables. At 12:15 pm there were 8 cartons of milk, and 3 cartons of thickened milk placed across the center of the long dining table. At 12:15 pm there was no milk on the round dining table. -At 12:25 pm evalued: There were 14 residents received water. - 5 of 14 residents received milk. -At 12:25 pm an AD discarded 2 milk cartons that were partially opened. Norse aide (NA) returned 6 of the remaining milk cartons to the Memory Care refrigerator. -At 11:25 pm a NA discarded 2 milk cartons from the Memory Care refrigerator and placed milk in front of the residents. Norse aide (NA) returned 6 of the remaining milk carto	F CORRECTION IDENTIFICATION NUMBER A BUILDING:

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			
		HAL060139	B. WING		10/02/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	, ZIP CODE		
REGENCY	RETIREMENT VILLAG	E	LLOW RIDGE DRIV DTTE, NC 28210	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
D 299	Continued From pag	e 4	D 299			
	5:15 pm to 5:20 pm l	uggled to open her milk from before a staff member d it into a disposable cup.				
	Memory Care Unit of 8:50 pm revealed:	reakfast meal service in the n 10/01/15 from 8:15 am to lents served in the dining				
	room at two tables. -At 8:15 am there was water, either orange or cranberry juice, and a milk carton at every place					
	carton was opened a -As residents arrived exchanged if a reside	sidents' arrival. The milk and had a straw inserted in it. d, thickened milk was ent sat down at a thin milk				
	setting. -14 of 14 residents re	eceived water, juice and milk.				
	Care Coordinator (M					
	years.	the facility for 10 and 1/2 sent to the kitchen and a new				
	sheet was printed. T	his was placed in the menu Memory Care dining room				
		sist residents as necessary at lays they need help, and 't."				
	9:20 am with the MC					
	necessary. -She was aware milk	n opening milk cartons as was to be served at each				
		was "having milk on the table being available". "If the av grab it "				
		nt out texts to staff to remind				

STATE FORM

6899

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060139	B. WING		10/02/2015	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
REGENCY	RETIREMENT VILLAGE		LLOW RIDGE DRIV OTTE, NC 28210	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 299	Continued From page	9 5	D 299			
	them to serve and op residents.	en milk as necessary for				
	Interview on 10/01/15 Medication Aide revea -She had worked at th years.	•				
	including opening mil -"Things get hectic at	p residents as necessary, k. meal times", it was easy to ruggling to open milk.				
D 310	10A NCAC 13F .0904 Service	(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Diets(4) All therapeutic die supplements and thic	Nutrition and Food Service in Adult Care Homes: ets, including nutritional kened liquids, shall be the resident's physician.				
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	review, the facility fail residents (Residents physician's orders for	n, interview and record ed to assure 4 of 8 sampled #7, #8, #11 and #12) with therapeutic diets of Pureed (MS) diets were served as				
	The findings are:					
	9/12/15 revealed:	t #8's current FL2 dated seizures, anemia, chronic blic heart failure				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060139	B. WING		10/02/2015	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		02/2015
REGENCY	RETIREMENT VILLAGE		LLOW RIDGE DRIV DTTE, NC 28210	E		
(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	26	D 310			
	pneumonia and possi -An order for continuo cannula. -An order for dysphag	ous oxygen by nasal				
	dated and signed by	8's facility diet order sheet a physician on 8/18/15 pureed diet with honey d liquids.				
	9/25/15 for Resident a -The resident was ad 9/22/15 with worsenir -The resident thought pneumonia with a his -The resident had dys dysphasia diet. -The resident will need dysphasia diet to prev-	mitted to the hospital on ng shortness of breath. t to have a new "aspiration" tory of seizures. sphasia and was on a				
	9/30/15 at 11:30 am r	(posted in the kitchen) on revealed Resident #8 was to sphagia diet with honey				
	revealed:	therapeutic diet menus was available for guidance				
	pre-thickened nectar	cility's food supply on revealed the facility had and honey liquids to serve ring thickened liquids.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060139	B. WING		10/00/00/15	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,		10	/02/2015
		9120 WI	LLOW RIDGE DRIV			
EGENCY	'RETIREMENT VILLAGI	E CHARLO	OTTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 7	D 310			
	Observation of the lu revealed it was serve					
	revealed:	therapeutic diet menus 15 for residents ordered a				
	pureed diet was to co cranberry glaze, pure yellow squash with o	ponsist of pureed turkey with eed bread dressing, pureed nions, pureed wheat roll or noice, milk and beverage of				
	pm revealed: -The residents were to choose what they included turkey with hamburger. -Resident #8 was sitt -At 6:00 pm a Person					
	-The meal served to hamburger, breaded squash without any c -The resident had a l	al in front of the resident. Resident #8 consisted of a dressing, and cooked consistency modification. arge Styrofoam cup of in addition to a small plastic er with his meal.				
	observed difficulty or - Resident #8 took a	n eating it without any				
	pm revealed: -He was on continuc going to the dining ro	ent #8 on 9/30/15 at 12:35 ous oxygen and it made oom difficult. e me", including thickened				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060139	B. WING		10/02/2015	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		102/2013
REGENCY	RETIREMENT VILLAGE		LLOW RIDGE DRIVE	E		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLET
D 310	Continued From page	e 8	D 310			
	liquids. "I cannot tell y colored scoops of for	you what it is since it is just od."				
	revealed:	A on 9/30/15 at 6:10 pm				
	-Resident #8 was on -She had picked up F	a regular diet. Resident #8's dinner plate				
	from the kitchen to de room.	eliver it to the resident in his				
	-She was not sure wh	hich staff member handed				
	•	to deliver to Resident #8. he facility for one month.				
	Interview with Cook A revealed:	A on 9/30/15 at 6:12 pm				
	-Resident #8 was sup diet with thickened lic	pposed to be on a pureed				
	-A staff member had	just left the kitchen to				
	change out Resident pureed plate of food.	#8's dinner plate for a				
		15 at 6:16 pm revealed:				
	•	MA) delivered a plate of ent #8 in his room and took				
	the other plate of foo	d away from the resident.				
	 Resident #8 was ho the whole hamburger 	Iding about 1/8th piece of in his hand.				
	Interview with the MA on 9/30/15 at 6:20 pm revealed:					
		the surveyor asking the PCA of water served to Resident				
	#8 and realized a mistake was made.					
	 She had just change plate for a pureed pla 	ed out Resident #8's dinner ite				
	- Resident #8 had ea					
		e changed out his plate.				
	- She also changed o	out Resident #8's water for				
	honey thickened wate	er.				

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060139	HAL060139 B. WING		10/02/2	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
EGENC	(RETIREMENT VILLAG	F	LOW RIDGE DRIV	E		
(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			
	am revealed: -The Dietary Manage menu as an alternatii meal. -There were no mator to reflect serving ham - He had inadvertent Resident #8's dinner - He thought the error did not write down th request form as PCA plating the food. - He was responsible given the correct the - He was aware of re- including thickened lid diet list posted in the - Resident #8 was liss having a pureed diet - He had not caught was very busy and h 9/30/15. A staff mem and said that Reside food. He immediately he kept all the puree- there was an extra p- an error had occurred Refer to interview on Cook B. Refer to interview on Cook A. Refer to interview on Dietary Manager.	or occurred because the PCA e resident's diet on his menu as usually do when he was e for assuring residents were rapeutic diet food items. Isidents on therapeutic diets, iquids because there was a kitchen with current diets. Inted on the posted diet list as and honey thickened liquids. The error because the kitchen ectic on the evening of ber came back to the kitchen nt #8 got the wrong plate of y looked in the warmer where d plates of food and realized late of pureed food and that				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL060139	B. WING		10	/02/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
REGENCY	RETIREMENT VILLAGE		LLOW RIDGE DRIVE DTTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 10	D 310			
	-Diagnoses included hypertension, diabete -A diet order for mech Carbohydrate (CCHC	es, and sleep apnea. nanical soft (MS), Consistent				
	Review of the diet list posted in the kitchen on 9/30/15 at 11:30 am revealed Resident #12 was to receive a MS, CCHO diet.					
	Review of the facility therapeutic diet menus revealed: -A MS diet menu was available for guidance for food service staff.					
	diet was to consist of cup potato wedges, ½	5 for residents ordered a MS 4 oz. ground beef tips, ½ ⁄2 cup broccoli cuts, wheat Ivet cake (diet chocolate				
	cake for CCHO diet),	8 oz. milk (skim for CCHO) of choice (diet for CCHO).				
	menus revealed: -Every meat option se diets required the me	option listed during this time for pizza, and the				
	pm revealed: -Resident #12 had fin	service on 9/30/15 at 12:15 iished eating her meal. She /hat was served, and drank z. unsweetened tea.				
	revealed: -The dinner on 9/30/1 MS diet was to consis	therapeutic diet menus 5 for residents ordered a st of 2 oz. ground turkey with up bread dressing, ½ cup				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		E SURVEY PLETED
		HAL060139	B. WING		10/02/2015	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
EGENCY	(RETIREMENT VILLAGE		LOW RIDGE DRIV DTTE, NC 28210	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 310	Continued From page	e 11	D 310			
	cup fruit choice, 8 oz oz. beverage of choic	. milk (skim for CCHO) and 8 ce (diet for CCHO).				
	apple, wheat roll, cho dressing, orange jello	erved 8 oz. water, sliced opped turkey in sauce over				
	Interview with Reside revealed: -She could not remer was served to her. -She "eats what they	nber what she ate or how it				
	B. Refer to interview on	10/02/15 at 10:00 am with				
	Cook A. Refer to interview on the Dietary Manager.	10/02/15 at 12:10 pm with				
	4/01/15 revealed: -Diagnoses included	nanical soft (MS).				
	dated and signed by	47's facility diet order sheet a physician on 4/14/15 Regular diet with MS				
	Review of the diet list	t (posted in the kitchen) on				

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
HAL060139		HAL060139	B. WING		10/02/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
REGENCI	RETIREMENT VILLAGE		LLOW RIDGE DRIV DTTE, NC 28210	Έ		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	COMPLET
D 310	Continued From page	e 12	D 310			
	9/30/15 at 11:30 am r receive a Regular, M	evealed Resident #7 was to S diet.				
	revealed: -A MS diet menu was food service staff. -The lunch on 9/30/15 diet was to consist of cup potato wedges, 1/ roll/bread, 2x3 red ve 8 oz. beverage of cho Review of two weeks menus revealed: -Every meat option se diets required the me	of facility therapeutic diet erved to mechanical soft				
	Cycle II required the r Observation of lunch unit on 9/30/15 revea -Resident #7 was ser 4 pieces with ketchup velvet cake, ¼ cup pe Milk was on the table	meat patty to be ground. service in the memory care led: ved a cheese-burger cut into added, lentil soup, red ear chunks, tea and water. near her plate.				
	not drink the milk.	e to feed herself. ed 100% of meal, but did swallowing her meal.				
	revealed: -The dinner on 9/30/1 MS diet was to consis cranberry glaze, ½ cu yellow squash with or	therapeutic diet menus 5 for residents ordered a st of 2 oz. ground turkey with up bread dressing, ½ cup nions, wheat roll or bread, ½ milk and 8 oz. beverage of				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
HAL060139				10	0/02/2015	
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
EGENC	RETIREMENT VILLAGE		LLOW RIDGE DRIVE DTTE, NC 28210			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 13	D 310			
	unit on 9/30/15 from 8 revealed: -Resident #7 was ser dressing, cranberry s wheat roll cut in piece -Resident #7 consum dressing, 100 % cran beans, 100 % parfait, water, and 5% tea. -Resident #7 was abl difficulty swallowing h Review of the facility revealed -The breakfast on 10, a MS diet was to con cereal of choice, ban	rved chopped turkey and hauce, sliced green beans, es, and fruit parfait. hed 90% of the turkey and hberry sauce, 25% green , no roll, 75 % milk, 50 % le to feed herself without her meal. therapeutic diet menus /01/15 for residents ordered sist of 6 oz. juice of choice, ana, 1 egg, biscuit, ket, 8 oz. milk, 8 oz. coffee				
	care unit on 10/01/15 revealed: -Resident #7 was ser eggs with grated che crumbled sausage, 8 juice, and 8 oz. milk. -Resident #7 was abl -Resident #7 consum drank 75 % water, 50 without difficulty swal Interviews on 9/30/15 10:15 am with the Me (MCC) revealed:	ned 100 % of her meal, and) % milk, and 20% juice				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
			B. WING			
		HAL060139			10	0/02/2015
	ROVIDER OR SUPPLIER	9120 WI	DDRESS, CITY, STATE, LLOW RIDGE DRIVI			
REGENCY	RETIREMENT VILLAGE		OTTE, NC 28210	-		
(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 DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 14	D 310			
	 Diet orders for reside the dining room for the -"A hamburger on the a normal hamburger. hamburger bun and of holds it together. You the plate after the resident Based on observation interviews on 9/30/15 #7 was not to be inter Refer to interview on B. Refer to interview on Cook A. Refer to interview on Dietary Manager. D. Review of Resider 9/09/15 revealed: -Diagnoses included hypertension, corona osteoporosis, high ch cancer. -A diet order for no ac nectar thickened liqui - Current level of care Review of Resident # sheet dated and sign revealed an order for 	ents were kept in a folder in he staff to reference. MS diet looks different than It is ground meat on a cut into pieces. The cheese in can see crumbled meet on sident takes a bite." In, record review and staff 5, it was determined Resident rviewable. 10/02/15 at 8:00 with Cook 10/02/15 at 10:00 am with 10/2/15 at 12:10 with the Int #11's current FL2 dated Alzheimer's disease, inv artery disease, nolesterol, history of breast dded salt (NAS), puree with ids.				
	9/30/15 at 11:30 am i	t posted in the kitchen on revealed Resident #11 was S with Nectar Thickened				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY
			B. WING			
IAME OF PROVIDER OR SUPPLIER STREET			7/0 0005	10	/02/2015	
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, LLOW RIDGE DRIVI			
EGENCY	RETIREMENT VILLAGI		OTTE, NC 28210	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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) THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 15	D 310			
	liquids.					
	revealed: -A MS diet menu was food service staff. -The lunch on 9/30/1 NAS, MS diet was to tips, ½ cup potato we	therapeutic diet menus s available for guidance for 5 for residents ordered a consist of 4 oz. ground beef edges, ½ cup broccoli cuts, red velvet cake, 8 oz. milk ge of choice.				
	menus revealed: -Every meat option s diets required the me -The hamburger option	of facility therapeutic diet erved to mechanical soft eat to be ground. on listed for week 1 day 6 meat patty to be ground.				
	unit on 9/30/15 revea -Resident #11 was se into 4 pieces, approx red-velvet cake. No b -Resident #11 was al	erved a cheese-burger cut imately 25 potato chips, peverages were served. ole to feed herself med 100% of her meal				
	revealed: -The dinner on 9/30/ NAS, MS diet was to turkey with cranberry dressing, ½ cup yello	w squash with onions, wheat ruit choice, 8 oz. milk and 8				
	Unit on 9/30/15 from	r service in the Memory Care 5:30 pm to 6:10 pm erved a pureed diet which				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
HAL060139		B. WING		10)/02/2015	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
REGENCY	RETIREMENT VILLAGI		LLOW RIDGE DRIV DTTE, NC 28210	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES EY 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 310	Continued From page	e 16	D 310			
	Coordinator (MCC) to was changed. -Resident #11 was se dressing, cranberry s squash, wheat roll cu water, nectar thicken milk- all from pre-mix cups. -Resident #11 consur roll, and drank 80 % % nectar thickened to thickened milk. -Resident #11 was al -She had no difficulty Review of the facility revealed: -The breakfast on 10 a NAS, MS diet was choice, cereal of cho margarine & jelly pac or hot tea. -There was no sausa 10/01/15. Observation of break Care Unit on 10/01/1 revealed:	ble to feed herself. y swallowing her meal. therapeutic diet menus /01/15 for residents ordered to consist of 6 oz. juice of ice, banana, 1 egg, biscuit, cket, 8 oz. milk, 8 oz. coffee				
	eggs with grated che crumbled sausage, 8 8 oz. nectar thickene	ese on top, crumbled biscuit, oz. nectar thickened water, d orange juice, and 8 oz.				
	nectar thickened orai	a banana. (She was served				
	-	er since she consumed her eal service.				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
IAME OF PROVIDER OR SUPPLIER STREET A					10)/02/2015
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, LLOW RIDGE DRIVI			
EGENCY	RETIREMENT VILLAGI		DTTE, NC 28210	-		
(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 17	D 310			
	-Resident #11 consul nectar thickened liqu swallowing.	med 100 % of her meal and ids without difficulty				
	Based on observation, record review, and staff interviews on 9/30/15, it was determined Resident #11 was not to be interviewable.					
	Interview on 9/30/15 at 3:50 pm with a Dietary aide revealed regular, salted potato chips are served to residents with hamburgers.					
	Interviews on 9/30/15 at 5:30 pm and 10/02/15 at 10:15 am with the Memory Care Coordinator (MCC) revealed:					
	years.	he facility for 10 and 1/2 ents were kept in a folder in he staff to reference.				
	-"A hamburger on the a normal hamburger. hamburger bun and o	e MS diet looks different than It is ground meat on a cut into pieces. The cheese				
	holds it together. You the plate after the res	i can see crumbled meet on sident takes a bite."				
	Refer to interview on B.	10/02/15 at 8:00 with Cook				
	Refer to interview on Cook A.	10/02/15 at 10:00 am with				
	Refer to interview on the Dietary Manager.	10/02/15 at 12:10 pm with				
	revealed:	5 at 8:00 am with Cook B the previous two days.				
	-He had worked at th	e facility 1 year; currently as eek, but previously as a				

ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
	HAL060139		B. WING		10/02/2015	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
REGENCY	RETIREMENT VILLAG	E	LOW RIDGE DRIV	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From pag	e 18	D 310			
	processor to cut the pieces like for a todd be cut into 4 or more residents need small being a server". "Tur squares and soft so Cooked vegetables a -If a pureed diet was processed the meat "baby food consisten -If a resident was ser process followed was -"The staff gave the f resident menu select the diet on it, but we kitchen with the orde the server to give to -If the diet order char list and posted the ch reference. -The diet manager pr week. -He did not realize th all MS options.	have a list posted in the s: kitchen a paper with the tions. The paper should have have a list posted in the red diet. We give the plate to the resident." Inged, the nurse updated the hange in the kitchen for staff repared the menu for the hat meat was to be ground for the on 10/02/15 at 10:00 am d: he facility for many years. he Dietary Manager who was				
	he had been doing th -A diet list was poste for which diet a resid nurse updated it whe -If a pureed diet was	d on the kitchen wall to follow lent was to receive. The en diet orders changed. ordered, he pureed all foods				
	to be served so they -If mechanical soft di	were fluffy. iet was ordered, he used a				

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OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060139	B. WING		10	0/02/2015
ROVIDER OR SUPPLIER					
RETIREMENT VILLAGE			1		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	9 19	D 310			
vegetables were soft sauce to make them a -"Mechanical soft is co diet, small like you did how he would prepare -To make a hamburge processor to "chop the meat between two slid together and make it lit then cut the burger in Telephone interview of the Dietary Manager -She had worked at th was currently on vaca -She trained all kitche -She completed sever service training course -For a MS diet, turkey meet using the food p -For pureed diet, a ha	enough and required only a acceptable. ut smaller than a chopped be an onion" (when asked e the turkey entrée). er, he used the food e meat, then put a scoop of ces of cheese to hold it look like the real thing". He to four pieces. on 10/02/15 at 12:10 pm with revealed: the facility for 8 years, but tition. In staff. ral online and on-site food es. was to look like ground rocessor. mburger was to be ground				
on 10/02/15 that inclu -Immediately, all resid therapeutic diets as o -Immediately, all dieta on the correct therape use of appropriate eq compliance. -Immediately, on-com correct therapeutic die shift. -Diets will be visually	ded: lents will be served rdered by the physician. ary staff have been educated eutic diet and instructed on uipment to ensure ling staff will be educated on ets before the start of their inspected by the Dining				
	ROVIDER OR SUPPLIER RETIREMENT VILLAGE SUMMARY ST/ (EACH DEFICIENCY REGULATORY OR L Continued From page food processor to cut vegetables were soft sauce to make them a -"Mechanical soft is cu diet, small like you did how he would prepare -To make a hamburge processor to "chop the meat between two slid together and make it l then cut the burger in Telephone interview of the Dietary Manager in -She had worked at th was currently on vaca -She trained all kitche -She completed sever service training cours: -For a MS diet, turkey meet using the food p -For pureed diet, a ha using the food process and cut into pieces. A Plan of Protection w on 10/02/15 that inclu -Immediately, all resid therapeutic diets as o -Immediately, all dieta on the correct therapeutic diets shift. -Diets will be visually Services Director or E	F CORRECTION IDENTIFICATION NUMBER: HAL060139 ROVIDER OR SUPPLIER STREET A RETIREMENT VILLAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 food processor to cut everything. Most cooked vegetables were soft enough and required only a sauce to make them acceptable. -"Mechanical soft is cut smaller than a chopped diet, small like you dice an onion" (when asked how he would prepare the turkey entrée). -To make a hamburger, he used the food processor to "chop the meat, then put a scoop of meat between two slices of cheese to hold it together and make it look like the real thing". He then cut the burger into four pieces. Telephone interview on 10/02/15 at 12:10 pm with the Dietary Manager revealed: -She had worked at the facility for 8 years, but was currently on vacation. -She trained all kitchen staff. -She completed several online and on-site food service training courses. -For a MS diet, turkey was to look like ground meet using the food processor. -For pureed diet, a hamburger was to be ground using the food processor, then put onto a bun, and cut into pieces. A Plan of Protection was submitted by the facility on 10/02/15 that included: -Immediately, all residents will be served therapeutic diets as ordered by the physician. -Immediately, all dietary staff have been educated on the correct therapeutic diet and instructed	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL060139 B. WING RETIREMENT VILLAGE STREET ADDRESS, CITY, STATE, PLACH DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 19 D 310 food processor to cut everything. Most cooked vegetables were soft enough and required only a sauce to make them acceptable. ID -"Mechanical soft is cut smaller than a chopped diet, small like you dice an onion" (when asked how he would prepare the turkey entrée). ID -To make a hamburger, he used the food processor to "chop the meat, then put a scoop of meat between two slices of cheese to hold it together and make it look like the real thing". He then cut the burger into four pieces. ID Telephone interview on 10/02/15 at 12:10 pm with the Dietary Manager revealed: -She had worked at the facility for 8 years, but was currently on vacation. -She trained all kitchen staff. -She completed several online and on-site food service training courses. -For a MS diet, turkey was to look like ground meat betweey says to be ground using the food processor, then put onto a bun, and cut into pieces. -A Plan of Protection was submitted by the facility on 10/02/15 that included: -Immediately, all residents will be served therapeutic diets as ordered by the physician. -Immediately, all residents will be served therapeutic diets on order to ensure compliance. -Immediately, on-coming staff will be educated on correct therapeutic diets before the sta	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL060139 B. WING RETIREMENT VILLAGE STREET ADDRESS, CITY, STATE, ZIP CODE 9120 WILLOW RIDGE DRIVE CHARLOTTE, NC 28210 PROVIDER'S PLANT (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLANT (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLANT (EACH CORRECTIVE, TAG Continued From page 19 D 310 D 310 food processor to cut everything. Most cooked vegetables were soft enough and required only a sauce to make them acceptable. D 310 -"Mechanical soft is cut smaller than a chopped diet, small like you dice an onion" (when asked how he would prepare the turkey entrée). D 310 -To make a hamburger, he used the food processor to "chop the meat, then put a scoop of meat between two slices of cheese to hold it together and make it look like the real thing". He then cut the burger into four pieces. Telephone interview on 10/02/15 at 12:10 pm with the Dietary Manager revealed: -She ad worked at the facility on 8 years, but was currently on vacation. -For and S diet, turkey was to look like ground meet using the food processor. -For pureed diet, a hamburger, was to be ground using the food processor. -For pureed diet, a hamburger was to be ground using the food processor. -For pureed diet, a souther by the facility on 10/02/15 that inclucued: -Immediately, all residents will be served therap	F CORRECTION IDENTIFICATION NUMBER A BUILDING: (CON HALGE0139 B. WING (1) CONDER OR SUPPLIER STREET ADDRESS, CITY. STATE. ZP CODE RETIREMENT VILLAGE STREET ADDRESS, CITY. STATE. ZP CODE RETIREMENT VILLAGE STREET ADDRESS, CITY. STATE. ZP CODE RECOMMARY STATEMENT OF DEFICIENCIES CHARLOTTE, NC 28210 CARLOTTE, NC 28210 CARLOTTE, NC 28210 CONTINUE OF USED DEFICIENCE RECOMMARY STATEMENT OF DEFICIENCIES RECOMMARY STATEMENT OF DEFICIENCIES RECOMMARY STATEMENT OF DEFICIENCIES RECOMMARY STATEMENT OF DEFICIENCIES CARLOTTE, NC 28210 CONTINUE OF USED DEFICIENCY CONTINUE OF USED DEFICIENCY CONTINUE OF USED DEFICIENCY Continued From page 19 food processor to cut everything. Most cocked vegetables were soft encugh and required only a sauce to make them acceptable. "Mechanical soft is cut smaller than a chopped diet, small like you dice an onion" (when asked how he would prepare the turkey entrée). To make a hamburger, he used the food processor to "chop the meat, then put a scoop of meat between two slices of cheeses to hold it together and make it look like the real thing". He then cut the burger into four pieces Telephone interview on 10/02/15 at 12:10 pm with the Dietary Manager reveated: -She had worked at the facility for 8 years, but was currently may action. -For pured diet, a hamburger was to be ground using the food processor. -For pured diet, a hamburger was to be ground using the food processor. -For pured diet, a hamburger was to be ground using the food processor. -For pured diet, a hamburger was to be ground using the food processor. -For pured diet, a hamburger was to be ground using the food processor. -For pured diet, a hamburger was to be ground using the food processor. -For pured diet, a hamburger was to be ground using the food processor. -Immediately, all residents will be served threapeutic diets as ordered by the physician. -Immediately, on-coming staff will be educated on ormer threapeutic diets and instructed on use of apropriate equ

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STATEMEN	of Health Service Regure FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL060139		B. WING		10/02/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
REGENCI	(RETIREMENT VILLAGE		LOW RIDGE DRIV	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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	inspection and review Committee. CORRECTION DATE	r 60 days. ns will be made and at time of inspection. mpleted at the time of ved monthly by the Executive	D 310			
D912	G.S. 131D-21 Declar Every resident shall h 2. To receive care ar adequate, appropriate	laration of Residents' Rights ration of Residents' Rights have the following rights: nd services which are e, and in compliance with state laws and rules and	D912			
	reviews, the facility fa received care and se appropriate, and in co	ns, interviews, and record hiled to ensure residents rvices which were adequate, compliance with relevant s and rules and regulations				
	review, the facility fail residents (Residents physician's orders for and Mechanical Soft ordered. [Refer to Ta	n, interview and record led to assure 4 of 8 sampled #7, #8, #11 and #12) with therapeutic diets of Pureed (MS) diets were served as Ig 310, 10A NCAC 13F and Food Service (Type B				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060139	60139 B. WING		10	10/02/2015	
NAME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
		9120 WI	LLOW RIDGE DRIV				
REGENCY	RETIREMENT VILLAGE	CHARLO	OTTE, NC 28210				
PREFIX (EACH DEFICIENCY MUST		ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	