	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
HAL092180		HAL092180	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
MAGNOL	LIA GLEN		EEDMOOR RC H, NC 27612	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
	The Adult Care Lice annual survey on 1	ensure Section conducted an 0/21/15 - 10/22/15.				
D 287	10A NCAC 13F .09 Service	04(b)(2) Nutrition And Food	D 287			
	 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. 					
	Based on observati failed to assure res meals and at snack and non-disposable least a knife, fork, s	et as evidenced by: ion and interview, the facility idents had table service during times that included a napkin place settings consisting of a spoon, plate, and beverage iate for the foods served.				
	The findings are:					
	kitchen and storage Styrofoam dinner b Styrofoam plates, S the Styrofoam cups	5am on 10/21/15 of the facility e pantry revealed cases of oxes, Styrofoam bowls, Styrofoam cups, plastic lids for and bowls, plastic knives, lastic spoons in the dry				
		noon meal preparation in the 5 from 12noon to 12:20pm				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED	
н		HAL092180	B. WING	B. WING		22/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MAGNO	LIA GLEN		EEDMOOR RO H, NC 27612	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 287	Continued From pa	ge 1	D 287			
	requested to eat in - Foods were place and bowls with plas - Beverages were p and covered with di Confidential intervie - Disposable produce "convenience, to sa - Disposable produce were accessible du - They had not been products. - Dining services tri resident meal times	d in lidded Styrofoam boxes stic disposable lids. boured into Styrofoam cups isposable plastic lids. ew with dietary staff revealed: cts were used because of ave time". cts were used because they ring the meal delivery. In told not to use disposable ed to be flexible about and last-minute food difficult to meet all their needs	5			
	to each floor by 12: - Observation of the 12:30pm to 1:15pm placed in the kitcher resident's room. - Two residents were awakened by the m - Further observation	e resident rooms from revealed the meals were nette or on a table in each re sleeping, and were not				
	 "It's hard for me to here." She never receive metal silverware wh The food always o The food was luke 	ake her meals in her room. o get around, I prefer to eat ed china plates, glassware, or hen eating in her room. came in a Styrofoam box.				

LF9H11

If continuation sheet 2 of 10

MAGNOLIA GL (X4) ID PREFIX TAG D 287 Cont plast - She silver Styrc here I war Inter revea - Res meal was - The reque meal - Sor beca neve Obse 10/22 - A fa cart fa - She Styrc here I war - She Styrc here I war - Res meal vas - The reque meal - Sor beca neve Obse to res - She Styrc here - Res meal - Sor beca neve Obse 10/22 - A fa cart fa - She Styrc - Res meal - Sor beca neve Obse - The - She - Res - Res - Res - Res - Sor - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - She - Sor - Sor - She - Sor - Sor - She - She - She - Sor - She - S	DER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR ntinued From pastic knives." ne never reques erware, "I have rofoam boxes a e. I assumed t anted to eat in r erview with a res ealed: esidents eating al 30 minutes a s supposed to co ne facility was g uests, but that j	3215 CRI RALEIGH	B. WING DDRESS, CITY, S EEDMOOR RC H, NC 27612 ID PREFIX TAG D 287		CORRECTION ON SHOULD BE HE APPROPRIATE	22/2015
MAGNOLIA GL (X4) ID PREFIX TAG D 287 Cont plast - She silver Styrc here I war Inter revea - Res meal was - The reque meal - Sor beca neve Obse 10/22 - A fa cart fa - She Styrc here I war - She Styrc here I war - Res meal vas - The reque meal - Sor beca neve Obse to res - She Styrc here - Res meal - Sor beca neve Obse 10/22 - A fa cart fa - She Styrc - Res meal - Sor beca neve Obse - The - She - Res - Res - Res - Res - Sor - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - She - Sor - Sor - She - Sor - Sor - She - She - She - Sor - She - S	SUMMARY ST (EACH DEFICIENC REGULATORY OR ntinued From particular stic knives." ne never request erware, "I have rofoam boxes a e. I assumed to anted to eat in r erview with a rest ealed: esidents eating al 30 minutes a s supposed to co ne facility was guests, but that j	STREET AU 3215 CRI RALEIGH TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) age 2 sted china, glasses, or metal e received all my meals in and cups ever since I have lived that was all that was available if my room." sident's family member in their room usually got the after food service for a meal poccur. good at honoring special	DDRESS, CITY, S EEDMOOR RO H, NC 27612 ID PREFIX TAG D 287	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	CORRECTION ON SHOULD BE HE APPROPRIATE	(X5) COMPLET
MAGNOLIA GL (X4) ID PREFIX TAG D 287 Cont plast - She silver Styrc here I war Inter revea - Res meal was - The reque meal - Sor beca neve Obse 10/22 - A fa cart fa - She Styrc here I war - She Styrc here I war - Res meal vas - The reque meal - Sor beca neve Obse to res - She Styrc here - Res meal - Sor beca neve Obse 10/22 - A fa cart fa - She Styrc - Res meal - Sor beca neve Obse - The - She - Res - Res - Res - Res - Sor - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - Sor - She - Sor - Sor - She - Sor - Sor - She - Sor - Sor - She - She - She - Sor - She - S	SUMMARY ST (EACH DEFICIENC REGULATORY OR ntinued From particular stic knives." ne never request erware, "I have rofoam boxes a e. I assumed to anted to eat in r erview with a rest ealed: esidents eating al 30 minutes a s supposed to co ne facility was guests, but that j	3215 CRI RALEIGH	EEDMOOR RC H, NC 27612 ID PREFIX TAG D 287	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	COMPLET
(X4) ID PREFIX TAG D 287 Cont plast - She silver Styrc here. I war Inter revea - Res meal was - The requir meal - Sor beca neve Obse 10/22 - A fa cart f - She Styrc here. I war	SUMMARY ST (EACH DEFICIENC REGULATORY OR ntinued From particular stic knives." ne never reques erware, "I have rofoam boxes a e. I assumed t anted to eat in r erview with a res ealed: esidents eating al 30 minutes a s supposed to co ne facility was g uests, but that j	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) age 2 sted china, glasses, or metal e received all my meals in and cups ever since I have lived that was all that was available if my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special	H, NC 27612	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	COMPLET
PRÉFIX TAG D 287 Cont plast - She silver Styrc here. I war Inter revea - Res meal was - The reque meal - Sor beca neve Obse 10/22 - A fa cart f - She to res Obse room - Th Styrc	(EACH DEFICIENC REGULATORY OR stic knives." ne never reques erware, "I have rofoam boxes a e. I assumed t anted to eat in r erview with a res ealed: esidents eating al 30 minutes a s supposed to o ne facility was g uests, but that j	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) age 2 sted china, glasses, or metal e received all my meals in and cups ever since I have lived that was all that was available if my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special	D 287	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	COMPLET
PRÉFIX TAG D 287 Cont plast - She silver Styrc here. I war Inter revea - Res meal was - The reque meal - Sor beca neve Obse 10/22 - A fa cart f - She to res Obse room - Th Styrc	(EACH DEFICIENC REGULATORY OR stic knives." ne never reques erware, "I have rofoam boxes a e. I assumed t anted to eat in r erview with a res ealed: esidents eating al 30 minutes a s supposed to o ne facility was g uests, but that j	age 2 sted china, glasses, or metal e received all my meals in and cups ever since I have lived that was all that was available if my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special	D 287	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	COMPLET
plast - She silver Styrc here I war Inter revea - Res meal was - The requi meal - Sor beca neve Obse 10/22 - A fa cart f - She to res	stic knives." ne never request erware, "I have rofoam boxes a e. I assumed to anted to eat in r erview with a rest ealed: esidents eating al 30 minutes a s supposed to co ne facility was g uests, but that	sted china, glasses, or metal received all my meals in and cups ever since I have lived that was all that was available if my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special	Ŀ			
- She silver Styrc here I war Inter revea - Res meal was - The reque meal - Sor beca neve Obse 10/22 - A fa cart 1 - She to re: Obse room - Th Styrc	ne never request erware, "I have rofoam boxes a e. I assumed t anted to eat in r erview with a rest ealed: esidents eating al 30 minutes a s supposed to c ne facility was g uests, but that j	e received all my meals in and cups ever since I have lived that was all that was available if my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special				
silver Styrc here I war Inter revea - Res meal was - The requi meal - Sor beca neve Obse 10/22 - A fa cart f - She to re: Obse room - Th Styrc Styrc	erware, "I have rofoam boxes a e. I assumed t anted to eat in r erview with a re- ealed: esidents eating al 30 minutes a s supposed to c ne facility was g uests, but that	e received all my meals in and cups ever since I have lived that was all that was available if my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special				
Styrc here I war Inter- revea - Res meal was - The requi meal - Sor beca neve Obse 10/22 - A fa cart f - She to res Obse room - Th Styrc Styrc	rofoam boxes a e. I assumed t anted to eat in r erview with a re- ealed: esidents eating al 30 minutes a s supposed to c ne facility was g uests, but that	and cups ever since I have lived that was all that was available if my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special				
here I war Inter- revea - Res meal was - The requi meal - Sor beca neve Obse 10/22 - A fa cart f - She to res Obse room - Th Styro	e. I assumed the anted to eat in reserview with a resealed: esidents eating al 30 minutes as supposed to come facility was guests, but that j	that was all that was available if my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special				
I war Inter- revea - Res meal was - The requi meal - Sor beca neve Obse 10/22 - A fa cart f - She to res Obse room - Th Styro	anted to eat in r erview with a re- ealed: esidents eating al 30 minutes a s supposed to c ne facility was g uests, but that j	my room." sident's family member in their room usually got the after food service for a meal occur. good at honoring special				
revea - Res meal was - The required meal - Sor beca neve 0bse 10/22 - A fa cart f - She to res 0bse room - Th Styro	ealed: esidents eating al 30 minutes a s supposed to c ne facility was g uests, but that j	in their room usually got the after food service for a meal occur. good at honoring special				
revea - Res meal was - The reque meal - Sor beca neve Obse 10/22 - A fa cart f - She to res Obse room - Th Styro	ealed: esidents eating al 30 minutes a s supposed to c ne facility was g uests, but that j	in their room usually got the after food service for a meal occur. good at honoring special				
meal was - The reque meal - Sor beca neve Obse 10/22 - A fa cart f - She to res Obse room - Th Styro	al 30 minutes a s supposed to c ne facility was g uests, but that j	after food service for a meal occur. good at honoring special				
was - The reque meal - Sor beca neve Obse 10/22 - A fa cart f - She to rec Obse room - Th Styro Styro	s supposed to c ne facility was g uests, but that j	occur. good at honoring special				
- The requi meal - Sor beca neve Obse 10/22 - A fa cart 1 - She to res Obse room - Th Styro Styro	ne facility was g uests, but that j	good at honoring special				
reque meal - Sor beca neve Obse 10/22 - A fa cart f - She to res Obse room - Th Styro Styro	uests, but that j					
meal - Sor beca neve 0bse 10/22 - A fa cart f - She to res Obse room - Th Styro Styro		just added to the waiting for a				
beca neve 0bse 10/22 - A fa cart f - She to res 0bse room - Th Styro Styro	al.					
Obse 10/22 - A fa cart f - She to res Obse room - Th Styro Styro	ome residents h	had to eat in their room				
Obse 10/22 - A fa cart f - She to res Obse room - Th Styrc Styrc	because of illness or physical disability, they never got to use real dishes and silverware.					
10/2 - A fa cart f - She to res Obse room - Th Styrc Styrc						
- A fa cart f - She to res Obse room - Th Styrc Styrc		e second floor hallway on				
cart f - She to res Obse room - Th Styrc Styrc	22/15 at 8:45ar					
- She to res Obse room - Th Styrc Styrc		rson in the hallway with a small				
to res Obse room - Th Styrc Styrc	t full of Styrofoa	g out the Styrofoam containers				
room - Th Styrc Styrc	esidents.	y out the otyroloan containers				
room - Th Styrc Styrc	servation on 10)/22/15 at 8:56am of a resident				
Styro Styro	m revealed:					
Styrc		in the room had a disposable				
		ox with lid; two disposable				
aisha		cups with plastic lids; small				
	disposable eating utensils wrapped in a paper napkin.					
Парк	/XIII.					
Inter	erview on 10/22	2/15 at 9:00am with a resident				
	iding in the room	m revealed:				
		avs took one of her				
	he resident alw	- The resident always took one of her medications with her breakfast coffee in the				
	he resident alw dications with h					
ision of Health Se	he resident alw dications with h rning.	her breakfast coffee in the				
ATE FORM	he resident alw dications with h rning. he resident sai	ner breakfast coffee in the d, as she pointed to the				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		HAL092180	B. WING		10/	22/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MAGNO	LIA GLEN		EEDMOOR RC H, NC 27612	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
D 287	Continued From pa	ige 3	D 287			
		disposable food box and coffee cups on dining table, she ate breakfast in her room every day.				
	medication aide rev - The residents all room with the dispon plates, bowls and c - The two residents	ways ate breakfast in their osable plates, boxes and/or oups. s in the room went to the main ch and dinner where they				
	floor at 9:40am on - The resident was - The dining room t box with scrambled	finishing her breakfast meal. able held an open Styrofoam l eggs and toast, 2 Styrofoam ffee and juice, plastic utensils,				
	revealed: - She always ate br - The facility used S who ate in their roo get dressed, and go china, glassware, a - She had been ill th dinner in her room - She pointed to the the housekeeping s clean up the uneate containers later tha	he past two days and took the previous night. e trash can in her room, saying staff worked dayshift and will en food and soiled food				
	roomat 9:50am on	trash can in the resident's 10/22/15 revealed: was soiled food containers.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		HAL092180			10/	22/2015
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
AGNO	LIA GLEN		EEDMOOR RO H, NC 27612	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 287	Continued From pa	ge 4	D 287			
	- It held 3 small Styrofoam bowls/cups, 6 beverage containers, 2 Styrofoam boxes, plastic disposable lids, and used paper napkins.					
	at 2:30pm on 10/22 - Meals were sent to in their room in the - Styrofoam boxes of Styrofoam helped to from contamination - Styrofoam and plat for ease of use and floor staff. - Retrieving soiled of utensils took time a - He was not aware to be used on a reg	were chosen because the b keep the food warm and free instic disposables were chosen timely delivery by dietary and dishes, glassware, and way from other staff duties. disposable tableware was no ular basis in adult care ed on the documented needs				
	10/22/15 revealed: - He was not aware to be used on a reg facilities unless bas or preferences of th - He stated the facil green" and to decre	ity was committed to "going easing waste, and felt that am disposables would	t			
D 298	10A NCAC 13F .09 Service	04(d)(2) Nutrition And Food	D 298			
	(d) Food Requirem (2) Foods and beve	04 Nutrition And Food Service ents in Adult Care Homes: grages that are appropriate to Il be offered or made available				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	HAL092180		B. WING		10/	22/2015
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
	LIA GLEN		EEDMOOR RO			
		RALEIG	H, NC 27612			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 298	Continued From pa	age 5	D 298			
		macks between each meal for cks per day and shown on the				
	This Rule is not met as evidenced by: Based on record review, observations, and interviews, the facility failed to offer snacks to all residents three times a day.					
	The findings are:					
	the Dietary Service facility offered a Re diet, and a No Con Dietary Services Ac food preferences, t	u spreadsheets in the office of s Administrator revealed the egular diet, a No Added Salt centrated Sweets diet. The dministrator tracked resident exture modifications, dietary umption of alcohol by resident.				
	revealed they conta daily. The menus of menus for the Regi Concentrated Sweet were not listed as p	of the menu spreadsheets ained menus for three meals did not include planned snack ular, No Added Salt nor the No ets diets. Three daily snacks part of the menu developed by an for therapeutic diets.				
	on 10/21/15 at 3:00 - The facility purchas snack items, such as sugar-free cookies, - Snack foods and Medication Aide/Nu the Assisted Living	ased a variety of prepackaged as crackers, cookies, , and fruit drinks and juices. beverages were stocked in the urses' station on each floor of				
	residents, they cou wanted one.	ld have a snack any time they ng Medication Aides and				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			B. WING			
		HAL092180			10/	22/2015
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST EEDMOOR RO			
MAGNOI	LIA GLEN		I, NC 27612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
D 298	Continued From pa	ige 6	D 298			
	distributing snacks Department were re- residents' snacks a - Snacks were som Activities, upon req Observation on 10/ second floor of the revealed: - The door to the nu- Medication Aide wa - A sign on the nurs Resident Snack Ba the Medication Roo floor in the A. L. [As	f were responsible for to residents, while the Dietary esponsible for stocking t the nurses' stations. etimes served during uest of Activities staff. 21/15 at 3:15pm on the Assisted Living facility urses' station was locked, one is in the nurses' station. ses' station door stated: skets: Snacks are located in oms/Nurses' Office of each esisted Living] Building. jiver at any time if you would Thank you!				
	revealed: - Residents can known snack, they would of goldfish, pretzels, c - Drinks were stock residents could req prepackaged snack - Snacks were not not they had their own - Residents bought trips or their familie rooms.	ews with two Medication Aides ock on the door and ask for a give them a small packet of hips, crackers, or cookies. ed in the Nurses' Office, uest a beverage along with a k item. requested by many residents, favorite snacks in their rooms. their own snacks on shopping s keep snacks stocked in their ot offer each resident a snack				
	three times daily. - Non-ambulatory resnacks. When asked how wresidents request a	esidents rarely requested would non-ambulatory snack, one Medication Aide use a call bell to summon a				

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE COMF	SURVEY
		1141 000/00	A. BUILDING:			
	HAL092180		DDRESS, CITY, S		10/2	22/2015
			EEDMOOR RC			
IAGNOL	LIA GLEN	RALEIGI	H, NC 27612			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 298	Continued From pa	age 7	D 298			
	 staff member to their room so they could ask the staff member to bring them a snack. When asked " How would a member of the nursing staff know what an appropriate snack was for someone on a therapeutic diet? " one Medication Aide replied that she was not sure, but the resident could eat whatever they wanted. Confidential interviews with 12 residents and family members revealed residents were not offered snacks: " I get snacks from [the facility] when I attend activities." "No one ever offers us a snack or a drink between meals" "Snacks are not offered, but I'm pretty sure I 					
			t			
	could get one if I as - "I have not seen a [around the facility] - "Nobody comes to a snack between m	sked." anybody offering snacks " o our rooms to see if we want				
	get me something. - "I have my own si - "My [loved one] ha don't offer any to he some if she wanted	nacks in my room." as her own snacks so they er, she could probably get 1."				
	 Three residents d were served but re One of twelve res asked for a snack. None of the twelv 	served three times daily. id not know how many snacks ported they got enough to eat. idents stated she had never "No one asks". e residents were aware the d to provide or offer snacks 3				

AND PLAN OF CORRECTION					E SURVEY PLETED
	HAL092180	B. WING		10/	22/2015
PROVIDER OR SUPPLIER					
IA GLEN			DAD		
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From pa	ge 8	D 298			
 She sometimes of breakfast and lunch not eat much break Most of the diabet If they need a sna Interview with anoth 10/22/15 at 11:10ar She was unsure if residents in the morequest. The diabetics recegoldfish, and graha Residents must correquest a snack. Facility staff did not three times daily. Interview with the D on 10/22/15 at 3:00 He was not aware served to the resider to the resider to the resider the kitchen provider were responsible for the was aware mostash of favorite sn refrigerator in their No residents had complained about to the text of the start and the s	fered snacks between h, especially if the resident did fast. ics have their own snack. ck, they will request it. her Medication Aide on m revealed; snacks were offered to rning without a resident's eived sugar free products, m crackers for snacks. ome to the nurses' station to ot offer a snack to all residents Dietary Services Administrator opm revealed: e snacks were not being ents three times daily. ed the snacks, the floor staff or giving out the snacks. ost residents had their own acks, most residents had a room for beverages. voiced concerns or being hungry or not having				
-There was current monitoring to ensur three times daily.	ly no system in place for e snacks were being served				
three snacks were regular, modified te - The Registered D	planned for each day for all xture, and therapeutic diets ietitian would be notified that rapeutic menus had to include				
	OF CORRECTION PROVIDER OR SUPPLIER IA GLEN SUMMARY STA (EACH DEFICIENCY) REGULATORY OR L Continued From pa - She sometimes of breakfast and lunch not eat much break - Most of the diabet - If they need a sna Interview with anoth 10/22/15 at 11:10ar - She was unsure if residents in the mo request. - The diabetics rece goldfish, and graha - Residents must co request a snack. - Facility staff did no three times daily. Interview with the D on 10/22/15 at 3:00 - He was not aware served to the reside The kitchen provide were responsible fo - He was aware mo stash of favorite sna refrigerator in their - No residents had complained about to snacks available to -There was current monitoring to ensur three times daily. - He would review t three snacks were regular, modified te - The Registered D the regular and the	OF CORRECTION IDENTIFICATION NUMBER: HAL092180 HAL092180 PROVIDER OR SUPPLIER STREET A JA GLEN 3215 CR RALEIGI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 - She sometimes offered snacks between breakfast and lunch, especially if the resident did not eat much breakfast. Most of the diabetics have their own snack. - If they need a snack, they will request it. Interview with another Medication Aide on 10/22/15 at 11:10am revealed; - She was unsure if snacks were offered to residents in the morning without a resident's request. The diabetics received sugar free products, goldfish, and graham crackers for snacks. - Residents must come to the nurses' station to request a snack. Facility staff did not offer a snack to all residents three times daily. Interview with the Dietary Services Administrator on 10/22/15 at 3:00pm revealed: He was not aware snacks were not being served to the residents three times daily. The kitchen provided the snacks, the floor staff were responsible for giving out the snacks. He was aware most residents had their own stash of favorite snacks, most residents had a refrigerator in their room for beverages. - No residents had voiced concerns or complained about being hungry or not having snacks available to his staff. - There was currently no system in place for monitoring to ensure snacks were being served	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL092180 B. WING	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: HAL092180 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE JA GLEN 3215 CREEDMOOR ROAD RALEIGH, NC 27612 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MIS DE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREVIDENCIENC WARENED FOR PRECIDED BY (EACH CORRECTIVE AC (COSS-REFERENCE) TO DEFICIENC Continued From page 8 D 298 - She sometimes offered snacks between breakfast and lunch, especially if the resident did not eat much breakfast. D 298 - Most of the diabetics have their own snack. - If they need a snack, they will request it. D 10/22/15 at 11:10am revealed; - She was unsure if snacks were offered to residents in the morning without a resident's request. - Residents must come to the nurses' station to request. - Residents must come to the nurses' station to request a snack. - Facility staff did not offer a snack to all residents three times daily. Interview with the Dietary Services Administrator on 10/22/15 at 3:00pm revealed: - He was not aware snacks, mest residents had a refrigerator in their room for beverages. - Ne residents had voiced concerns or complained about being hungry or not having snacks available to his staff. - There was currently no system in place for monitoring to ensure snacks were bing served three times daily. - There was currently no system in place for monitoring to ensure snacks were bing served three time	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM HAL092180 B. WING 10/ PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 215 CREEDMOOR ROAD RALEIGH RALEIGH, NC 27612 PROVIDER'S PLAN OF CORRECTION AND LD BE IMEDUATORY ON LGO DEPROCENCY MUST BE PRECEDED BY FULL ID PREVENCE RESULTATORY ON LGO DEPROCENCY MUST BE PRECEDED BY FULL ID PREVENCE Continued From page 8 D 298 D 298 - She sometimes offered snacks between breakfast and lunch, especially if the resident did not eat much breakfast. D 298 - Most of the diabetics have their own snack. Interview with another Medication Aide on 10/22/15 at 11:10am revealed; - The diabetics received sugar free products, goldfish, and graham crackers for snacks. Residents must come to the nurses' station to request a snack. - The diabetics received sugar free products, endity staff did not offer a snack to all residents three times daily. 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D 298	Continued From pa	ge 9	D 298			
	therapeutic menus	to sign off on revised to ensure snack foods and propriate for therapeutic diets.				
	ealth Service Regulation					