	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		A. BUI		A. BUILDING:		R
		HAL034035	B. WING			18/2015
IAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
BROOKD	ALE REYNOLDA RO		'NOLDA ROAI N SALEM, NC			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
{D 000}	Initial Comments		{D 000}			
	The Adult Care Lice follow-up survey or	ensure Section conducted a 11/19/2015.				
{D 137}	10A NCAC 13F .04 Qualifications	07(a)(5) Other Staff	{D 137}			
	(a) Each staff pers shall:	07 Other Staff Qualifications on at an adult care home				
		antiated findings listed on the alth Care Personnel Registry 31E-256;				
	Based on interview facility failed to ens B) had no substant	et as evidenced by: rs and record reviews, the ure 1 of 6 sampled staff (Staff ial findings listed on the North re Personnel Registry (HCPR)				
	The findings are:					
	-A hire date of 10/1 -She was hired as a					
		n no substantiated findings.				
	revealed:	B on 11/18/15 at 12:20 pm				
		ice Manager (BOM) had me o I'm not sure if I signed for it				
	-She was not aware or not.	e if a HCPR check was done				
	-Sne was not aware	e what the HCPR was.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	E CONSTRUCTION			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED		
		HAL034035	B. WING			R 11/18/2015	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
2DUUK	DALE REYNOLDA RO	2980 RE	YNOLDA ROA	D			
		WINSTO	N SALEM, NC	27106			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
{D 137}	Continued From pa	ige 1	{D 137}				
D 273	revealed: -She was responsil checks were done -She did not run the for Staff B as she th been done. -She discovered th file when she was g requested by the su -She had been aud last State survey, "a one". 10A NCAC 13F .09 (b) The facility sha	iting personnel files since the and I guess I just missed this 02(b) Health Care	D 273				
	Based on observat interviews, the facil contacting the resid speech therapist (F Center (Resident # of therapeutic diets of 5 sampled reside The findings are: A. Review of Resid 10/12/15 revealed: -Diagnoses include requiring hemodialy	et as evidenced by: ions, record reviews and ity failed to assure follow-up in dents' primary care physician, Resident #2) and Dialysis 1) regarding residents' refusal (renal, pureed) ordered for 2 ents (#1 and #2). ent #1's current FL2 dated of End Stage Renal disease ysis three times per week, w the knee amputation, atrial					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		BERTH TO THOMBEN.	A. BUILDING: _			
		HAL034035	B. WING			R 18/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BROOKE	DALE REYNOLDA RO					
(X4) ID	SUMMARY STA		N SALEM, NC	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	COMPLET DATE
D 273	Continued From pa	age 2	D 273			
	was constantly con -A physician's order Review of Resident	r for liberalized renal diet. t #1's record revealed:				
	liberalized renal die sodium, potassium -The Licensed Hea	t Order" dated 4/30/15 for et. It defined "foods high in and phosphorus are limited". Ith Professional Support 8/18/15 documented Resident				
	-Documentation on staff on 11/16/15 th this am. Resident h scrambled eggs an -Documentation on staff on 11/17/15 th non-compliant with -Documentation on	the Resident Log by nursing at "Resident continues to be diet". the Resident Log by nursing at "Resident requested ham				
	from the dialysis ce -On 8/05/15 a potas -On 9/02/15 a potas -On 10/07/15 a pota -On 11/09/15 a pota -(Normal reference	ssium level of 5.2. ssium level of 5.2. assium level of 5.5.				
		ist posted in the kitchen on Resident #1 was to receive a				
	Review of the facilit	ty's posted week-at-a glance				

of Health Service Re	egulation				APPROVED
NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				E SURVEY PLETED
		A. BUILDING:		00111	
	HAL034035	B. WING			R 18/2015
PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	2980 RE	NOLDA ROA	D		
JALE RETNULDA RU	WINSTOI	N SALEM, NC	27106		
		ID			(X5)
		TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLETE DATE
Continued From pa	ige 3	D 273			
-The facility's menu dietician on 11/13/1 -The breakfast mer of French toast, bre	i was approved by a registered 5. nu for a regular diet consisted eakfast ham, fresh banana, hot				
Review on 11/18/18 Summary Report for Residents ordered be served: -4 oz French toast - 1 oz. beef patty -1/2 cup of applesa -1/2 cup cream of v flakes -3/4 cup apple juice	5 of the Daily Diet Modification or the breakfast meal revealed a Liberalized renal diet were to uce wheat or 1 cup low salt corn e, coffee.				
Observation on 11/ 9:07 am of the brea #1 revealed: -Resident #1 was s breakfast: corn flak juice, coffee, ham, sugar-free syrup.	18/15 between 8:47 am and akfast meal served to Resident erved the following meal for es with $\frac{1}{2}$ cup milk, apple and French toast with				
Requests" noteboo 11/18/15 revealed: -Resident #1 had 1 with her renal diet. -The entry notations name, the meal of the food item(s) she wa -Nine of 10 entries requests for bacon -A breakfast entry of	k entries from 10/15/15 to 0 entries of non-compliance s included Resident #1's the entry, and notations of the as given. was for breakfast, with 5 of 10 or ham. lated 11/16/15 for "regular				
	PROVIDER OR SUPPLIER DALE REYNOLDA RO SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa breakfast menu for - The facility's menu dietician on 11/13/1 - The breakfast mer of French toast, bre or cold cereal, juice Review on 11/18/18 Summary Report for Residents ordered be served: -4 oz French toast - 1 oz. beef patty -1/2 cup of applesa - 1/2 cup cream of v flakes - 3/4 cup apple juice - Milk was to be limi Observation on 11/ 9:07 am of the brea #1 revealed: - Resident #1 was s breakfast: corn flak juice, coffee, ham, sugar-free syrup. - Resident #1 consu Review of the faciliti Requests" noteboo 11/18/15 revealed: - Resident #1 had 1 with her renal diet. - The entry notationa name, the meal of f food item(s) she wa - Nine of 10 entries requests for bacon - A breakfast entry of	OF CORRECTION IDENTIFICATION NUMBER: HAL034035 HAL034035 PROVIDER OR SUPPLIER STREET AU 2980 REY WINSTOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES Continued From page 3 breakfast menu for 11/18/15 revealed: -The facility's menu was approved by a registered dietician on 11/13/15. -The breakfast menu for a regular diet consisted of French toast, breakfast ham, fresh banana, hot or cold cereal, juice, coffee and milk. Review on 11/18/15 of the Daily Diet Modification Summary Report for the breakfast meal revealed Residents ordered a Liberalized renal diet were to be served: -4 oz French toast - 1 oz. beef patty -1/2 cup of applesauce -1/2 cup cream of wheat or 1 cup low salt corn flakes -3/4 cup apple juice, coffee. -Milk was to be limited to 1/2 cup per day. Observation on 11/18/15 between 8:47 am and 9:07 am of the breakfast meal served to Resident #1 revealed: -Resident #1 was served the following meal for breakfast: corn flakes with ½ cup milk, apple juice, coffee, ham, and French toast with sugar-free syrup. -Resident #1 consumed 100% of her meal. Review of the facility's "Resident Diet Substitution Requests" notebook entries from 10/15/15 to 11/18/15 revealed: -Resident #1 had 10 entries of non-compliance with her renal diet. -The entry notations included Resident #1's name, the meal of the entry, and notations of the food item(s) she was given.	IT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: IDENTIFICATION NUMBER: HAL034035 B. WING CONTRECTION STREET ADDRESS, CITY, ST 2980 REYNOLDA ROA WINSTON SALEM, NC CALE REYNOLDA ROA 2980 REYNOLDA ROA WINSTON SALEM, NC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 D 273 breakfast menu for 11/18/15 revealed: -The facility's menu was approved by a registered dietician on 11/13/15. -The breakfast menu for a regular diet consisted of French toast, breakfast ham, fresh banana, hot or cold cereal, juice, coffee and milk. Review on 11/18/15 of the Daily Diet Modification Summary Report for the breakfast meal revealed Residents ordered a Liberalized renal diet were to be served: -1/2 cup of applesauce -1/2 cup of applesauce -1/2 cup oram of wheat or 1 cup low salt corn flakes -3/4 cup apple juice, coffee. -Milk was to be limited to 1/2 cup per day. Observation on 11/18/15 between 8:47 am and 9:07 am of the breakfast meal served to Resident #1 revealed: -Resident #1 was served the following meal for breakfast: corn flakes with ½ cup milk, apple juice, coffee, ham, and French toast with sugar-free syrup. -Resident #1 toonsumed 100% of her meal. Review of the facility's "Resident Diet Substitution Requests" notebook entries from 10/15/15 to 11/18/15 revealed: -Resident #1 had 10 entries of non-compliance with her renal diet. -The entry notations included Resident #1's name, the meal of the entry, and notations of the food i	art of DEFICIENCIES (X1) PROVIDER/SUPPLIENCIAL X2, MULTIPLE CONSTRUCTION art of DEFICIENCIES HAL034035 B. WING art of DEFICIENCIES B. WING B. WING art of DEFICIENCIES B. WING B. WING art of DEFICIENCIES B. WING PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSE-REFERENCED TO TO DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSE-REFERENCED TO TO DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG Continued From page 3 D 273 D 273 breakfast menu for a regular diet consisted ID PREFIX continued From page 3 D 273 D 273 breakfast menu for a regular diet consisted ID PREFIX continued From page 3 D 273 D 273 continued From toast, breakfast meal revealed Residents ordered a Liberalized renal diet were to be served: contract order da Liberalized renal diet were to be served: Contract of the Daily Diet Modification Summary Report for the breakfast meal served to Resident for the prevaled Conteram of whe	OF DEFICIENCIES [X1] PROVIDERSUPPLIERCLIA A BUILDING: [X2] MULTIPLE CONSTRUCTION A BUILDING: [X1] PROVIDER OR SUPPLIER STREET ADDRESS, CITY. STATE, ZIP CODE 11/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY. STATE, ZIP CODE 2860 REYNOLDA ROAD 2800 REYNOLDA ROAD 11/ SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION INJURGER ID PROVIDER'S PLAN OF CORRECTION INJURGER SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION INJURGER ID PROVIDER'S PLAN OF CORRECTION INJURGER SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION INJURGER ID PROVIDER'S PLAN OF CORRECTION INJURGER Continued From page 3 D 273 PROVIDER'S PLAN OF CORRECTION INJURGER ID PROVIDER'S PLAN OF CORRECTION INJURGER Continued From page 3 D 273 D 273 PROVIDER'S PLAN OF CORRECTION INJURGER ID Continued From page 3 D 273 D 273 PROVIDER'S PLAN OF CORRECTION INJURGER ID Continued From page 3 D 273 D 273 D 273 ID ID Continued From page 4 D 2 Frice NUT D 200 PA ID ID ID ID

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		HAL034035	B. WING			R 11/18/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	DALE REYNOLDA RO	2980 RE	YNOLDA ROA	D			
SKUUKI	DALE RETNOLDA RO	WINSTO	N SALEM, NC	27106			
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 273	Continued From pa	age 4	D 273				
	gravy and biscuit. -A lunch entry dated sandwich. (Dairy wa Resident #1 was no	dated 10/29/15 for sausage d 10/15/15 for a grilled cheese as limited on a renal diet.) ot available for an interview on					
	Dialysis Center's ch -She was not aware compliant with her -She was not aware Dialysis Center. "Th another staff memb documentation of n records. -It was "very import that they were awar -"The resident does capability to unders	15 at 12:15 pm with the harge nurse revealed: e that Resident #1 was not renal diet. e if the facility had notified the hey might have spoken to ber", but was not aware of ion-compliance in their tant in the resident's treatment re of non-compliance. s not have the mental stand she is on a special diet". 15 at 12:55 pm with the					
	Resident Care Coo facility did not notify Resident #1's non-o	rdinator (RCC) revealed the y the Dialysis Center of compliance with her renal diet.					
	#1's primary care p -He was aware of a Requests" noteboo him when he visited but "I don't always I	a ["] Resident Diet Substitution k because the staff gave it to d the facility every two weeks,					
	-Resident #1 was " husband, and I do n that might affect that place now."	functional and helps her not want to do any changes at because she is in a good er treated the Resident #1					

STATE FORM

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(V2) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
						R
		HAL034035	B. WING			18/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BBOOKI	DALE REYNOLDA RO	2980 RE	YNOLDA ROA	D		
BROOKI		WINSTO	N SALEM, NC	27106		
(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	TION SHOULD BE	(X5) COMPLET DATE
D 273	Continued From pa	age 5	D 273			
		rork, so did not feel her diet as that important at this time. s good."				
	Executive Director -The Medication Air non-compliance log Substitution Reque physician when he -Resident #1 plann at the end of the m her to be at the sar member. -She understood it Dialysis Center who non-compliant with Interview on 11/18/ and Wellness Director -She had worked a -She had "worked a a hemodialysis con communications be	de was to put the diet g sheet in the "Resident Diet ests" notebook and show the visited the facility. ed to move to another facility onth. The move was to allow ne facility as her family was important to notify the en Resident #1 was her renal diet. 15 at 2:45 pm with the Health ctor revealed: t the facility for 3 months. at a previous facility that used nmunication form for etween the facility and the d would look into implementing				
	Refer to the intervie with the RCC.	ew on 11/18/15 at 11:50 am				
	Refer to the intervie the Dining Service	ew on 11/18/15 at 2:00 pm with Coordinator.	ו			
	Refer to the intervie the first shift Medic	ew on 11/18/15 at 2:00 pm with ation Aide.	n l			
vision of H	6/17/15 revealed: -Diagnoses include	ent #2's current FL 2 dated d hypertension, Paralysis it constipation, Parkinson's,				

Division of Health Service Regulation STATE FORM

If continuation sheet 6 of 13

	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL034035	B. WING			R 18/2015
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
BROOK	DALE REYNOLDA RO	AD	YNOLDA ROAD			
	1	WINSTO	N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pa	ige 6	D 273			
	depression. -No diet order on th portions of fluids wi	ne FL 2 except for "double th meals".				
	-A physician's order thick liquids. -A physician's order milk with his cereal -A physician's order Salt (NAS) diet. -A physician's order diet with nectar thic -A Licensed Health evaluation form dat	r dated 8/24/15 for No Added r dated 10/10/15 for pureed				
	study performed or -Test was performed complaints of difficu- Resident #2 is "at "regardless of cons -Recommendations "Continue on necta soft, moist foods wigravy. Downgrade	a high risk for aspiration", sistency". s post study included: r thick liquids. For solids, very ith finely chopped meats with to pureed solid as needed." ow rehabilitation", and "repeat				
	kitchen on 11/18/15	dent diet list posted in the 5 revealed Resident #2 was to 1et with Nectar thick liquids.				
	breakfast menu for -The facility's menu dietician on 11/13/1	was approved by a registered	1			

STATE FORM

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: B. WING		COMPLETED	
		HAL034035			R 11/18/2015	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	ALE REYNOLDA RO	2980 REY	NOLDA ROA	D		
		WINSTON	SALEM, NC	27106		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
D 273	Continued From pa	age 7	D 273			
	of French toast, bre or cold cereal, juice	eakfast ham, fresh banana, hot e, coffee and milk.				
	Summary Report for	5 of the Daily Diet Modification or the breakfast meal revealed a pureed diet were to be				
	syrup. -Pureed ham serve	d French toast served with d with 1 oz. gravy puree. to be peeled and pureed.				
	-Pureed grain, past cream of wheat in p	ta, or hot cereal, or 1/2 cup blace of the cold cereal option. uice, milk and coffee.				
	9:15 am of the brea #2 revealed: -Resident #2 was s breakfast: rice cere liquid in bowl), 2 ha wheat bread, a ban milk shake (thicken	18/15 between 8:50 am and akfast meal served to Resident erved the following meal for eal in milk (noted to be pink ind-boiled eggs, 1 cup grits, nana cut in half, a chocolate ned), and thickened cranberry				
	swallowed them wir -Resident #2 consu except for the brea	umed his 100% of his meal				
	#2 revealed:	15 at 9:15 am with Resident sident at the facility for one				
	-He had problems s with a speech thera -He was on thicken	ed liquids and was supposed				
	to have pureed foo -He used milk to m ealth Service Regulation	os. oisten his cereal, but "I do not				

	of Health Service Re					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BOILDING.	B. WING		-
		HAL034035	B. WING			R 18/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PROOK	DALE REYNOLDA RO	2980 RE	YNOLDA ROAI	D		
BROOKI	DALE REINOLDA RO	WINSTO	N SALEM, NC	27106		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
D 273	Continued From pa	ge 8	D 273			
	drink it". "I am ok w	ith milk".				
		as pink today as "I sometimes				
		cranberry juice in it".				
		st pureed foods: "It usually				
		netimes I cannot eat it".				
		ureed is ok, but I cannot eat				
		se of the taste. At those times I. I eat a lot of cereal, so am				
	worried about my n					
		ard-boiled eggs and over-light				
	eggs. Breakfast is g					
		both extracted in the afternoon				
	and was going to e	at cereal or skip lunch.				
	Interview on 11/18/	15 at 11:40 with a Dietary Aide				
	revealed:	-				
		o the habit of asking Resident				
		to eat since he refused his				
	pureed diet frequer					
		fused a meal or requested				
		heir menu, it was noted by the				
		kept in the kitchen.				
		ty's "Resident Diet Substitution				
	Requests" noteboo 11/18/15 revealed:	k entries from 10/15/15 to				
	-Resident #2 had 2	7 entries of non-compliance				
		over 15 different days.				
		es were for breakfast, with				
		eggs or over easy eggs, and				
	wheat bread or grits	s. were for lunch, with requests				
		atmeal or boiled eggs with				
	bread.					
		s were for dinner, with				
	requests for regula	r diet or cereal or eggs with				
	•	uest for a grilled cheese				
	sandwich.					

	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
DRRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
	HAL034035	B. WING		R 11/18/2015	
DER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	-	
	2980 RF				
REYNOLDARC	WINSTO	N SALEM, NC	27106		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
itinued From pa	age 9	D 273			
s primary care p sident #2 had s king with speed was aware tha the pureed die was aware of a juests" noteboo when he visite "I don't always felt that Reside acted, and acted acted, and acted acted, acted acted acted, acted acted acted, acted acted acted, acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted acted	bhysician revealed: swallowing issues and was ch therapy. It Resident #2 was not happy et. a "Resident Diet Substitution ok because the staff gave it to d the facility every two weeks, look at it". ent #2's quality of life was dents have the right to eat cussed with the facility to vaiver signed by the family to to eat what he wishes. The veryone on board about diet sident if it is not pureed."				
cutive Director e Medication Ai -compliance log stitution Reque sician when he e was not awar discussed with rney (POA), bu ector (HWD) mi sident #2 did no vious Power of a was not sure h	revealed: de was to put the diet g sheet in the "Resident Diet ests" notebook and show the visited the facility. re if a Negotiated Risk waiver n Resident #2's Power of ut said the Health and Wellness ght have that information. ot have any family. His Attorney (POA) died recently.	5			
	REYNOLDA RO SUMMARY ST. (EACH DEFICIENC REGULATORY OR I atinued From particles of the period of	DRRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: INTENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 9 rview on 11/18/15 at 1:00 pm with Resident sprimary care physician revealed: sident #2 had swallowing issues and was king with speech therapy. was aware of a "Resident Diet Substitution quests" notebook because the staff gave it to when he visited the facility every two weeks, "I don't always look at it". felt that Resident #2's quality of life was acted, and residents have the right to eat at they want. vas recently discussed with the facility to gest getting a waiver signed by the family to w Resident #2 to eat what he wishes. The sician "wants everyone on board about diet risks to the resident if it is not pureed." was not willing to change the diet order for isdent #2 without further discussion with all oved. rview on 11/18/15 at 2:40 pm with the cutive Director revealed: e Medication Aide was to put the diet -compliance log sheet in the "Resident Diet stitution Requests" notebook and show the sician when he visited the facility. e was	DRRECTION IDENTIFICATION NUMBER: A. BUILDING:	DERRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL034035 B. WING DER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE REYNOLDA ROAD 2980 REYNOLDA ROAD WINSTON SALEM, NC 27106 D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX PREFIX REYNOLDA ROAD PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX CROSS-REFERENCED TO DEFICIENC Traide D 273	DRRECTION IDENTIFICATION NUMBER: A. BUILDING: COM HAL034035 B. WING 11/1 DER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2980 REYNOLDA ROAD SUMMARY STATEMENT OF DEFICIENCES ID PROVIDER'S PLAN OF CORRECTION (CAROAD WINSTON SALEM, NC 27106 SUMMARY STATEMENT OF DEFICIENCES ID PREFIX PROVIDER'S PLAN OF CORRECTION HOULD BE REQUATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCES Triuew on 11/18/15 at 1:00 pm with Resident rprimary care physician revealed: ID PREFIX CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY was aware that Resident #2 was not happy the pureed diet. was aware that Resident #2 was not happy the pureed diet. ID ID was aware that Resident #2's quality of life was acted, and residents have the right to eat that Resident #2's quality of life was acted, and resident bave the right to eat the twishes. The sician "wants everyone on board about diet risks to the resident if it is not pureed." Without further discussion with all lived. vided. rview on 11/18/15 at 2:40 pm with the cautity to gees getting a waiver signed by the family to wras not willing to change the diet order for ident #2 without further discussion with all lived. In vided. rview on 11/18/15 at 2:40 pm with the cautity Director revealed: Medication Aide was to put the diet compliance log sheet in the "Resident Diet stiltution Requests" notebook and show the sician when h

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED
		HAL034035	B. WING		R 11/18/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
BROOKE	DALE REYNOLDA RO		YNOLDA ROA N SALEM, NC			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 273	Continued From pa	age 10	D 273			
	physician after the which was held this weeks. -It was discussed the Resident #2's POA waiver related to di with the POA yet. -She was not sure new POA was. Interview by telepho with Resident #2's -A barium swallow #2 was "ok with tex thickened liquids". -"I changed Reside the resident was fru He would start coug He was good with to days, then he starte -The Resident and some soft foods he boiled eggs, fried a and similar foods. -Resident #2 "has to currently getting rep needing extraction. causing eating diffu- Resident #2 was in pureed foods. -She would discuss physician, "mayber	Speech Therapist worked out could safely swallow like hard nd soft eggs, bananas, grits proken partials that are paired, and has some teeth His dental problems are				
		on 11/18/15 at 11:50 am with Coordinator (RCC).				
	Refer to interview of	on 11/18/15 at 2:00 pm with the				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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		HAL034035	B. WING			18/2015
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
BROOKI	DALE REYNOLDA RO	ΔΠ	YNOLDA ROAI N SALEM, NC			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
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D 273	Continued From pa	age 11	D 273			
	Dining Service Coc	ordinator.				
	Refer to interview on 11/18/15 at 2:00 pm with a first shift Medication Aide.					
	Interview on 11/18/ revealed:	15 at 11:50 am with the RCC				
	-When a resident is	s noncompliant with their diet, e (MA) was to make a notation ecord				
	-The facility's kitche flowsheet in the kite	The facility's kitchen staff was to document on a lowsheet in the kitchen that is given to the MA to blace in a "Resident Diet Substitution Requests"				
	notebook. This not	ebook was given to the when he visited every two				
	-The MA was response physician of any die	onsible for notifying the etary non-compliance. cess in place to document the				
		the non-compliance log sheet	-			
	Interview on 11/18/ Service Coordinato	15 at 2:00 pm with the Dining				
	-She had worked a -The facility had "lo	t the facility since August 2015 ts on noncompliant residents.				
	We cannot tell a Re -When a resident re	esident no". efused or requested food off				
	"Resident Diet Sub	ne Dietary aides fill out a stitution Requests" log sheet en with the Resident's name,				
	meal notation was refusal and foods s	for, and notations specific to served.				
	noncompliance for	ponsible for giving this m to the MA to put in the Diet Substitution Requests				
		e what was done after she				
	gave the log sheet					
	Interview on 11/18/ ealth Service Regulation	15 at 2:00 pm with a first shift				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034035		(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING:		COM	R 11/18/2015	
		HAL034035					
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
ROOKE	ALE REYNOLDA RO		YNOLDA ROAI				
		WINSTO	N SALEM, NC		000000000		
(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 DEFICIENC	TION SHOULD BE COMPLET THE APPROPRIATE DATE		
D 273	Continued From page 12		D 273				
	kitchen staff was pl	ce log sheet filled out by the laced in a "Resident Diet sts" notebook and given to the visited the facility.					