STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL060139	B. WING		R 03/02/2016	
NAME OF I	PROVIDER OR SUPPLIER		<u> </u>	STATE, ZIP CODE	03/0	12/2016
	Y RETIREMENT VILL	4GF 9120 WIL	LOW RIDGE	DRIVE		
	I	CHARLO	TTE, NC 282		 	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	Mecklenburg Coun	ensure Section and the ty Department of Social d a follow up survey on 2/16.				
{D 137}	37) 10A NCAC 13F .0407(a)(5) Other Staff Qualifications		{D 137}			
	(a) Each staff pers shall:(5) have no substa	07 Other Staff Qualifications on at an adult care home intiated findings listed on the alth Care Personnel Registry 31E-256;				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 5 of 7 sampled staff (Staff A, B, C, D, and E) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256.					
	The findings are:					
	A. Review of Staff revealed: -A hire date of 12/0 assistant/laundry ai -No documentation	ide.				
	Business Office Ma -It was the BOM's r HCPR check for all beginning work at t	usly worked at the facility				

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R)
		HAL060139	B. WING			2/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
REGENCY RETIREMENT VII I AGE			LOW RIDGE ITE, NC 282			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
{D 137}	Continued From pa	ige 1	{D 137}			
	-The BOM thought	e facility on 12/17/15. Staff A was "technically" still lid not require a HCPR check to work.				
	of Nursing (DON) re- -Staff A resigned wl re-hired on 12/17/1	hen she moved away and was 5. e the HCPR check was not				
	Administrator reveal -Staff A was a "comreturned to the facility."	nplete new hire" when she lity on 12/17/15. the HCPR check was not				
	Staff A revealed: -She resigned from moved to another of	w on 03/01/16 at 5:34 pm with the facility in March 2015 and country. was re-hired at the facility in				
		npleted on 03/01/16 revealed stantiated findings listed on the				
	B. Review of Staff revealed: -A hire date of 08/1 -No documentation					
	Business Office Ma -He was responsibl checks for all emple	116 at 10:00 am with the anager (BOM) revealed: le for completing the HCPR oyees.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060139	B. WING		03/0	R 02/2016
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
REGENO	Y RETIREMENT VILL	AGF	LOW RIDGE TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{D 137}	Continued From pa	ge 2	{D 137}			
	Staff BThe BOM filed the	Il current employees, including HCPR checks in a binder, but e the HCPR check for Staff B.				
		npleted on 03/01/16 for Staff B ntiated findings listed on the				
	revealed: -A hire date of 02/1 receptionist.	C's personnel records 7/16 as the front desk a HCPR check dated 02/29/16 ed findings listed.				
	Business Office Ma -He was responsible check for all new er -Several employees on 02/17/16 and the check on that dateHe did not know we showed a verification	16 at 10:00 am with the nager (BOM) revealed: e for completing the HCPR mployees. s, including Staff C, were hired e BOM completed the HCPR hy the HCPR verification form on date of 02/29/16, because ted the check on 02/17/16.				
	staff from the Healt revealed when a HO response was a cor	on 03/01/16 at 11:00 am with h Care Personnel Registry CPR inquiry was made, the mputer-generated verification d a confirmation number and				
	revealed: -A hire date of 02/1 (MA).	D's personnel records 7/16 as a Medication Aide a HCPR dated 02/29/16 with dings listed.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060139	B. WING		03/0	R 02/2016
		11AL000139			1 03/0	12/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
REGENO	Y RETIREMENT VILL	ΔGF	LOW RIDGE TTE, NC 282			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 137}	Continued From pa	ge 3	{D 137}			
	Business Office Ma -He was responsibl check for all new er -Several employees on 02/17/16 and the check on that dateHe did not know w showed a verification he knew he comple Telephone interview staff from the Healt revealed when a Ho response was a con	16 at 10:00 am with the inager (BOM) revealed: e for completing the HCPR imployees. Including Staff D, were hired to BOM completed the HCPR in date of 02/29/16, because sted the check on 02/17/16. In on 03/01/16 at 11:00 am with h Care Personnel Registry CPR inquiry was made, the imputer-generated verification in discontinuation number and				
	revealed: -A hire date of 02/1 -Documentation of	E's personnel records 7/16 as a nursing assistant. a HCPR check completed on bstantiated findings listed.				
	Business Office Ma -He was responsibl check for all new er -Several employees on 02/17/16 and the check on that dateHe did not know w showed a verification	16 at 10:00 am with the inager (BOM) revealed: e for completing the HCPR imployees. Including Staff E, were hired to BOM completed the HCPR in the				
	staff from the Healt revealed when a Ho	v on 03/01/16 at 11:00 am with h Care Personnel Registry CPR inquiry was made, the mputer-generated verification				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					B) DATE SURVEY COMPLETED	
HAL060139		HAL060139	B. WING		R 03/02/2016	
	PROVIDER OR SUPPLIER Y RETIREMENT VILL	4GF 9120 WIL	DDRESS, CITY, S LOW RIDGE TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 137}	Continued From pa	ge 4	{D 137}			
	form which included the date of inquiry.	d a confirmation number and				
{D 310}	10A NCAC 13F .09 Service	04(e)(4) Nutrition and Food	{D 310}			
	(e) Therapeutic Die(4) All therapeutic of supplements and the	04 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician.				
	This Rule is not me FOLLOW-UP TO T	et as evidenced by: YPE B VIOLATION.				
	The Type B Violatio					
	reviews, the facility sampled residents with physician's ord	ons, interviews, and record failed to assure 4 of 6 (Residents #1, #2, #3, and #4) ers for therapeutic diets of S), and Nectar Thickened d as ordered.				
	The findings are:					
	09/09/15 revealed: -Diagnoses include hypokalemiaSpecial Care Unit	ent #1's current FL2 dated d dementia, hypertension and (SCU) was level of care. ras for Regular/Puree/Nectar				
		#1's record revealed: dmitted to hospice services.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060139	B. WING		03/0	२ 02/2016
	PROVIDER OR SUPPLIER CY RETIREMENT VILL	4GF 9120 WIL	DRESS, CITY, S LOW RIDGE TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 310}	-A signed clarification 09/30/15, Regular of consistency, nectarrical and provided by the family on the family on the family of the diet in 03/01/16 at 10:30 at the family of the famil	on physician order dated diet with mechanical soft thicken liquids. ed physician order dated #1 may have pleasure foods nily. Ist (posted in the kitchen) on m revealed Resident #1 was mechanical soft, nectaret. Ity therapeutic diet menus ical soft menu was available and service staff. Ifacility's food supply on m revealed the facility had ar liquids available for resident ened liquids. Ity therapeutic diet menus If 16 for residents ordered a transfer of transfer of the energy of the				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		HAL060139	B. WING	<u> </u>	03/0	2/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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{D 310}	Continued From pa	ge 6	{D 310}			
	#1's family member-She was Resident came every other described another family member to the facility to assessive was aware Resident #1 had a soft diet with grounder She refused the new hen she assisted she said Resident and she had reques hospice nurse to see Resident #1's weight she did not want Resident anymore bechad improved.	#1's Power of Attorney and ay to the facility. dent #1 with her meal and her came the opposite days ist Resident #1 with meals. esident #1 had an order for a at and nectar thickened liquids. Iways received a mechanical d meats. ectar thickened liquids daily Resident #1 with her meals. #1 had been losing weight sted thickened liquids from the see if that would help with				
	revealed: -There was no doct contacted Resident concerning thickens-No documentation	n of a swallowing evaluation or				
	Care Aide (PCA) re -She worked in the -She was aware Re assisted Resident #	6 at 1:45 pm with a Personal vealed: SCU on 03/01/16. esident #1's family member #1 with meals. esident #1 had an order for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL060139	B. WING			R 0 2/2016
	REGENCY RETIREMENT VII I AGE 9120 WIL		DRESS, CITY, S LOW RIDGE ITE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 310}	-The family membel liquids for Resident -She always served liquids as ordered to family was not press. Review of the facilit dinner on 03/01/16 skin potatoes, brook raspberry dream camilk. The dinner meal on ordered a mechanic ground beef tips, midinner roll, raspberry beverage of choice. Observation on 03/pm of the dinner mealResident #1's family the dinner mealResident #1 was sof varies sizes approand milk which was resident #1 ate 4 and consumed half without any swallow. Interview on 03/02/Coordinator revealedShe was not award thicken liquids for Resident middle inform him of the reliquids by Resident.	r refused the nectar thickened #1 on 03/01/16. Resident #1 nectar thickened by the physician when the ent in the facility. y diet menu revealed the consisted of beef tips, red coli cuts, dinner rolls, like, beverage of choice and 03/01/16 for residents cal soft diet consisted of ashed potatoes, broccoli cuts, y dream cake, milk and 01/16 from 5:45 pm to 6:10 cal served in the SCU ly member was present with erved diced red skin potatoes oximately ½ inch pieces, tea is not nectar thickened liquids. Pieces of the red skin potatoes of the tea and sips of the milk ving difficulty or problem. 16 at 9:00 am with the SCU calc the family had refused the desident #1. ately call the physician and offusing of the nectar thickened	{D 310}			

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
REGENCY RETIREMENT VII I AGE			OW RIDGE TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 310}	Continued From pa	ge 8	{D 310}			
	Refer to interview o Cook.	n 03/01/16 at 4:00 pm with the				
	FL2 dated 07/01/15 -Diagnoses which is and AlzheimerLevel of care was of Unit (SCU).	/16 of Resident #2's current is revealed: ncluded anxiety, dementia, documented as Special Care was for no added salt (NAS),				
		#2's record revealed a signed ated 10/29/15, Mechanical				
	03/01/016 at 10:30	ist (posted in the kitchen) on am revealed Resident #2 was nical soft, NAS diet.				
		y therapeutic diet menus ical soft menu was available od service staff.				
	mechanical soft die revealed hotdog (gr	ry alternative therapeutic t menu for 03/04/16 for lunch round in consistency) on a and hushpuppies with was to be served.				
	pm of the lunch me Resident #2 was se ground in consisten -Staff cut the hotdo	g in half for Resident #2. hree bites of the hotdog				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060139			R 03/02/2016	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/0	2/2010
REGENO	REGENCY RETIREMENT VILLAGE 9120 WII					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 310}	Continued From pa	ge 9	{D 310}			
	dinner on 03/01/16 skin potatoes, brock	ry diet menu revealed the consisted of beef tips, red coli cuts, dinner rolls, ake, beverage of choice and				
	ordered a mechanic ground beef tips, m	03/01/16 for residents cal soft diet consisted of ashed potatoes, broccoli cuts, ry dream cake, milk and				
	pm of the dinner morevealed: -Resident #2 was s of varies sizes apprinstead of the mask-Resident #2 ate tw-Resident #2 continminutes, SCU staff drinkingResident #2 with a	ro red skin potato chunks. rued to pick at her food for 7 assisted her with feeding and ssistance ate 100% of the more red skin potato chunks				
	Resident #2 was not Attempted telephor	ne interview on 03/02/16 at				
	Personal Care Aide -Each meal the resi would like to order talternative menu.	16 at 9:30 am with a SCU				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		HAL060139	B. WING			2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 310}	resident's name an -"We take the ment the kitchen and the for the residents." -"We push a warmi with the resident's resident the resident forms with the resident forms with the resident forms with the resident resident in the SCL -"We are responsible meal to the resident ordered." Interview on 03/01/Manager (DM) reversible was aware the lunch was for hotodynamical soft die -She was unaware whole hotdog, not go mechanical soft die -The cook was nerve survey was going of survey." -The cook probably posted menu to the -"Sometimes I think when preparing me -I know the cook ground 1/16 for the lunch resident #2 was served a whordered for the median revealed #2 was served	d their diet." u selection request forms to kitchen prepared the meals ng cart over from the kitchen meal inside." 's plates were the request dent's name and diet for each l. le for matching the plated t's name and the diet 16 at 3:10 pm with the Dietary ealed: e alternate menu served at ogs. Resident #2 was served a ground as ordered on a set. yous. "because the state in and it was his first state." e did not compare the regular of therapeutic menu. It is the cook of the meals of the cook of the cook of the meals of the cook of the meals.	{D 310}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED				
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NAME OF	PROVIDER OR SUPPLIER		INDESS CITY S	TATE ZID CODE	1 00.0				
NAIVIE OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9120 WILLOW RIDGE DRIVE								
REGENO	Y RETIREMENT VILL	ΔGF	TTE, NC 282						
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
{D 310}	Continued From pa	ge 11	{D 310}						
	02/16/16 revealed: -Diagnoses include depression, and chi-Level of care was in Care Unit (SCU)Diet ordered was for Review of the diet li 03/01/16 at 10:30 at to receive a mechanism Review of the facilit revealed a mechanism guidance for food Observation on 03/0	ry therapeutic diet menus ical soft menu was available od service staff. 01/16 from 12:45 pm to 1:10							
	revealed: -Resident #3 was schunks of lettuce, sapproximately half i and 2 dinner rolls.	nch pieces, shredded cheese med no lunch and declined to							
	mechanical soft die	ry's therapeutic diet menu for t revealed the lettuce was be nd tomatoes were not to be							
	#3 revealed: -She had been in the -She had not been did not want to eat.	16 at 2:00 pm with Resident ne facility for about 2 months. hungry at the lunch meal and and she usually ate them dressing.							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060139	B. WING		03/0	2/2016
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 30,0	
REGENO	Y RETIREMENT VILL	AGE	LOW RIDGE TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	the tomatoesShe was unsure w but liked all kind of Review of the facilit dinner on 03/01/16 skin potatoes, brock	hat type of diet she was on, foods. by diet menu revealed the consisted of beef tips, red coli cuts, dinner rolls, ake, beverage of choice and				
	ordered a mechanic ground beef tips, m	o 03/01/16 for residents cal soft diet consisted of ashed potatoes, broccoli cuts, by dream cake, milk and				
	pm of the dinner morevealed: -Resident #3 was s of varies sizes apprinstead of the mash-Resident #3 ate 50	01/16 from 5:45 pm to 6:10 eal served in the SCU erved diced red skin potatoes roximately ½ inch pieces ned potatoes. 0 % of the dinner meal and e dinner roll without difficulty or				
	Coordinator revealershe was unsure we mechanical soft die Resident #3 did not Refer to interview of 03/02/16 at 10:00 at	hy Resident #3 would be on a				
	Cook.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		HAL060139	B. WING			2/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
REGENO	Y RETIREMENT VILL	ΔGE	LOW RIDGE TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
{D 310}	Continued From pa	ige 13	{D 310}			
	D. Review of Resid 09/25/15 revealed: -Diagnoses include disease, respiratory possible aspirationTherapeutic diet of diet. Review of Resident subsequent signed regular diet/ mechaliquids.	ent #4's current FL2 dated d seizures, chronic kidney / failure, pneumonia, and				
	03/01/16 at 10:30 a	ım revealed Resident #4 was r, mechanical soft, nectar				
		ty therapeutic diet menus ical soft menu was available od service staff.				
	03/01/16 at 10:45 a	facility's food supply on im revealed the facility had ar liquids available for resident ened liquids.				
	served to Resident	01/16 at 12:00 pm of the lunch #4 revealed Resident #4 was al soft diet with nectar thicken by the physican.				
	family member reve- She visited Reside She was aware Rethickened liquids ar She stated, "Resident of the stated of	ent #4 daily at lunch, esident #4 was on nectar nd a soft diet. lent #4 was served a soft diet visited him, and was always				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		HAL060139	B. WING	·····		2/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
REGENCY RETIREMENT VILLAGE			LOW RIDGE TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 310}	Continued From pa	nge 14	{D 310}			
	-Resident #4 had no issue or problem with his meals when she was in the facility.					
	Review of the facility diet menu revealed the dinner on 03/01/16 consisted of beef tips, red skin potatoes, broccoli cuts, dinner rolls, raspberry dream cake, beverage of choice and milk.					
	mechanical soft die tips, mashed potate	1/16 for residents ordered a et consisted of ground beef pes, broccoli cuts, dinner roll, ake, milk and beverage of				
	Observation on 03/01/16 from 5:15 pm to 5:40 pm of the dinner meal served revealed: -Resident #4 was served diced red skin potatoes of varies sizes approximately ½ inch pieces, instead of the mashed potatoesResident #4 ate 100 % of his meal without difficulty or problems.					
	room server on the -He worked in the k -He was aware res therapeutic dietsHe let the resident eat on the request they had requested posted in the kitche -He had written the the request form ar request formHe was aware me	Assisted Living side revealed: citchen for 2 years as a server. idents were on different s choose what they wanted to form and then compared what to the diet menu that was en. residents name and diet on and then gave the cook the diet chanical soft diets consisted of a sloppy-joe type of				
	consistency. " Refer to interview of	on 03/01/16 at 3:10 pm and on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					F	
		HAL060139	B. WING		03/0	2/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
REGENO	Y RETIREMENT VILL	Δ(÷F	LOW RIDGE ITE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 310}	Continued From pa	ge 15	{D 310}			
	03/02/16 at 10:00 a	m with the Dietary Manager.				
	Refer to interview o Cook.	on 03/01/16 at 4:00 pm with the				
	Interview on 03/01/16 at 3:10 pm and on 03/02/16 at 10:00 am with the Dietary Manager (DM) revealed: -She would pick alternative menu choices by what the residents liked, as well as what was listed on the approved dietician daily menu. -The mechanical soft diets were to consist of ground/chopped meats. -I think the cook did not look at the therapeutic spread sheet for mechanical soft diet and served the red skin potatoes to everyone. -"It is my responsibility for overseeing the kitchen as well as making sure all physician ordered diets are followed." -"I am responsible for training and education for the kitchen staff." -She would immediately conduct an in-service for all kitchen staff and inform staff of the importance of following the physician orders for all therapeutic diets.					
	revealed: -He had been the c was server for abou cookHe was trained by -He was aware the a book in the kitche -He looked at the re posted in the kitche menu unless it was familiar with prepar -He was aware resi	therapeutic diet menu was in en. egular menu daily that was en, but not the therapeutic "a new dish" he was not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL060139	B. WING		03/0	≷ 02/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
REGENCY RETIREMENT VII I AGE			LOW RIDGE TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 310}	-He had prepared 8 AL side and 8 mechon 03/01/16 for the -He stated, "I know at the therapeutic management of the denied looking 03/01/16 for the lumber of	s mechanical soft diets for the nanical soft diets for the SCU lunch meal. the residents so I did not look nenu every today." at the therapeutic menu on ch meal he prepared for the ts. 16 at 9:00 am with the SCU ed: esidents' diets was kept in the a communication book. It is aware of what a mechanical k." the kitchen staff to prepare according to the physician in-service for the SCU and the meal served with the	{D 310}			

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