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NAME OF PROVVEIR OR SUPPLIER  STREET ADDRESS, CITY, STANE, 7P CODE  1107 CARTHAGE STREET  SAMPOR, NC 27350  PROVIDE AS SISTED LIVING  SUMMARY STATEMENT OF PREF CANADES  SAMPOR, NC 27350  PROVIDE AS SUBMARY STATEMENT OF PREF CANADES  SAMPOR, NC 27350  PROVIDE AS SUBMARY STATEMENT OF PREF CANADES  AS SUMMARY STATEMENT OF PREF CANADES  SAMPOR, NC 27350  PROVIDE AS SUMMARY STANE OF PREF CANADES  SAMPOR, NC 27350  PROVIDE AS SUMMARY STANE OF PREF CANADES  PROVIDE AS SUMMARY STANE OF PROVIDE AS SUMMARY STANE OF CONSECUTION  PROVIDE AS SUMMARY STANE OF PROVIDE AS SUMMARY STANE OF CONSECUTION  PROVIDE AS SUMMARY STANE OF PROVIDE AS SUMMARY STANE OF CONSECUTION  PROVIDE AS SUMMARY STANE OF PROVIDE AS SUMMARY STANE OF CONSECUTION  PROVIDE AS SUMMARY STANE OF CONSECUTION OF CONSE	AND PLAN OF CORRECTION	ISEAN IS MISTAGE	A, BUILDING:		
MOYAL OAKS ASSISTED LIVING  MAY ID SUMMARY SINTEMENT OF DEFICIENCIES REPORT REGIONATION OF THE PRECEDENCY WAST OF REGISTED BY PULL PRICE REGISTED LIVING  D 000 Initial Comments  The Adult Care Licensure Section and the Lee County Department of Social Services conducted an annual, follow-up survey and a complaint investigation on July 27 and July 28, 2016 The complaint investigation was initiated by the Lee County Department of Social Services on July 5, 2016.  D 113 10A NCAC 13F, 0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by esidents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 110 degrees F (38 degrees C) and shall not exceed 110 degrees F (38 degrees C) and shall not exceed 110 degrees F (46 / degrees C). This rule applies to new and existing facilities.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure the hot water temperature of the fixtures (5 shiss and 1 shower) in the resident bathrooms were maintained between 100 degrees F farrenhet (F) and 116 degrees F, with hot water temperatures ranging from 124 degrees F. The findings are:  Observations of the facility during the initial tour on 07/27/18 from 10:50 am to 11:45 am revealed; -The hot water temperature at the sink of Room  Divacor of relevence Registation  Divacor of relevence Registation  British comments  In It Le Administrator  British  Administrator  British  Administrator  British  Brit		HAL053027	B. WING		07/28/2016
SANFORD, NC 27550  (K4) ID SUMMARY STATEMENT OF DESCRIPTION SPECIAL SP	NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
CASIDED   SUMMARY SURFIGUES OF DEFICIACIES   THE PROVINCE PROPRIETY   TAG   THE P	ROYAL OAKS ASSISTED LIVING			r -	ļ
The Adult Care Licensure Section and the Lee County Department of Social Services conducted an annual, follow-up survey and a complaint investigation on July 27 and July 28, 2016. The complaint investigation was initiated by the Lee County Department of Social Services on July 5, 2016.  D113 10A NCAC 13F .0311 (d) Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of not water to the kitchen, bathrooms, laundry, housekeeping closests and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure the hot water temperature of 6 fixtures (6) sinks and 1 shower) in the resident bathrooms were maintained between 100 degrees F armenheit (F) and 118 degrees F, with tot water temperatures ranging from 124 degrees F to 128 degrees F.  The findings are:  Observations of the facility during the initial tour on 07/27/16 from 10.50 am to 11-45 are revealed: The hot water temperature at the sink of Room #3 was 126 degrees F.  The hot water temperature at the sink of Room  Division of Health Service Regulation  LABORATIONY DIRECTORS OR PROVIDENSUPPLIER REPRESENTATIVES SIGNATURE  Administrator  8/12/2016	PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE COMPLETE
County Department of Social Services conducted an annual, follow-up survey and a complaint investigation on July 27 and July 28, 2016. The complaint investigation was initiated by the Lee County Department of Social Services on July 5, 2016.  D 113 10A NCAC 13F. 0311 (d) Other Requirements  10A NCAC 13F. 0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closests and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C). This rule applies to new and existing facilities.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure the hot water temperature of fixtures (5 sinks and 1 shower) in the resident bathrooms were maintained between 100 degrees F and 116 degrees F, with hot water temperatures ranging from 124 degrees F to 128 degrees F.  The findings are:  Observations of the facility during the initial tour on 07/27/16 from 10:50 am to 11:45 am revealed: 1-The hot water temperature at the sink of Room #3 was 126 degrees F.  The hot water temperature at the sink of Room  Division of Health Service Repulation  Advanced Rebinson  Advanced Rebinson	D 000 Initial Comments		D 000		
10A NCAC 13F. 0311 (d) Other Requirements  10A NCAC 13F. 0311 Other Requirements  (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C). This rule applies to new and existing facilities.  This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure the hot water temperature of fixtures (5 sinks and 1 shower) in the resident bathrooms were maintained between 100 degrees Fahrenheit (F) and 116 degrees F, with hot water temperatures ranging from 124 degrees F to 128 degrees F.  The findings are:  Observations of the facility during the initial tour on 07/27/16 from 10:50 am to 11:45 am revealed: 1-The hot water temperature at the sink of Room  Division of Health Service Regulation  ABUALDA Robinson  Table 113  Rule met as evidenced by corrected H20 temps on day of survey. To prevent future occurrences maintanance will check H20 temps and cecord. Supervisors/designee will monitor monthly and report, Administrator will oversee prn.  Administrator will oversee prn.  Administrator 8/112/2016	County Department an annual, follow-up investigation on July complaint investigat County Department	of Social Services conducted survey and a complaint 27 and July 28, 2016. The ion was initiated by the Lee			08/01/16
Based on observations, interviews and record reviews, the facility failed to assure the hot water temperature of 6 fixtures (5 sinks and 1 shower) in the resident bathrooms were maintained between 100 degrees Fahrenheit (F) and 116 degrees F, with hot water temperatures ranging from 124 degrees F to 128 degrees F.  The findings are:  Observations of the facility during the initial tour on 07/27/16 from 10:50 am to 11:45 am revealed: -The hot water temperature at the sink of Room #3 was 126 degrees FThe hot water temperature at the sink of Room  Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Alfareda Robinson  Administrator  8/12/2016	10A NCAC 13F .03 (d) The hot water s provide an adequate kitchen, bathrooms, closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C)	11 Other Requirements ystem shall be of such size to e supply of hot water to the laundry, housekeeping ty room. The hot water xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees	D 113	H20 temps on day of surver future occurences maintant check H20 temps randoml and record. Supervisors/dewill monitor monthly and record.	corrected y. To prevent ance will y and weekly esignee eport,
on 07/27/16 from 10:50 am to 11:45 am revealed:  -The hot water temperature at the sink of Room  #3 was 126 degrees F.  -The hot water temperature at the sink of Room  Division of Health Service Regulation  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Allrada Robinson  Administrator  8/12/2016	Based on observative reviews, the facility temperature of 6 find in the resident bath between 100 degree degrees F, with hot from 124 degrees.  The findings are:	ions, interviews and record failed to assure the hot water stures (5 sinks and 1 shower) frooms were maintained ees Fahrenheit (F) and 116 twater temperatures ranging F to 128 degrees F.			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Alfreda Robinson  Administrator  8/12/2016	on 07/27/16 from / -The hot water ten #3 was 126 degree -The hot water ten	I0:50 am to 11:45 am revealed: perature at the sink of Room es F.			
Alfreda Robinson	LABORATORY DIRECTOR'S OR PROVID		JRE		30.4090002
	STATE FORM	Grada Robinson	6899	per sent extraordic conversation of executives - vir.	8/12/2016 If continuation sheet 1 of 16

Reviewed + Accepted 8/22/16 Karlem Koy Pan

STATEMENT	of DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<del></del>		1000 PM
		HAL053027	B. WING		07/	28/2016
NAME OF PE	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
BOYAL O	AKS ASSISTED LIVING	1107 CA	RTHAGE STREET			
ROTALO	ARS ASSISTED ENTING	SANFO	RD, NC 27350			-
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 113	Continued From pag	e 1	D 113			
	#4 was 124 degrees	F				
	20일 전 - 200 ( 1981) (200 POLICE (전 POLICE )	erature at the sink of Room	i)			Ī
	#5 was 126 degrees					
	-The hot water temp	erature at the sink of Room	1			ľ
	#6 was 124 degrees		9			
		erature at the sink of Room				Ï
	#26 was 128 degree					
	Room #26 was 126	erature at the shower of				
	NOUIII #20 Was 120	degrees i .				
	Interview on 07/27/1	19 at 10:57 am with a resident				Į.
	who resided in Roor	m #4 revealed:				
	-He had not noticed	the hot water temperature				
	being too hot.		8			
	i	burned by the hot water.	Ì			
	-He had no problem	s with the hot water.				
		19 at 11:00 am with a resident				
	who resided in Room		9			i
		ater temperatures were good.				
		en burned by the hot water. Sted the water temperature by				16
		oward the cold water.				
	12 9002	7/16 between 11:13 am and				
1		ditional residents revealed:				I.
		the hot water temperature.				
l		rned by the hot water.				1
Ī	-"When the water fe	eels too hot, I just turn on				
ļ	more cold".					į
		16 at 11:45 am with a resident	12			-
}	of Room #26 revea					
		ot(could not) adjust the water				
	temperature in his hot.	shower, that the water is too				1
	(D)(D)(T)(D)	never been burned by the hot				ļ
1	water.					f
		"hop in the shower and then				
4	i hop out real quick"	because the hot water was too	l l		28	

hop out real quick
Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING HAL053027 07/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 113 Continued From page 2 D 113 -He said did not know there was a temperature adjusting handle on the shower, "Oh, I didn't know that was there". Observation on 07/27/16 at 11:45 am of Room #26 revealed: -The hot water temperature in the sink was 114 degrees F. -The hot water temperature in the shower was also 114 degrees F. Observation on 07/27/16 at 11:45 am revealed maintenance staff had placed signs that said "Use caution with hot water" in each bath room. Recheck of hot water temperatures on 07/27/16 at 2:00 pm revealed: -The hot water temperature at the sink of Room #3 was 100 degrees F. -The hot water temperature at the sink of Room #4 was 104 degrees F. -The hot water temperature at the sink of Room #5 was 102 degrees F -The hot water temperature at the sink of Room #6 was 110 degrees F. -The hot water temperature at the sink of Room #26 was 112 degrees F. -The hot water temperature at the shower of Room #26 110 degrees F. Review of the water temperature log on 07/28/16 at 9:48 am revealed: -Temperatures were checked weekly and documented on to the report. -The temperatures documented for the month of May 2016 ranged from 114 to 120 degrees F. -The temperatures documented for the month of June 2016 ranged from 118 to 120 degrees F.

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-The temperatures documented for the month of

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 07/28/2016 HAL053027 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1107 CARTHAGE STREET ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 113 Continued From page 3 D 113 July 2016 ranged from 116 to 122 degrees F. Interview on 07/28/16 at 10:30 am with the facility maintenance staff revealed: -He had worked at the facility for 80 days. -He checked the hot water temperatures and recorded the results on the hot water log weekly. -He thought the acceptable high range of the hot water temperature was 120 degrees F. -None of the residents had complained about the water bring too hot. -None of the residents had said they had been burned by the hot water. -Now that he knew the acceptable high range of the hot water temperature was 116 degrees F, the temperature would remain at that temperature. Interview on 07/28/16 at 10:25 am with the Resident Care Coordinator (RCC) revealed: -The hot water temperatures were checked weekly by the maintenance staff. -He kept a log of the hot water temperatures. -None of the residents had complained about the hot water temperature being elevated. Interview on 07/28/16 at 10:45 am with the Administrator revealed: -The hot water temperatures were checked weekly by the facility maintenance staff and logged on to the hot water log. -None of the residents had complained about the water temperatures, or been burned by the hot water. D 307; 10A NCAC 13F .0904(e)(1) Nutrition And Food D 307 Rule met as evidenced by all therapeutic Service diet orders including thickened liquids

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10A NCAC 13F .0904 Nutrition And Food Service

shall be in writing from the residents

physician. To ensure future compliance

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 07/28/2016 HAL053027 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) D 307 D 307 Continued From page 4 Medtech will monitor all orders daily, Rcc will monitor weekly and Administrator (e) Therapeutic Diets in Adult Care Homes: (1) All therapeutic diet orders including thickened will monitor PRN. liquids shall be in writing from the resident's 08/15/16 physician. Where applicable, the therapeutic diet order shall be specific to calorie, gram or consistency, such as for calorie controlled ADA diets, low sodium diets or thickened liquids, unless there are written orders which include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a registered dietitian. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure there was a written physician's diet order for 1 of 3 sampled residents (Resident #3). The findings are: Review of Resident #5's current FL 2 dated 1/28/16 revealed: -Diagnoses included Atrial Fibrillation, hypertension, esophageal reflux and muscle weakness. -An order for a no added salt (NAS) diet. -There was no order for thickened liquids. Review of Resident #5's record on 7/27/16 revealed: -A facility printed physician's diet order form signed and dated 7/01/16 for a pureed, NCS diet. -There was no physician's order for thickened liquids. -There was no documentation that Resident #5 had difficulty swallowing liquids. -There was no speech therapist documentation for recommending thickened liquids. Review of the therapeutic diet list posted in the

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 07/28/2016 HAL053027 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 307 D 307 | Continued From page 5 kitchen on 7/27/16 at 10:40 am revealed: -Resident #5 was to be served a pureed diet with thickened liquids. -Resident #5 was not on the list to be served a "Diabetic" meal. Review of the kitchen's notebook of physician diet orders on 7/27/16 at 10:40 am and 7/28/16 at 8:00 am revealed: -An order dated 1/06/16 for Resident #3 for a "puree, no concentrated sweets" diet. -No order for thickened liquids. -No order for NAS. Observation of the lunch meal on 7/27/16 revealed: -Resident #5 was served approximately 1/2 cup applesauce, approximately 1 cup pureed BBQ beef, and approximately 1/2 cup pureed green -Resident #5 was served water that looked very loose, but did appear slightly thicker than a tablemate's water. -Resident #5 had a large red glass of sugar-free juice with ice. It could not be determined if it had a thickener added to it or not, although a staff member reported thickener had been added already. -Resident #5 consumed 100 % of his meal and beverages without any difficulties swallowing. Interview on 7/27/16 at 12:15 pm with a dining room aide revealed: -"Before Resident #5 eats we thicken his liquids as directed on the powdered thickener- a large scoop for a large glass, and a small scoop for a small glass". She "did not know" if it was ordered nectar or honey thick. -She had not observed Resident #5 having difficulties swallowing, but "just did what she was

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 07/28/2016 HAL053027 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1107 CARTHAGE STREET **ROYAL OAKS ASSISTED LIVING** SANFORD, NC 27350 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 307 D 307 | Continued From page 6 told to do." -She could not remember who told her to thicken Resident #5's liquids, but was told to follow the directions on the thickener powder container. Interview on 7/27/16 at 12:30 pm with Resident #5 revealed he did not need or want his liquids thickened. Interview on 7/28/16 at 7:25 am with the RCC revealed: -Resident #5 was not ordered to be on thickened liquids and did not know why the staff was thickening his beverages at meal time. -She "updated the kitchen staff to not thicken his (Resident #5) liquids yesterday afternoon (7/27/16)". -"Another resident had thought Resident #5 was choking with liquids so someone thought to try thickening his liquids." Review of the updated therapeutic diet list given to the survey team on 7/28/16 at 2:00 pm revealed: -Resident #5 was to be served a pureed, NAS -Resident #5 was not on the list to be served a NCS diet. -Resident #5 was not to be served thickened liquids. Interviews on 7/27/16 at 10:40 am and 7/28/16 at 7:45 am with the cook revealed: -She had worked at the facility for about 6 -Sugar-free beverages were served in red cups

Division of Health Service Regulation

sweet or not.

for quick identification whether beverages were

-She referred to the therapeutic diet list posted next to the serving area for a guidance for which

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Division of Health Service Regu	ulation			
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
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D 307 Continued From pag	je /	D 307		
, diets the residents w	vere to be served.			
Assessment to the control of th	Coordinator (RCC) or the			
	ed the posted therapeutic diet			
	have a computer back here			į į
to print it".	A second	1		
Li 15	nsible for making changes on			
	tic diet list and did not know			1
how often it was upo				1
	can diet orders for residents			
	then by the "front staff" and			I
Section of the sectio	tebook in the kitchen.			ł
	dled all the orders."			
ı				i I
Interview on 7/27/16	at 3:30 pm with the RCC			
revealed:	te annaucornados do Cumbio semiosos (153 E			
7. 7/3/ 4	diet orders were sent to the			
	w or changed diet orders.			
	r manager were to update the			
posted therapeutic				I T.
	economys section			
Interview on 7/28/10	6 at 11:00 am with the			
Administrator revea				Į.
-Either the RCC or	the Medication Aide should			
send diet order cha	nges to the kitchen staff.			İ
-The kitchen staff w	ere responsible to update the			
posted therapeutic				į.
-She expected diets	s to be served as ordered by			
the physician.				I
Interview on 7/28/1	6 at 11:10 am with a Kitchen			
Supervisor revealed				I
-The "front staff" se	nt the kitchen resident diet			i i
orders.		- [ - 1		
	osted therapeutic diet list			
when "orders were	changed or when a new			
resident came in".				
-She did not regula	rly check to make sure the list			
was accurate.				
-She would update	the posted therapeutic diet			E e
list.	· -			

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 07/28/2016 HAL053027 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1107 CARTHAGE STREET ROYAL OAKS ASSISTED LIVING SANFORD, NC 27350 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 309 D 309 10A NCAC 13F .0904(e)(3) Nutrition and Food Rule met as evidenced by updated Service dietary list. To prevent further occurence Medtech will monitor all dietary orders 10A NCAC 13F .0904 Nutrition and Food Service daily and pass on to dietary Manager. (e) Therapeutic Diets in Adult Care Homes: Dietary manger will update all new (3) The facility shall maintain an accurate and dietary list as needed, Rcc will monitor current listing of residents with physician-ordered weekly, and Administrator will oversee therapeutic diets for guidance of food service as needed. staff. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to maintain an accurate and current listing of residents with physician ordered therapeutic diets [mechanical soft, No Concentrated Sweets (NCS), and pureed with NCS] for 3 of 3 sampled residents (Residents #2, #3 and #5). The findings are: Observation on 7/27/16 at 10:40 am of the kitchen revealed: -A posted therapeutic diet list that included residents to be served No Added Salt (NAS), mechanical soft, pureed, thickened liquids, double portions and "Diabetics". A. Review of Resident #2's current FL 2 dated 3/15/16 revealed: -Diagnoses included dementia with hallucinations, chronic constipation and hypertension. -There was no diet ordered on the FL 2. -An order for nutritious supplements to each meal was written at the diet order space on the FL 2. Review of Resident #2's record on 7/27/16 revealed a facility printed physician's diet order form signed and dated 7/01/16 for a regular diet;

Division of Health Service Regulation

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Division of	<u>f Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE Co		DATE SURVEY COMPLETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		Som suite
		HAL053027	B. WING		07/28/2016
NAME OF BE	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	
NAME OF PE	ROVIDER OR SUPPLIER	attorners armin			
ROYAL OA	KS ASSISTED LIVING		RTHAGE STREET		
		eccountration of the same same where	RD, NC 27350		
(X4) ID	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE		
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			<u> </u>	DEFICIENCY)	
D 309	Continued From pag	e 9	D 309		
					<u>₩</u>
		on was specified and no			
ı	supplements were or	rdered.			
5	Dovinu of the theren	eutic diet list posted in the			3
ĵ		t 10:40 am revealed Resident			
		a mechanical soft diet; no			
	supplements were of	of reducing the property and	r l		
	Review of the kitche	n's notebook of physician diet			Ì
	orders on 7/27/16 at	10:40 am and 7/28/16 at			ļ
		facility printed physician's diet			1
		nd dated 3/21/16 for Resident			
		no texture modification was			E.
	specified and no sur	oplements were ordered.			
	Observation of the lu	unch meal on 7/27/16			l
	revealed:				
	-Resident #2 was se	erved approximately 1/2 cup	1		ļ.
	BBQ beef on a bun,	approximately 1 cup baked			
		mately 3/4 cup fruit cocktail,			
		up coleslaw, water and juice.			l <sub>i</sub>
		med 100% of her coleslaw			
	<ul> <li>Manager and Company of the Company of</li></ul>	d approximately 75% of the			
	■ BBQ beef on a bun, ■ without difficulty.	french fries and beverages	ŀ		1
	without difficulty.		8		
	Review of the facility	y's therapeutic diet menu for a	ļ		
		revealed Resident #2 was			
	served an appropria				ı
	The commence of the same and the ten occur to recommend		2		
		printed physician's diet order			
		2 given to the survey team on			i
	11. The state of t	revealed an order signed and			
		mechanical soft diet. No diet			
		no nutritional supplements			Ì
	were ordered.?		į į		l L
	m	با المائد ال			
		ted therapeutic diet list given on 7/28/16 at 2:00 pm	]		
		#2 was to be served a			ļ
	i i evealeu Kesideni ł	+∠ was to be served a	1	19	

Division o	<u>f Health Service Regu</u>	<u></u>			1
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL053027	B. WING		07/28/2016
NAME OF BE	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE	
			RTHAGE STREET		
ROYAL OA	AKS ASSISTED LIVING		RD, NC 27350		
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D 309	Continued From page	e 10	D 309		Ï
,	mechanical soft diet.		*		
	revealed she was se could eat it better".	at 1:20 pm with Resident #2 rved a "cut up meal so she n 7/27/16 at 10:40 am and			
	7/28/16 at 7:45 am w	vith the cook.			
	Refer to interview on RCC.	7/27/16 at 3:30 pm with the			
	Refer to interview or Administrator.	17/28/16 at 11:00 am with the			
	Refer to interview or Kitchen Supervisor.	n 7/28/16 at 11:10 am with a			
	6/30/16 revealed:	nt #3's current FL 2 dated			
	hypertensionAn order for a regul				
	revealed a facility pr	#3's record on 7/27/16 inted physician's diet order ed 7/01/16 for a regular diet.			
	AND BEING A STATE OF THE STATE	peutic diet list posted in the at 10:40 am revealed Resident a Diabetic diet.			
	orders on 7/27/16 a	en's notebook of physician diet t 10:40 am and 7/28/16 at o diet order for Resident #3.			
	Observation of the I	unch meal on 7/27/16 erved approximately 1/2 cup			
		approximately 1 cup baked		<u></u>	

Division o	f Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	DISTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<del></del>	30 22120
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		HAL053027	B. WING		07/28/2016
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	ZIP CODE	
		1107 CA	RTHAGE STREET		
ROYAL O	AKS ASSISTED LIVING	SANFOF	RD, NC 27350		
(X4) 1D	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORE	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	
	_		D 200		**************************************
D 309	Continued From pag	e 11	D 309		
	french fries, approxim	nately 3/4 cup fruit cocktail,			
	approximately 1/2 cu	p coleslaw, water and	9		ř
	sugar-free juice.	and the same of th	1		
		2 of his fries to another			
	-	but consumed 100% of his			ñ
	meals and beverage	s without difficulty.			
	Review of the facility	's therapeutic diet menu			-1 3
	revealed:	s trerapeatic diet mena			
	THE PERSON NAMED OF STREET	c meal category was listed as			
	No Concentrated Sw				1
		rved an appropriate NCS			
i	meal at lunch 7/27/1	6.	i i		
		rinted physician's diet order			
		given to the survey team on			
Ì	dated 7/01/16 for a l	evealed an order signed and			
	dated 7/01/16 for a f	NC3 diet.			
	Review of the updat	ed therapeutic diet list given	,		
		on 7/28/16 at 2:00 pm			
		3 was to be served a NCS			ř
İ	diet.				
	1	N. L. 40.55 and mile Decident			
	55 - Condet & Coolege Description (1997) 252	at 10:55 am with Resident			1
	#3 revealed:	controlled by medications and			
	diet.	controlled by medications and			4
	-He was to be serve	ed a diabetic diet.			
	The second of the second	ar-free beverages, and did			Ţ
	not usually eat dess				
	-				
		on 7/27/16 at 10:40 am and			1
	7/28/16 at 7:45 am	with the cook.			
		7107140 - 1 0 00			
		n 7/27/16 at 3:30 pm with the			1
	RCC.				
	Refer to intensions o	n 7/28/16 at 11:00 am with the			
	Administrator.	11 11 20/ TO 21 TT.OU AIR WITH THE	1		

Division o	f Health Service Regu	lation			
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ROYAL OA	AKS ASSISTED LIVING		RD, NC 27350		
				SPONOFRIC BLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
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			<del></del>	DEFICIENCY)	
D 309	Continued From pag	e 12	D 309		
	Befor to intonious on	7/28/16 at 11:10 am with a			
	Kitchen Supervisor.	7/20/10 at 11.10 am what a			
	; rationen oupervisor.				ì
ĺ	C. Review of Reside	nt #5's current FL 2 dated			
	1/28/16 revealed:	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro			1
	-Diagnoses included	Atrial Fibrillation,			
	hypertension, esoph	ageal reflux and muscle	8		
	weakness.				А
	-An order for a no ac		25		
	-There was no order	for thickened liquids.			*
	Pavious of Posident	#5's record on 7/27/16			
	: revealed:	#331ecold on 7121110			
		ysician's diet order form			1
		01/16 for a pureed, NCS diet.			
	-There was no physi	ician's order for thickened			
<b> </b>	liquids.				į
		mentation that Resident #5			
	had difficulty swallov				Ĩ
		ch therapist documentation			
	for recommending the	nickened liquids.			
Į	Review of the thera	peutic diet list posted in the			
		at 10:40 am revealed:			ļ <sub>.</sub>
		be served a pureed diet with			1
	thickened liquids.				
		ot on the list to be served a			# 1
	"Diabetic" meal.				
	· Davieus of the Islands	and notabook of physician dist	ri e		
		en's notebook of physician diet t 10:40 am and 7/28/16 at			I
	8:00 am revealed:	Cioio ani ana meorio ac			
		6/16 for Resident #3 for a			
	"puree, no concentr				1
1	-No order for thicke				
	-No order for NAS.	•			1 2
1					
		lunch meal on 7/27/16			
1	revealed:		1		

revealed:
Division of Health Service Regulation

Division o	f Health Service Regu	lation			WAS BATE OUR EV
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY  COMPLETED
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NAME OF PE	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
		1107 CA	RTHAGE STREET		
ROYAL OA	AKS ASSISTED LIVING	SANFO	RD, NC 27350		
(X4) ID		TATEMENT OF DEFICIENCIES	Ū	PROVIDER'S PLAN OF CORRECTION	
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D 200	Continued From 222	- 12	D 309		
ח 309	Continued From pag	e 13	D 303		ļ
		rved approximately 1/2 cup			
		mately 1 cup pureed BBQ			
	beef, and approxima	itely 1/2 cup pureed green			1
	beans.				
		rved water that looked very			
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	r slightly thicker than a			
	tablemate's water.	arge red glass of sugar-free	1		¥
		d not be determined if it had			
rs		it or not, aithough a staff			
		ickener had been added			
ř	already.				!
	-Resident #5 consur	med 100 % of his meal and			
	beverages without a	iny difficulties swallowing.			
	Interview on 7/27/16	at 12:15 pm with a dining			
ľ	room aide revealed:				
ļ		5 eats we thicken his liquids			
		owdered thickener- a large			
ļ		ass, and a small scoop for a lift in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a signification in a significatio	ļ		L.
	nectar or honey thic				
		ved Resident #5 having			
1		ng, but "just did what she was			Ĩ
	told to do."				
1		ember who told her to thicken			1
		s, but was told to follow the			
	directions on the thi	ickener powder container.			ļ.
	Intention of 7/27/4	6 at 12:30 pm with Resident			
		not need or want his liquids			I
ì	thickened.	not noon or manufind inquide			
					1
1	Interview on 7/28/1	6 at 7:25 am with the RCC			
	revealed:				
	-Resident #5 was n	ot ordered to be on thickened			
	liquids.	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
		kitchen staff to not thicken his			ř
	N 3	is yesterday afternoon			
1	(7/27/16)".				

STATEMENT	of Deficiencies  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE Co		(X3) DATE SURVEY COMPLETED
			B. WING		07/28/2016
		HAL053027		<u> </u>	U//20/2010
NAME OF PE	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODÉ	
ROYAL O	AKS ASSISTED LIVING		ARTHAGE STREET		
			RD, NC 27350	DEOMESTIC BLANCE COL	DECTION (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETE
D 309	Continued From pag	e 14	D 309		
		ad thought Resident #5 was so someone thought to try			
	Review of the update	ed therapeutic diet list given			
	revealed:	n 7/28/16 at 2:00 pm be served a pureed, NAS			
	diet. -Resident #5 was no	it on the list to be served a			
	NCS dietResident #5 was no liquids.	at to be served thickened			
	Refer to interviews of 7/28/16 at 7:45 am v	on 7/27/16 at 10:40 am and with the cook.			ļ
	Refer to interview or RCC.	7/27/16 at 3:30 pm with the			
	Refer to interview of Administrator.	n 7/28/16 at 11:00 am with the			
	Refer to interview of Kitchen Supervisor.	n 7/28/16 at 11:10 am with a	1		
	7:45 am with the co				i i
	months.	the facility for about 6 ges were served in red cups			I
		on whether beverages were			
		therapeutic diet list posted area for a guidance for which were to be served			
	-The Resident Care	e Coordinator (RCC) or the ted the posted therapeutic diet			

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY PLETED
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COWP	LLIED
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	DOLUBER OF CURRILER	ergeer /	ADDRESS, CITY, STATE.	ZIP CODE		
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