Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL098027	B. WING		1	R 0/21/2016
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE	,	
			NIOR VILLAGE LAI	•		
WILSON A	ASSISTED LIVING		I, NC 27896			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	The Adult Care Licer follow-up survey on (nsure Section conducted a October 21, 2016.				
{D 161}	10A NCAC 13F .050 For LHPS Tasks	4(a) Competency Validation	{D 161}			
	Licensed Health Pro- (a) An adult care ho non-licensed person- not practicing in their governed by their pra- licensing laws are co- demonstration for an specified in Subpara Rule .0903 of this Su- performing the task a	nel and licensed personnel licensed capacity as actice act and occupational impetency validated by return y personal care task graph (a)(1) through (28) of ibchapter prior to staff and that their ongoing ed through facility staff				
	facility failed to have personnel (Staff A, B	and record reviews, the 6 of 6 non-licensed , C, D, E, F) competency staff performing the task for				
	The findings are:					
	-She was hired as a -No documentation S	's personnel record revealed: nurse aide on 10/15/07. Staff A had been competency ed health professional on the ned liquids.				
	revealed the only tra	on 10/19/16 at 11:10 a.m. ining she had when liquids was through the				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			
		HAL098027	B. WING		10	R 0/21/2016
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	, .	<u></u>
WILLOON A	ACCIOTED LIVING		NIOR VILLAGE LAI			
WILSON	ASSISTED LIVING	WILSON	, NC 27896			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 161}	Continued From page	21	{D 161}			
	Dietary staff or the mo	edication aides 6 months				
	3:30 p.m. revealed St competency validated					
	Refer to interview with 10/21/16 at 3:30 p.m.	h the Administrator on				
	-She was hired as a F (RCC) on 3/10/16. -No documentation S	s personnel record revealed: Resident Care Coordinator taff B had been competency ad health professional on the med liquids.				
	revealed: -She had not had any thickened liquids whil	on 10/21/16 at 5:40 p.m. Training on preparing e working at the facility. four years ago while she				
	3:30 p.m. revealed St competency validated					
	Refer to interview with 10/21/16 at 3:30 p.m.	h the Administrator on				
	-She was hired as a r -No documentation S	s personnel record revealed: medication aide on 5/18/16. taff C had been competency ed health professional on the med liquids.				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.2 . 2.1.	5. GG.W.EG.1.G.1.	152.1111107111011152111	A. BUILDING: _	A. BUILDING:		
		HAL098027	B. WING		R 10/21/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILSON A	ASSISTED LIVING	3501 SEN WILSON,	IOR VILLAGE L NC 27896	ANE		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	ETE
{D 161}	Continued From page	2	{D 161}			
	3:30 p.m. revealed St competency validated					
	Staff C was unavailab	ole for interview on 10/21/16.				
	Refer to interview with 10/21/16 at 3:30 p.m.	n the Administrator on				
	-She was hired as a r -No documentation S	personnel record revealed: nurse aide on 2/09/16. taff D had been competency and health professional on the ned liquids.				
	Staff D was unavailab	ole for interview on 10/21/16.				
	3:30 p.m. revealed St competency validated					
	Refer to interview with 10/21/16 at 3:30 p.m.	n the Administrator on				
	-She was hired as a r -No documentation S	s personnel record revealed: nedication aide on 4/18/14. taff E had been competency ad health professional on the ned liquids.				
	Interview with Staff E revealed she had not preparing thickened li -She followed the phy preparing thickened li	quids at the facility. vsician's orders when				

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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL098027	B. WING		10	R 0/21/2016
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
WILSON A	ASSISTED LIVING		NIOR VILLAGE LA	NE		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	I, NC 27896	PROVIDER'S PLAN OF C	ORRECTION	(X5)
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{D 161}	Continued From page	e 3	{D 161}			
	thickened liquids at the	ed training 4 to 5 years ago				
	3:30 p.m. revealed S competency validated	ministrator on 10/21/16 at taff E had not been d by a licensed health reparation of thickened				
	Refer to interview wit 10/21/16 at 3:30 p.m	h the Administrator on .				
	-She was hired as a l	s personnel record revealed: medication aide on 7/01/02. Staff F had been competency ed health professional on the ned liquids.				
	Staff F was unavailab	ole for interview on 10/21/16.				
	3:30 p.m. revealed S competency validated	ministrator on 10/21/16 at taff F had not been d by a licensed health reparation of thickened				
	Refer to interview wit 10/21/16 at 3:30 p.m	th the Administrator on .				
	3:30 p.m. revealed: -No staff had been colicensed health profethickened liquidsShe did not know sta	ministrator on 10/21/16 at ompetency validated by a ssional on the preparation of aff needed to be competency ed health professional on the ned liquids.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL098027	B. WING		R 10/21/2016	
	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA DR VILLAGE L IC 27896		,	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 161}	scheduled to work on trained by the Reside on the preparation of -On 10/24/16, all med	lication aides that were 10/21-10/24/16 were nt Care Coordinator (RCC)	{D 161}			
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.		D 310			
	review, the facility fail Residents (#1), who had liquids, received hone ordered by the primare. The findings are: Review of Resident #4/29/16 revealed: -The resident's diagnor Diabetes Mellitus, hig membranoprolif nepharometris diet of	ns, interviews and record ed to assure 1 of 3 sampled had orders for thickened ey thickened liquids as ry care physician. T's current FL-2 dated oses included Type 2 h blood pressure, rosis and hepatitis C. rder revealed to take one ment [named] daily and				

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DIVISION	n Health Service Regu	iation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		COMPLETED	
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		HAL098027	B. WING		1	1/2016	
		1.0.1.00001			10/2	.,2010	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
WII SON A	ASSISTED LIVING	3501 SEN	OR VILLAGE L	ANE			
WILSON	COSIOTED LIVING	WILSON, I	NC 27896				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
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D 310	Continued From page	2 5	D 310				
	Review of Resident #	1's Resident Register					
	revealed the resident	was admitted to the facility					
	on 8/25/14.						
	Review of Resident #	1's Licensed Health					
	Professional Support	task dated 9/12/16 revealed					
	"per chart" the resider	nt was receiving honey					
	thickened liquids.						
	Review of Resident #	1's physician orders					
	revealed:	, ,					
	-There was a physicia	an's order dated 4/29/16 for					
	the resident to receive	e shakes [named] daily					
	prepared to honey thi	ckened consistency.					
	-There was a physicia	an's order dated 4/29/16 to					
		liquid three times daily with					
		not say if thickener needed					
	to be added to the liqu						
	•	ent order dated 7/1/16 and a					
		/29/16 for the resident to					
	thickened consistency	olement twice daily to honey					
	_	dated 7/29/16 and 8/3/16,					
		sident was to be on a 1.2					
	liter fluid restriction.	oldent was to be on a 1.2					
	Interview with Reside						
	• •	on 10/21/16 at 9:11 a.m.					
	revealed:						
		order dated 6/3/16 for honey					
	thickened liquids.	ndon doted 0/04/40 to 11 4					
		rder dated 6/21/16 to add 1					
	seconds. The order of	4 oz of liquid and stir for 15					
	consistency.	aid not indicate tile					
	consistency.						
	Review of the dietary	list (not dated) revealed					
		eceive honey thickened					
	liquids.	•					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	HAL098027	B. WING		10/21/2016	_
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WILSON ASSISTED LIVING		IIOR VILLAGE L	ANE		
	WILSON,	NC 27896			_
PREFIX (EACH DEFICIENCY)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	Ξ
D 310 Continued From page 6	6	D 310			
Interview with the Dieta at 10:44 a.m. revealed: Resident #1 was on he supplements and was a The facility used the p when preparing thicker -Currently the resident eating, because the resign to dialysis. Review of the manufact preparing pre-measure revealed: -Add one packet to 4 o -Stir for 15 seconds an minutes. Observation of Resider a.m. revealed: -The resident was drink (estimated 6-7 oz) of no-The resident coughed thickened liquidsThe resident had a dry Interview with the Nurs Resident #1's nectar the 10/19/16 at 10:53 a.mThe resident was on hose added 1 packet o stirred the liquids until of	ary Supervisor on 10/19/16 coney thickened on fluid restrictions. re-measured thickener ned liquids. was in the dining room sident was getting ready to cturer's instructions for red honey thickened liquids z fluid. d allow to sit one to four at #1 on 10/19/16 at 10:53 king an unknown amount ectar thickened tea. three times after drinking y cough. e Aide (NA), who prepared cickened liquids on revealed: coney consistency liquids. If thickener to the tea and dissolved. cuids was supposed to be the resident's tea. the NA on 10/19/16 at ceive honey thickened	D 310			

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lunch meal.

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING		R	
		HAL098027	B. WING		10/21/2016	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILSON A	ASSISTED LIVING	3501 SENIO WILSON, N	OR VILLAGE L C 27896	ANE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 310	Continued From page	e 7	D 310			
	-She had been prepa the consistency of ho -The only training she	ring Resident #1's liquids to ney for the past 3 months. had when preparing through the Dietary staff or				
	-An empty packet of h was on Resident #1's -The Resident Care C	n/16 at 11:00 a.m. revealed: noney consistency thickener table. Coordinator (RCC) observed ed tea, while it was at his				
	Interview with RCC or revealed the NA had thickened tea for Res	• •				
	on 10/20/16 at 7:47 a -The NA prepared the during the breakfast r -The NA poured 1 car	thickened supplement				
	revealed: -She added one pack thickener to 8 oz of R	on 10/20/16 at 7:47 a.m. tet of pre-measured honey esident #1's supplement. he used was on the table.				
	-The label on the emp packet was for nectar -The NA kept stirring and stated "I don't known -She asked the Dietar packet of thickener to -The Dietary Supervise	the thickened supplements ow why it won't thicken." ry Supervisor for another add to the supplement.				

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER MILSON ASSISTED LIVING SUMMARY STATEMENT OF DEFICIENCES (PACH DEFICIENCY MILS ON ASSISTED LIVING MILSON, NC 27888 D SUMMARY STATEMENT OF DEFICIENCES (PACH DEFICIENCY MIST BE PRECIDED BY PULL RESULATION OR LSC DEMIFFING INFORMATION) D 310 Continued From page 8 bold her show used the wrong pre-measured packet of thickener when she first fixed the thickened fliquids. -The NA added all of the honey pre-measured thickener or Resident #1's supplement. -The supplement was prepared honey thickened consistency and served to Resident #1. Interview with the NA on 10/20/16 at 8:05 a.m. revealed: -Resident #1 had been coughing for the past 4 years since the resident coughing while drinking liquids. -Resident #1 had drank all of the honey thickened supplement and did not cough while drinking liquids. Observation on 10/20/16 at 8:27 a.m. revealed Resident #1 and drank all of the honey thickened supplement. Interview with Resident #1's Guardian on 10/20/16 at 8:05 a.m. revealed: -The resident received honey thickened supplement. Interview with Resident #1's Guardian on 10/20/16 at 8:05 a.m. revealed: -The resident received honey thickened supplement. Interview with Resident #1's Guardian on 10/20/16 at 8:05 a.m. revealed: -The resident received honey thickened liquids, because he had a problem with swallowing. -The resident had been on thickened liquids to at least one year. -Sometimes the resident coughing for the past two years. -The Guardian was not aware of any problems with the Consistency of the thickened liquids.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER WILSON ASSISTED LIVING WILSON ASSISTED LIVING WILSON ASSISTED LIVING WILSON ASSISTED LIVING WILSON, NC 27898 D 300 SEMIOR VILLAGE LANE WILSON, NC 27898 D 310 Continued From page 8 told her she used the wrong pre-measured packet of thickener when she first fixed the thickened (quids. -The NA added all of the honey pre-measured thickener to Resident #1's supplement. -Interview with the NA on 10/20/16 at 8:05 a.m. revealed: -Resident #1 had been on thickened liquids. -Resident #1's primary care physician was aware of the resident and did not cough while drinking the supplement. Interview with Resident #1'S Quardian on 10/20/16 at 4:07 a.m. revealed: -Resident #1 had drank all of the honey thickened supplement and did not cough while drinking the supplement. Interview with Resident #1'S Guardian on 10/20/16 at 4:07 a.m. revealed: -The resident had been on thickened liquids, because he had a problem with swallowing. -The resident had been on thickened liquids for at least one year. -Sometimes the resident coughed when he drank the liquids, because he had a problem with swallowing. -The resident had been coughing for the past two years. -The Guardian was not aware of any problems				A. BUILDING: _		
SUMMARY STATEMENT OF DEFICIENCYS SUMMARY STATEMENT OF DEFICIENCY SUMMARY STATEMENT OF DEFICENCY SUMMARY STATEMENT OF DEFICENCY SUMMARY STATEMENT OF DEFICIENCY SUMMARY STATEMENT OF DEFICIENCY			HAL098027	B. WING		
Oktober Display Summary statement of Deficiencies Display Display CACH DEFICIENCY CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE)	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
PREFIX TAG	WILSON A	ASSISTED LIVING			ANE	
told her she used the wrong pre-measured packet of thickener when she first fixed the thickened liquids. -The NA added all of the honey pre-measured thickener to Resident #1's supplement. -The supplement was prepared honey thickened consistency and served to Resident #1. Interview with the NA on 10/20/16 at 8:05 a.m. revealed: -Resident #1 had been coughing for the past 4 years since the resident had been on thickened liquids. -Resident #1's primary care physician was aware of the resident coughing while drinking liquids. Observation on 10/20/16 at 8:27 a.m. revealed Resident #1 had drank all of the honey thickened supplement and did not cough while drinking the supplement. Interview with Resident #1's Guardian on 10/20/16 at 4:03 p.m. revealed: -The resident received honey thickened liquids, because he had a problem with swallowing. -The resident had been on thickened liquids for at least one year. -Sometimes the resident coughed when he drank the liquids, because he drank the liquids too fast. -The resident had been coughing for the past two years. -The Guardian was not aware of any problems	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETE
-The primary care physician had been aware of the resident coughing while drinking liquids and there was no change in his care. Observation during the dinner meal on 10/20/16 at 5:35 p.m. revealed:	D 310	told her she used the packet of thickener withickened liquids. -The NA added all of thickener to Resident. -The supplement was consistency and serv. Interview with the NA revealed: -Resident #1 had beeyears since the reside liquids. -Resident #1's primar of the resident cough. Observation on 10/20 Resident #1 had drar supplement and did risupplement. Interview with Reside 10/20/16 at 4:03 p.m. -The resident receive because he had a product on the resident had belieast one year. -Sometimes the resident had belieast one year. -The Guardian was nowith the consistency of the resident coughing there was no change.	wrong pre-measured then she first fixed the the honey pre-measured then she first fixed the the honey pre-measured then she first fixed the the honey pre-measured then she prepared honey thickened ed to Resident #1. I on 10/20/16 at 8:05 a.m. In coughing for the past 4 tent had been on thickened try care physician was aware ing while drinking liquids. In all of the honey thickened had all of the honey thickened not cough while drinking the tent #1's Guardian on revealed: I denote thickened liquids, oblem with swallowing. The honey thickened liquids for at the drank the liquids too fast. The drank the liquids too fast. The drank the liquids too fast. The coughing for the past two to aware of any problems of the thickened liquids. The yesician had been aware of a while drinking liquids and in his care.	D 310		

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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	
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		HAL098027	B. WING		10/21/2016	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILCON A	ASSISTED LIVING	3501 SEN	IOR VILLAGE L	ANE		
WILSON	ASSISTED LIVING	WILSON,	NC 27896			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 310	Continued From page	e 9	D 310			
	pre-measured honey and stirred the liquids -The resident was se	e (MA) added 1 packet of thickener to 5 to 6 oz of tea s until dissolved. rved nectar tea.				
	Interview with the MA E on 10/20/16 at 5:35 p.m. revealed: -She prepared Resident #1's thickened liquids for breakfast on 10/20/16She added 1 packet of pre-measured honey thickener to 3 oz of tea for honey consistency.					
	Interview with the RC revealed:	C on 10/20/16 at 5:40 p.m.				
	-Resident #1's tea for					
	prepared honey cons -Four ounces of liquid					
	-Dietary staff had a m	•				
	-The RCC poured Remeasuring cupThe nectar tea measuring cup.	our 4 oz of tea in a o get one pre-measured				
	-The RCC added 1 pa packet of honey thick stirred until dissolved					
	Interview with the RC revealed: -She saw the different consistency thickened	y tea, which had been				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILBING.			
	HAL098027	B. WING		R 10/21/2016	
NAME OF PROVIDER OR SUPPLIES	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WILSON ASSISTED LIVING	3501 SENI WILSON, I	OR VILLAGE L NC 27896	ANE		
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Observation on 1 -The resident dra while staff was present thickened tea fro -The resident did drinking the hone nectar thickened Interview with the 5:46 p.m. reveale supplement had because the resident did drinking the hone nectar thickened Interview with the s:46 p.m. reveale supplement had because the resident had because the resident was -Dietary staff pout NAs added the the -Dietary staff was #1's liquids, before -Honey thickened to be watery and -Every once in a while drinking thi -Resident #1's prof the resident coliquids. No chan resident's careIf she had prepara was not thick end another packet of	red the liquids and the aides d the thickener to the liquids. 0/20/16 at 5:46 p.m. revealed: nk the nectar consistency tea, reparing the honey consistency or removed Resident #1's honey in the table. not cough or choke while sy thickened supplement and tea. Administrator on 10/20/16 at a det the honey thickened been removed from the table, dent had drank the nectar tea affuid restriction requirements for a MA on 10/20/16 at 6:03 p.m. MA on 10/20/16 at 6:03 p.m. On honey thickened liquids. The the liquids and the MAs or nickener to the liquids. The supposed to measure Resident the thickener was added. The consistency was not supposed not real thick. The while, the resident coughed	D 310			

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DIVISION	i Health Service Regu	I				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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WILSON A	SSISTED LIVING		IOR VILLAGE L	.ANE		
		WILSON,	NC 27896			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
D 310	Continued From page	2 11	D 310			
D 010	. •		5010			
		d training on preparing				
	thickened liquids at th					
		ed training 4 to 5 years ago				
	when she was in scho	DOI.				
	Interview with Reside	nt #1's primary care				
		on 10/21/16 at 9:11 a.m.				
	revealed:	on 10/2 // 10 dt 0.11 d.iii.				
		ndication of why the resident				
		ids or if the physician was				
	aware of the resident	coughing while drinking				
	thickened liquids.					
		ysician could give more				
	information.					
	•	ry care physician and nurse				
	was not available for					
	-Sne did not know the	e physician's expectation.				
	Observation during th	e lunch meal on 10/21/16 at				
	10:50 a.m. revealed:	10 14 16 11 11 16 41 16 16 16 16 16 16 16 16 16 16 16 16 16				
		ved 4 oz honey thickened				
		eating his lunch before				
	going to dialysis.	5				
	-The resident did not	cough or drink while				
	drinking the tea.					
		nt #1 during the lunch meal				
	on 10/21/16 at 10:50					
	-The resident liked thi	•				
	liquids.	ned while drinking thickened				
	iiquius.					
	Observation of Reside	ent #1 on 10/21/16 at 11:15				
		ident drank all of the honey				
	thickened tea.	,				
		ry Aide on 10/21/16 at 4:51				
	p.m. revealed:					
	-The MAs passed out	fluid to residents who were				

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on fluid restrictions.

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DIVISION OF FIGURE REGULATION						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	
		B. WING		R		
		HAL098027	B. WING		10/21/20	116
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		3501 SENI	OR VILLAGE L	ΔNF		
WILSON A	ASSISTED LIVING	WILSON, N				
		<u>_</u>	10 27030			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)		(X5) OMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
		,		DEFICIENCY)		
D 310	Continued From page	e 12	D 310			
	-It had been that way	since she had been working				
	at the facility (at least					
	- ·	ning on preparing thickened				
	liquids.	illing off preparing trickened				
	ilquius.					
	Interview with the Die	tary Supervisor on 10/21/16				
	at 4:27 p.m. revealed					
		as on thickened liquids,				
		ne liquids in a 4 oz cup.				
		red the thickener into the				
	liquids.	ired the thickener into the				
	•	thickened liquids 6 months				
		illickeried liquids o months				
	ago.	used a measuring cup to				
	measure the liquids for residents on thickened					
	liquids.	or propared thickened				
	•	er prepared thickened				
	liquids.					
	Interview with Reside	nt #1's Speech Therapist on				
Interview with Resident #1's Speech Th						
	10/21/16 at 4:35 p.m. revealed: -She worked with a local company as the Speech Therapist at the facility, as needed. Posidont #1 was discharged from Speech					
	-Resident #1 was discharged from Speech Therapy (ST) on 5/3/16.					
		iagnosis of dysphagia.				
		w long the resident has had				
		w long the resident has had				
	dysphagia.	was for Resident #1 to				
	receive honey thicker					
		ot handle nectar consistency				
	•	as having clinical signs of				
	aspirations.	ad bassa disabasa 116				
		ad been discharged from				
		re the resident had been				
	coughing while drinking					
	-If thickened liquids was not prepared to the correct consistency, a resident could develop					
	aspiration pneumonia	l.				

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Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NUMBER:	A. BUILDING:					
			_					
			B. WING		R			
		HAL098027	B. WING		10/21/	/2016		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE				
		3501 SEN	NIOR VILLAGE L	ΔNF				
WILSON A	ASSISTED LIVING		NC 27896					
			NC 27896	T				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE		
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE		
IAG		,	170	DEFICIENCY)				
			+					
D 310	Continued From page	e 13	D 310					
	Interview with a Sune	ervisor on 10/21/16 at 5:27						
	p.m. revealed:	1 VISOF OIL 10/2 I/ 10 dt 5.27						
	•	rassiva hanav thickanad						
		receive honey thickened						
	liquids.	5						
		n Resident #1 to cough or						
	choke while drinking t							
		nake the thickened liquids						
	daily.							
		ed any problems with the						
	consistency of thicker	•						
	-She had been traine	d on the preparation of						
	thickened liquids befo	ore she started working at						
	the facility.	-						
		on thickened liquids since						
	she had been at the f							
		received on the preparation						
		as on 10/21/16, by the RCC.						
	or trionories inquise in	do on 10,2 // 10, 2, 2, 2, 2, 2						
	Interview with the RC	C on 10/21/16 at 5:40 p.m.						
	revealed:	0 011 10/2 1/10 at 0.10 p.iii.						
	-She had been working at the facility as the RCC							
	since February 2016.	-						
		staff was measuring the						
	liquids correctly for Re							
	•							
	-She had not had any training on preparing							
thickened liquids while working at the facility. -Her last training was four years ago while she was in school. -She monitored the preparation and consistency								
	-	•						
		weekly and there was no						
	•	nsistency of the liquids.						
	 -Resident #1 had always had a dry cough off and on after drinking thickened liquids. -Resident #1's primary care physician was aware 							
of the resident coughingAs of today (10/21/16), the MAs was the only		ing.						
	staff who will prepare the thickened liquids.							
	Stall who will propare the thickened liquids.							

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6:10 p.m. revealed:

Interview with the Administrator on 10/21/16 at

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		` '	B) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.	A. BUILDING:				
HAL098027		B. WING		R 10/21/2016			
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
WILSON A	SSISTED LIVING		OR VILLAGE L	ANE			
		WILSON, N	IC 27896				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 310	Continued From page	: 14	D 310			1	
	-Resident #1 was to receive honey thickened liquidsHer expectation was for staff to prepare thickened liquids to the correct consistency as ordered by the resident's physicianShe monitored staff prepare thickened liquids dailyShe had never noticed a problem with the preparation of thickened liquidsBefore yesterday (10/20/16), dietary staff poured the liquids and the MAs and NAs added the thickener and prepared the thickened liquidsCurrently, only the MAs pour and prepare the thickened liquids. Resident #1's primary care physician or nurse was not available for interview.						
	The facility submitted a Plan of Protection dated 10/21/16, as follows: -Immediately, the facility contacted all Medication Aides (MA), who worked from 10/21-10/24/16, and the Resident Care Coordinator (RCC) trained the MAs on preparing thickened liquidsThe training was completed on 10/21/16The nurse consultant will train the MAs who worked the weekend on 10/24/16The new MAs will be trained by the nurse consultant, when hiredThe RCC will monitor the MAs on the preparation of thickened liquids weekly. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 3, 2017						
{D912}	G.S. 131D-21(2) Dec	laration of Residents' Rights	{D912}				

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Division of Health Service Regulation

MALO98027 MALO98027 MALO98027 MILSON ASSISTED LIVING SUMMARY STATEMENT OF DEPOINTING PREFITX TAG PREFITX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERNINGED TO THE APPROPRIATE DEPOINT ACTION (D912) Continued From page 15 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations: This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to nutrition and food services. The findings are: Based on observations, interviews and record review, the facility failed to ensure of 3 sampled Residents (#1), who had orders for thickneed liquids, received toney thickneed liquids, received toney thickneed liquids, received noney thickneed liquids, received noney thickneed liquids, received noney thickneed liquids as ordered by the primary care physician. (Refer to Tag D 310, 10a NCAC 137-5094(e)(4) Nutrition and Food Services. (Type B Violation))	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3501 SENIOR VILLAGE LANE WILSON, NC 27896 WILSON, NC 27896 (X41)ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTION (MST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (D912) Continued From page 15 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with rederal and state laws and rules and regulations related to nutrition and food services. The findings are: Based on observations, interviews and record review, the facility failed to assure 1 of 3 sampled Residents (#1), who had orders for thickened liquids, received honey thickened liquids as ordered by the primary care physician. [Refer to Tag D 310, 10A NCAC 137 .0904(e)(4) Nutrition					F	R		
WILSON ASSISTED LIVING CAJ D. SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION HOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	HAL098027			B. WING 10/21/2016				
WILSON, NC 27896 WILSON, NC 27896 SUMMARY STATEMENT OF DEFICIENCES PREFEX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (D912) Continued From page 15 G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to nutrition and food services. The findings are: Based on observations, interviews and record review, the facility failed to assure 1 of 3 sampled Residents (#1), who had orders for thickened liquids, received care physician. [Refer to Tag D 310, 10A NCAC 13F .0904(e)(4) Nutrition	NAME OF P	ROVIDER OR SUPPLIER						
Continued From page 15 Continued From page	WILSON A	ASSISTED LIVING			ANE			
G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to nutrition and food services. The findings are: Based on observations, interviews and record review, the facility failed to assure 1 of 3 sampled Residents (#1), who had orders for thickened liquids, received honey thickened liquids as ordered by the primary care physician. [Refer to Tag D 310, 10A NCAC 13F .0904(e)(4) Nutrition	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE				COMPLETE		
	{D912}	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate relevant federal and se regulations. This Rule is not met a Based on observation review, the facility fail received care and ser appropriate and in confederal and state laws related to nutrition and The findings are: Based on observation review, the facility fail Residents (#1), who h liquids, received hone ordered by the primar Tag D 310, 10A NCAC	ration of Residents' Rights have the following rights: and services which are and in compliance with state laws and rules and as evidenced by: as, interviews and record and record and rules and relevant and rules and regulations and rules and regulations and rood services. The services which are adequate, and rules and regulations and rood services. The services and record and orders for thickened and orders for thickened by thickened liquids as the complex care physician. [Refer to C 13F .0904(e)(4) Nutrition	{D912}	DEPICIENCY)			

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