Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		HAL086014	B. WING		10/19/2017	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATI DOBSON	KINS DR NC 27017			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section and Surry County Department of Social Services conducted an Annual survey and complaint investigation on October 18 and 19, 2017. The complaint investigation was initiated by the Surry County Department of Social Services on September 5, 2017.					
D 310	10A NCAC 13F .0904 Service	4(e)(4) Nutrition and Food	D 310			
	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.					
	interviews, the facility diets were served as residents (Resident # a pureed diet.	as evidenced by: ns, record reviews and refailed to assure therapeutic ordered for 1 of 1 sampled 2) with physician orders for				
	The findings are:					
	05/19/17 revealed: -Diagnoses included depressed mood, vas cerebrovascular accid-There was a physicial Review of the therape kitchen on 10/18/17 r	adjustment disorder with scular dementia, dent, and dry eye syndrome. an's order for a pureed diet. eutic diet list posted in the evealed Resident #2 was e served a pureed diet.				

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

TITLE (X6) DATE

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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	
HAL086014		B. WING		10/19/2017		
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
RIVERWO	OD ALF	711 W ATK DOBSON, I				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ED BY FULL PREFIX (EACH CORRECTIVE ACTION			
D 310	Review of the pureed diet menu for lunch on 10/18/17 revealed residents on a pureed diet were to be served 3 ounces (oz.) stew beef pureed, 4-5 oz. italian vegtables pureed, 4-5 oz. of rice pureed, 2.5-3 oz. peaches pureed, 1 slice of bread pureed, 1 cup (c.) beverage of choice. Observation of lunch meal on 10/18/17 from 12:15 pm to 1:00 pm revealed: -Resident #2 was served pureed stew beef, pureed rice, pureed vegatbles, pureed peaches, and pureed breadResident #2 received all foods as listed on the menuResident #2 drank all of his tea; ate 100% of his meal without difficultyResident #2 received a pureed diet as ordered. Review of the pureed diet menu for breakfast on 10/19/17 revealed residents on a pureed diet were to be served 3-4 oz oatmeal, 2-2 1/4 oz egg pureed, 1 slice of bacon pureed, 2-2 1/4 slices of bread pureed, 1 c. milk, 1 c. beverage of choice.		D 310			
	bacon, chopped eggs	30 am revealed: ved oatmeal, chopped s, chopped white bread. d all foods as listed on the				
	100% of his meal with	I of his milk and juice; ate nout difficulty. receive pureed diet as				
	Interview with 1st shift cook on 10/19/17 at 8:25 am revealed: -She had been a cook for the facility for about 1 yearShe used the regular menu recipes from the					

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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	
HAL086014		B. WING		10/19/2017		
NAME OF PROVIDER OR SUPPLIER STREET ADDI			RESS, CITY, STA	TE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	community compage		D 310			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 contracted Registered Dietician (RD) to prepare meals for all residentsShe was aware that Resident #2 should be following a puree dietShe had not followed the theraputic menu recipes because she had not been instructed to follow themShe was trained for one day by another cook who was previously the dietary manager on how to prepare modified textured dietsShe was unsure of how a pureed meal was to look, however knew she needed to use a food processor to soften the food before serving; and was knowlegable about using the food processor. Interview with facility contracted Dietician on 10/19/17 at 10:35 am revealed: -Her role was to review diet spreadsheets and provide recommendations for proper nutritional value for therapeutic dietsShe received and reviewed diet spreasheets from [named food supply company]It was the facility's responsibility to accept recommendations and choose what each resident would be servedThe facility was following a [named food supply company] program which had a recipe to follow for therapeutic dietsShe did not oversee any dietary staff at the facilityShe had not seen bacon pureed and it was usually purchased as a pre-convenience productIf food was not properly pureed, someone could choke. Telephone interview with another 1st shift cook on 10/19/17 at 11:44 am revealed: -She had been a cook for the facility for about 4					

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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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	HAL086014			10/19/2017	
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PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE	
D 310 Continued From page	3	D 310			
because she was train from the local health d who came out during a -She had never receiv therapeutic dietsShe also referred to a book in the kitchen for dietsShe did not follow the provided by the contra as she did not know the linterview with the facil 10/19/17 at 5:25 pm re -The Dietary Manager ordering food and mer -He assisted with dieta help was neededHe was trained a few was previously the die regular and therapeuti -He was unsure of what resembledHe was unable to exp meal other than adding -A cook who worked a trained all other staff a cook had a safe serve -The cooks had been to food. Interview with the Executed at 5:00 pm revealed: -The current DM and of trained by a prior staff over the facilityWhen they switched to	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 because she was trained for a day by someone from the local health department a few years ago who came out during an inspection. -She had never received any formal training on therapeutic dietsShe also referred to a paper in a diet resource book in the kitchen for instructions on pureed dietsShe did not follow the recipe from the book provided by the contracted Registered Dietitician as she did not know that recipes were available. Interview with the facility Administrator on 10/19/17 at 5:25 pm revealed: -The Dietary Manager (DM) was responsible for ordering food and menusHe assisted with dietary whenever additional help was neededHe was trained a few days by another cook who was previously the dietary manager to prepare regular and therapeutic mealsHe was unsure of what pureed consistency resembledHe was unable to explain the steps to pureed a meal other than adding milk to the foodA cook who worked at the facility for 4 years trained all other staff a few days and all but one cook had a safe serve certificateThe cooks had been trained on preparing pureed food. Interview with the Executive Director on 10/19/17 at 5:00 pm revealed: -The current DM and dietary staff had been trained by a prior staff member when they took				

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how to use the books.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ME, ZIP GODE		
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IAG		,	IAG	DEFICIENCY)		
D 040			D 040			
D 310	Continued From page	2 4	D 310			
	-She did not have mu	ch to do with the kitchen				
	area and preferred qu	uestions be directed to the				
	DM.					
	Interview with the DM	l on 10/19/17 at 5:46 pm				
	revealed:					
		ncluded ordering menus,				
		facility, updating diets in the				
	kitchen, and training					
	_	dietary staff member that				
		cility prior to his family taking				
	ownership.					
	-That same staff member had also trained the					
		mechanically altered meals.				
		to be of pureed texture the				
	staff would add milk.	:				
		rior to 10/19/17 that staff				
		cipe books provided by the				
	-He informed staff the	to prepare pureed meals.				
		en but he did not provide				
	instructions on how to	·				
	 -He expected the residents to receive the diet as ordered by the physician. -The current food supplier provided the facility 					
	with recipe books for					
		diets but did not provide any				
		read the processes for				
	mechanically altered	•				
	-	citchen to observe meals but				
	he had recently taken	on new responsibilities in				
	the facility.					
		vith Resident #2's physician				
	on 10/19/17 at 3:10 p	m was unsucessful .				
	A44	oide Desident (O				
	Attempted interview v					
	· · · · · · · · · · · · · · · · · · ·	10/19/17 at 3:30 pm was				
	unsuccessful.					

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RIVERWO	OD ALF		TKINS DR N, NC 27017						
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE					(X5) COMPLETE DATE			
D 310	Based on observation	e 5 ns, interviews and record was not interviewable.	D 310						

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