	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL060125	B. WING		10/24/2017
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	
HE PARC	AT SHARON AMITY		SHARON AMITY DF DTTE, NC 28205	RIVE	
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLET
D 000	Initial Comments		D 000		
		Department of Social an annual survey on October			
D 074	10A NCAC 13F .0300 Furnishings	6(a)(1) Housekeeping And	D 074		
	10A NCAC 13F .0300 Furnishings (a) Adult care homes (1) have walls, ceilin coverings kept clean	s shall: gs, and floors or floor			
	reviews, the facility fa floors or floor coverin good repair in resider #101,#107,#108, #11 #205, #207, #208, #2	ns, interviews, and record ailed to assure walls, ceilings, gs were kept clean and in			
	The findings are:				
	9:48 am revealed: -In resident room #10 panel was an area at and below the door k build-up with areas o of the door frame. -In room #100, the fro	ent room #100 on 10/23/17 at 00, on the inside of the door bout about 8 inches above nob that had brownish dirt f paint missing near the edge ont of the bathroom door had and the door knob which hes up the door panel.			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		10)/24/2017
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
		4025 N S	HARON AMITY DR	live		
HE PAR	C AT SHARON AMITY	CHARLO	DTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE
D 074	Continued From page	e 1	D 074			
	-In room #100, both o	closet doors had dirt build-up os and black scuff marks				
	9:52 am revealed: -In resident room #10 panel was an area at below the door knob had a brownish dirt b paint near the edge of -In room #101, in the shower wall was an a scuff marks with chip baseboard. -In room #101, in the toilet area, the baseb baseboard on the wa upward had a dirt but the baseboard was d from the base of the -In room #101 the ins frame along the door the floor upward had black scuff marks and -In room #101 there was scuff marks about 12 closet door panels. -In room #101 near th area on the wall about	resident bathroom near the area about 16 inches of black ped paint and missing resident bathroom near the oard and above the II about about 14 inches ild-up and black scuff marks, amaged and pulling away wall. side of the bathroom door trim about 12 inches from areas of chipped paint,				
	10:05 am revealed: -In room #107, on the was an area about 10 the door knob and ab	ent room #107 on 10/23/17 at e inside of the door panel D inches above and below bout 3 inches wide that had a iild-up and multiple areas of				

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
		HAL060125	B. WING		10	/24/2017
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE HARON AMITY DR			
HE PARC	C AT SHARON AMITY		TTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLE DATE
D 074	Continued From page	e 2	D 074			
	10:10 am revealed: -In room #108, on the was an area about 12 the door knob that ha build-up. -In room #108 both cl the bottom of the door the front of both close from the floor. -In room #108 the floo bathroom and the res the door near the wal and tile. Observation of reside	ent room #108 on 10/23/17 at e inside of the door panel 2 inches above and below ad thick brownish dirt losets had dirt build-up along ors and black scuff marks on et doors about 12 inches or tile that connected the sident's room directly under II area was dirty and missing				
	was an area about 8 door knob and about brownish dirt build-up along the edge of the -In room #111, on the closet door were blac	e outside of the second				
	10:28 am revealed: -In room #119, on the was an area about 10 the door knob and ab thick brownish dirt bu paint along the edge -In room #119, on the	e outside of both closet doors ks and dirt build-up along the				
	Observation of the cc 10/23/17 at 10:48 am alth Service Regulation	ommon living room area on n revealed:				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		HAL060125			10	/24/2017
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
THE PARC	C AT SHARON AMITY		DTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
D 074	Continued From page	e 3	D 074			
	front of the facility all inches above the floo marks and dirt build-u -In the common living had an area about 14 had chipped paint mi the baseboard segme missing. -In the common area and bottom of the wa of dirt and black scuff Observation of reside 9:45 am revealed: -On the inside of the about 12 inches abov that had a brownish of paint missing and a co chipped from the doo -On the outside of the an area about 12 inches an area about 12 inches of the an area about 12 inches an area about 12 inches of the inside of the an area about 12 inches 9:50 am revealed: -On the inside of the about 12 inches abov brownish dirt build-up	y room the room divider wall h inches from the floor that ssing in several areas and ent about 4 inches long was along all the baseboards ills were a brownish build-up fed areas. ent room #202 on 10/23/17 at door panel was an area we and below the door knob dirt build-up with areas of one inch piece of wood				
	knob that had missing -On the bathroom do	es above and below the door g paint. or, the outside and inside of unks of a brown substance				
	10:00 am revealed: -On the inside of the	ent room #204 on 10/24/17 at door panel was an area /e and below the door knob				

STATE FORM

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		HAL060125			10	/24/2017
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
HE PARC	C AT SHARON AMITY		SHARON AMITY DR DTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLE DATE
D 074	Continued From page	e 4	D 074			
	paint missing. -On the outside of the an area about 12 incl door knob that had a	dirt build-up with areas of e bathroom door panel was hes above and below the brownish dirt build-up with a od chipped from the door				
	10:05 am revealed: -On the inside of the about 6 inches above that had a brownish of paint missing. -On the outside of the	ent room #205 on 10/24/17 at door panel was an area e and below the door knob dirt build-up with areas of e bathroom door panel was beside the door knob with				
	10:10 am revealed: -On the inside of the about 6 inches above that had a brownish of paint missing. -On the outside of the an area about 6 inche	ent room #207 on 10/24/17 at door panel was an area e and below the door knob dirt build-up with areas of e bathroom door panel was es above and below the door mish dirt build-up with areas the door trim.				
	10:15 am revealed: -On the inside of the black scuff marks abo that ran the entire wid -There were 2 bathro	ent room #208 on 10/24/17 at door panel was a line of out 6 inches from the bottom dth of the door. bom floor tiles that were hold from the bedroom to the				
	Observation of reside 10:20 am revealed:	ent room #209 on 10/24/17 at				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		HAL060125	B. WING		10	0/24/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
THE PARC	C AT SHARON AMITY		SHARON AMITY DR DTTE, NC 28205	IVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From page	e 5	D 074			
	about 6 inches below brownish dirt build-up -On the outside of the an area about 6 inche knob that had a brow inch piece of wood cl Observation of reside 10:45 am revealed: -On the inside of the about 12 inches about that had a brownish of paint missing. -There was 1 bathroot the entire width of the the bedroom to the b Observation of the m at 12:00 pm revealed -In the main dining root kitchen, the front wal inches wide with blact paint. -In the main dining root the windows had blact and paint chipping froot	ain dining room on 10/23/17 I: yom located beside the I had an area about 24 ek scuff marks and missing yom, the wall area below 2 of ek scuff marks along the wall yom the baseboards. yom, an air vent in the ceiling foreign substance				
	12:30 pm revealed: -She worked day shif housekeeper for abo	ut 3 years.				
	prior to cleaning the i -Her cleaning include dusting daily when sh	d sweeping, mopping, and				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL060125	B. WING		10	/24/2017
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	AT SHARON AMITY	4025 N S	SHARON AMITY DR	IVE		
		CHARLO	OTTE, NC 28205			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO		COMPLET DATE
				DEFICIEN		
D 074	Continued From page	9 6	D 074			
	the housekeeping sch	adula				
		ade the cleaning schedule				
		d it in the housekeeping				
	room.	a it in the housekeeping				
		sted of cleaning under				
	resident beds, and cle	•				
		nly housekeeper for a long				
		wo housekeepers on first				
	shift."					
	Interview with a second					
	at 9:15 am revealed:	nd housekeeper on 10/24/17				
		a facility for 2 weeks on a				
	housekeeper.	ne facility for 2 weeks as a				
	•	for one hall and another				
	-	ponsible for the other hall.				
		mmon area first and swept,				
	mopped and dusted.					
		leep cleaning in the facility				
	on the days that were					
	housekeeping schedu	•				
	cleaning.					
	-When she completed	the tasks on the				
	housekeeping schedu	ule she would initial it as				
	completed.					
	-She was trained on h	nousekeeping duties by				
	another housekeeper	for about a week.				
		ity of supplies to complete				
	her job as housekeep	ber.				
	Interview with a Perso	onal Care Aide (PCA) on				
	10/24/17 at 11:00 am					
		ens on the beds in the				
	resident rooms daily a					
		the resident's rooms daily.				
	-	sible for deep cleaning or				
	other housekeeping c	luties.				
	-"If a resident had an	accident I would clean up				
	the area in the room.'	1				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		HAL060125	B. WING	·····	10	/24/2017
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
THE PARC	CAT SHARON AMITY		SHARON AMITY DR DTTE, NC 28205	IVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From page	e 7	D 074			
	Interview with the fact 10/24/17 at 11:48 am -Until around 10/16/1 housekeepers and ea -When Personal Care work hours, she would housekeeping. -She hired a full-time 10/16/17 to assist the housekeepers on sta -The daily responsible included sweeping, n supplies. -She had implementer recently that required daily tasks as well as tasks such as cleanin furniture. -Painting and repairs completed by the cor company. -PCAs and Medication completing a work re maintenance compar areas that needed pa -She was responsible housekeeping depart -She was unaware of cleaning, painting and Review of the cleanin housekeeping room r -Daily cleaning includ baseboards, and win bathrooms, cleaning the hallway, and stor paper and paper tow -The deep cleaning s walls, vent, inside all	 ility Administrator on a revealed: 7, the facility had only two ach worked part-time. Aides (PCAs) desired more id schedule them to fill in for housekeeper around to two part-time ff. lities of the housekeepers nopping, and replenishing ad a cleaning log system housekeepers to complete monthly deep cleaning ng walls and underneath of tiles were to be natracted maintenance an Aides were responsible for quisition form for the ny whenever they found ainting or repairs. a for oversight of the areas that needed d repair. and schedule posted in the revealed: led cleaning floors, dows sills, cleaning handrails and baseboards in king resident room with toilet 				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060125	B. WING		40/24/2	
NAME OF PI	ROVIDER OR SUPPLIER		TADDRESS, CITY, STATE, ZIP CODE		10/24/201	
			SHARON AMITY DR			
THE PARC	CAT SHARON AMITY	CHARLO	OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 074	Continued From page	e 8	D 074			
	initialed on the 100 h when the daily cleani -There was a docum	ented entry a housekeeper all schedule for 10/23/17 ing had been completed. ented entry a housekeeper all schedule for "Saturday nted" when the daily				
D 306	10A NCAC 13F .090 Service	4(d)(3)(H) Nutrition and Food	D 306			
	(d) Food Requireme(3) Daily menus for rfollowing:(H) Water and Other	4 Nutrition and Food Service nts in Adult Care Homes: regular diets shall include the Beverages: Water shall be ent at each meal, in addition				
	failed to assure wate	as evidenced by: ns and interviews, the facility r was served to 38 of 38 luring the breakfast meal.				
	The findings are:					
	am of the breakfast r -Beverages served to cranberry juice, coffe and milk. -28 of 28 residents in not served water.					
	dining room were not -There were five staf to the residents in the					

Division of Health Service Regulation STATE FORM

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	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL060125	B. WING		10)/24/2017
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	C AT SHARON AMITY		SHARON AMITY DR DTTE, NC 28205	IVE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	FCORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLETE DATE
D 306	Continued From page	e 9	D 306			
	Medication Aide and - -None of the resident	two Personal Care Aides. s were offered water.				
	revealed:	ent on 10/24/17 at 10:00 am ed water with some meals				
	but not with all meals					
		r, staff would provide it. e facility would not be able to				
	10/24/17 at 3:13 pm i	etary Manager (DM) on revealed: byed as the DM for seven				
	months.					
		water should be served to meal, in addition to other				
	-Even though she as	sisted with serving residents a unaware that water had not				
	-It was the "aides" res the residents.	sponsibility to serve water to				
		mployee record revealed: service orientation training				
		rvSafe certification on				
	-She was hired as the 3/16/17.	e Dietary Manager on				
	3:31 pm revealed:	ministrator on 10/24/17 at				
	each resident at each	water should be served to meal, in addition to other				
	beverages. -She was unaware th residents at the break	at water was not served to				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IAME OF PI	ROVIDER OR SUPPLIER	HAL060125	ADDRESS, CITY, STATE		10	/24/2017
	AT SHARON AMITY	4025 N S	SHARON AMITY DR			
			OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 306	Continued From page	e 10	D 306			
	served water to the re	ility as the Administrator to				
D 310	10A NCAC 13F .0904 Service	l(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Diets(4) All therapeutic die supplements and thic	A Nutrition and Food Service s in Adult Care Homes: ets, including nutritional kened liquids, shall be the resident's physician.				
	interviews, the facility diets were served as	ns, record reviews, and failed to assure therapeutic ordered for 1 of 1 sampled 2) with physician orders for				
	The findings are:					
	3/7/17 revealed diagr disease, rehab proce	2's current FL-2 dated noses included Alzheimer's dure, hematuria, epilepsy, muscle weakness general, na.				
		2's physician diet order led an order for a regular				
		eutic diet list provided by the l) on 10/23/17 revealed e served a regular				

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			B. WING			
	ROVIDER OR SUPPLIER	HAL060125	DDRESS, CITY, STATE,		10)/24/2017
NAME OF P	ROVIDER OR SUPPLIER		SHARON AMITY DR			
THE PAR	C AT SHARON AMITY		OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From pag	e 11	D 310			
	10/23/17 revealed re diet were to be serve steak/gravy, ½ cup (o greens without bacor cornbread, ½ c. of va (oz.) beverage of cho Observation on 10/22 pm of the lunch meal -Resident #2 was set supplement, 1 slice of with bacon, ground m pudding. -Resident #2 consum without difficulty. Interview with the DM revealed: -She had been the D -She was trained by -She used the regula and chopped, pureed because that was ho -She had prepared the instead of bacon for a-She was unaware the mechanical soft diet their collard greens. -She was unaware the therapeutic menus pub- Dietician (RD) contra -She had never refer for guidance in prepared	 b) of rice pilaf, ½ c. of collard c) of rice pilaf, ½ c. of collard a) 2 inch square piece of anilla pudding, and 8 ounces b) oice. 3/17 from 12:10 pm to 1:00 a) revealed: a) revealed: a) revealed: b) revealed: c) of bread, rice, collard greens b) read, rice, collard greens b) read, rice, collard greens c) of her meal a) of 10/23/17 at 1:00 pm b) for 7 months. b) for 7 months. c) or grinded food as needed c) or grinded food as needed c) with was trained. c) collard greens with ham c) residents. c) at residents on a c) should not receive bacon in c) at she should be using the rovided by the Registered c) collard by the facility. c) pes to follow to prepare red to the therapeutic menus 				

Division of Health Service Regula STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL060125	B. WING		10)/24/2017
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
THE PARC	C AT SHARON AMITY		SHARON AMITY DR DTTE, NC 28205	IVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	(FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page 12		D 310			
	Review of the mechanical soft diet menu for breakfast on 10/24/17 revealed residents on a mechanical soft diet were to be served 1 moistened waffle, 1 oz. ground sausage, 4 oz. mechanical soft fruit, 6 oz. juice of choice, and 8 oz. of milk.					
	Observation of the breakfast meal on 10/24/17 from 7:09 am to 7:40 am revealed: -Resident #2 was served 1 waffle moistened with syrup, sliced peaches, scrambled eggs, chopped bacon, nutritional supplement, and apple juice. -Resident #2 consumed 100% of her meal without difficulty.					
	Review of the mechanical soft diet menu for breakfast revealed that residents on a mechanical soft diet should be served ground sausage and should not be served bacon.					
	revealed she was un	I on 10/24/17 at 12:35 pm aware that bacon should not ts on a mechanical soft diet.				
	at 11:14 am revealed -She completed the r orientation training or -She received her Se 10/19/16.	equired food service				
	Interview with the fac 10/24/17 at 3:55 pm -She was responsible orders to the DM and list.	•				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060125		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		10	10/24/2017	
NAME OF PR	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	ZIP CODE		
	CAT SHARON AMITY	4025 N S	SHARON AMITY DR	IVE		
		CHARLO	OTTE, NC 28205			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETE DATE	
D 310	Continued From page 13		D 310			
	the therapeutic diet n -She unaware that th follow for all diets. -She would contact th	ere were specific recipes to he RD contracted by the ipes and would ensure				