STATEMENT OF DI AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL026067		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 03/09/2020
NAME OF PROVID		4124 PE	DDRESS, CITY, ST CAN DRIVE ILLS, NC 28348		03/03/2020
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 000} Initia	al Comments		{D 000}		
	Adult Care Licen w-up survey on M	sure Section conducted a /arch 9, 2020.			
{D 287} 10A Serv		(b)(2) Nutrition And Food	{D 287}		
Hom (2) 1 non- a kn cont indiv docu	nes: Table service shal -disposable place ilfe, fork, spoon, p tainers. Exception vidual basis and s	and Service in Adult Care I include a napkin and setting consisting of at least late and beverage s may be made on an hall be based on r preferences of the		D-237 - Knives have be purchased for residents when Appropriate. The RCC will be responsi to obtain A physician order for those reside	$n^{\prime}$ pone $n^{\prime}$ 04/01/
Base faile non- The	d to ensure all res -disposable place findings are:	and interviews the facility sidents were provided with a setting, including a knife.		who require untensit	<del>/</del> iry
Observation of the lunch meal s 03/09/20 at 11:32am revealed: -There were 22 resident meals in the dining room. -The table setting consisted of a and fork in addition to the plate -The meal consisted of seasone potatoes, boiled squash, a bake of plain yellow cake with no icin	revealed: ent meals that were served sisted of a napkin, spoon the plate and cup. of seasoned pork, sweet sh, a baked roll and a slice		NANAGER is Responsible for monitoring dietary supplies and notifying Executive Director for replenishment.		
10:2 a spo	8am revealed the oon in a napkin fo	chen on 03/09/20 at cook was rolling a fork and or the noon meal service.			
sion of Health Ser ORATORY DIRECT	TOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATUR	= ~(~202)	TITLE	(X6) DATE

STATE FORM

JG Reviewed and Accepted with Revisions 04/24/20

6899

BISW12

If continuation sheet 1 of 11

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				SURVEY PLETED
	HAL026067	B. WING	03	R 03/09/2020	
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
IOPE MILLS					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE
Continued From page	e 1	{D 287}			
revealed: -She had been worki than 2 years. -The cook was respo- silverware in the napi- -She had never giver the kitchen did not ste- -She did not know with knives for resident us- -Kitchen staff were re- when a resident had Observation in the kitrevealed there were to steak knife available food for the residents Interviewed with anot 1:17pm revealed: -She had also been e and the facility had ne knife for use during a -She could not "wrap have the knives in the -No one had ever tolor supposed to have knime meals. Interview with a Person on 03/09/20 at 1:22pr -The residents had ne with their meals. -If she needed to ass something, she would	ng at the facility for more insible for wrapping the kin. In residents a knife because ock knives. By the kitchen did not stock se. Pesponsible for cutting food an order for chopped food. At then on 03/09/20 at 1:17pm three butter knives and a to assist staff with cutting butter knives and a to assist staff with cutting butter cook on 03/09/20 at ther cook on 03/09/20 at employed for about 2 years ever provided residents a meal during that time. The knives" if she did not e kitchen to wrap. d her the residents were ives for use during their onal Care Assistant (PCA) m revealed: ever received knives for use ist a resident to cut d either give the plate back				
	ROVIDER OR SUPPLIER IOPE MILLS SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag Interview with a cook revealed: -She had been worki than 2 years. -The cook was respond silverware in the nap -She had never giver the kitchen did not st -She did not know with knives for resident us -Kitchen staff were re- when a resident had Observation in the kit revealed there were for steak knife available food for the residents Interviewed with anot 1:17pm revealed: -She had also been e and the facility had ne- knife for use during a -She could not "wrap have the knives in the -No one had ever tolow supposed to have knime meals. Interview with a Person 03/09/20 at 1:22pp -The residents had ne- with their meals. -If she needed to asso something, she would to the kitchen for there to cut the item.	DF CORRECTION       IDENTIFICATION NUMBER:         HAL026067       HAL026067         ROVIDER OR SUPPLIER       STREET /         IOPE MILLS       4124 PE         HOPE M       SUMMARY STATEMENT OF DEFICIENCES         (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Continued From page 1         Interview with a cook on 03/09/20 at 10:28am revealed:       -She had been working at the facility for more than 2 years.         -The cook was responsible for wrapping the silverware in the napkin.       -She had never given residents a knife because the kitchen did not stock knives.         -She did not know why the kitchen did not stock knives for resident use.       -Kitchen staff were responsible for cutting food when a resident had an order for chopped food.         Observation in the kitchen on 03/09/20 at 1:17pm revealed there were three butter knives and a steak knife available to assist staff with cutting food for the residents.         Interviewed with another cook on 03/09/20 at 1:17pm revealed: -She had also been employed for about 2 years and the facility had never provided residents a knife for use during a meal during that time. -She could not "wrap the knives" if she did not have the knives in the kitchen to wrap. -No one had ever told her the residents were supposed to have knives for use during their meals.         Interview with a Personal Care Assistant (PCA) on 03/09/20 at 1:22pm revealed: -The residents had never received knives for use with their meals. -If she needed to assist a resident to cut something, she would either give the plate back to the kitchen for them t	A. BUILDING:     A. BUILDING:       HAL026067     B. WING       ROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE       SUMMARY STATEMENT OF DEFICIENCIES     4124 PECAN DRIVE       HOPE MILLS     SUMMARY STATEMENT OF DEFICIENCIES       (EACH DEFICIENCY MUST BE RECEDEED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX TAG       Continued From page 1     (D 287)       Interview with a cook on 03/09/20 at 10:28am revealed:     (D 287)       -She had been working at the facility for more than 2 years.     (D 287)       -The cook was responsible for wrapping the silverware in the napkin.     -She had never given residents a knife because the kitchen did not stock knives.       -She did not know why the kitchen did not stock knives for resident use.     -Kitchen staff were responsible for cutting food when a resident had an order for chopped food.       Observation in the kitchen on 03/09/20 at 1:17pm revealed there were three butter knives and a steak knife available to assist staff with cutting food for the residents.       Interviewed with another cook on 03/09/20 at 1:17pm revealed:       -She had also been employed for about 2 years and the facility had never provided residents a knife for use during a meal during that time.       -No one had ever told her the residents a knife for use during a meal during that time.       -No one had ever told her the residents were supposed to have knives for use during their meals.       Interview with a Personal Care Assistant (PCA) on 03/09/20 at 1:22pm revealed: -The residents had never received kni	PF CORRECTION     IDENTIFICATION NUMBER:     A. BUILDING:       HAL026067     B. WING       BROWDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       1124 PECAD RRVE       OPE MILLS       SUMMARY STATEMENT OF DEFICIENCES (RACH DEFICIENCY MURSE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREVIDER'S PLANC OF CORRECTVE AC CROSS-REFERENCED TO DEFICIENCY MURSE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREVIDER'S PLANC OCCOSS-REFERENCED TO DEFICIENCY TAG     PROVIDER'S PLANC (EQACH CORRECTVE AC CROSS-REFERENCED TO DEFICIENCY TAG       Continued From page 1       (D 287)       Conthom to kitchen on 03/09/20 at 1:17pm	JF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:

STATEMENT	of Health Service Regu of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL026067		B. WING	R 03/09/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
ARC OF H	OPE MILLS	4124 PE	CAN DRIVE		
		HOPE N	11LLS, NC 28348	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 287}	for resident use nor h -For safety reasons, that had dementia sh knife. -None of the resident withhold a knife at ma Interview with the Ada 5:00pm revealed: -She was of the under facility had orders for were all dementia pa -The Resident Care O responsible for obtain abstaining from using	revealed: thy have knives in the kitchen had they ever in the past. he did not think residents hould be allowed to use a ts had a physician's order to ealtimes. ministrator on 03/09/20 at erstanding all residents in the no knives because they tients. Coordinator (RCC) was hing orders for all residents g knives related to their	{D 287}		
{D 292}	Interview with the RC revealed: -There was only one who was physically u to the resident's diage Disease. -She did not have any provide that residents -She had some physi all stated to "discontir to cognitive disorder// 10A NCAC 13F .0904 Service 10A NCAC 13F .0904 (c) Menus In Adult Ca (3) Any substitutions of equal nutritional va	y assessments she could s were unable to use a knife. ician orders for residents that nue the usage of knives due Alzheimer's dementia". 4(c)(3) Nutrition And Food 4 Nutrition and Food Service are Home: made in the menu shall be	{D 292}	a 292. Substitutions will be logged into substitution log book the Dictary Manager the cook. The Exective or designee will be responsible for monitori the substitution log A weekly basis.	He Done by 04/01/ Disular Ng on

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	(X1) PROVIDER/SUPPLIER/CLIA				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: HAL026067			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		167 B. WING			R / <b>09/2020</b>
ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	E, ZIP CODE		
	4124 PE	CAN DRIVE			
	HOPE M	ILLS, NC 28348			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Continued From page	e 3	{D 292}			
foods actually served	to residents.				
Based on observation interviews the facility	is, record reviews and failed to document the foods				
The findings are:					
revealed Herb seasor potatoes, yellow squa	ned pork, glazed sweet sh with onions, baked roll				
03/09/20 at 11:32am roast, sweet potatoes	revealed seasoned pork ,				
kitchen revealed there	was no documentation of				
revealed: -She did not have ma she did, she was to fil	ny substitutions but when I out a form in substitution				
-She thought she had November 2019 but c	filed out a form since ould not remember for sure.				
éclair for chocolate pu the substitution book.	idding but had not put it in				
several times during the	he week to make sure the				
	(EACH DEFICIENC REGULATORY OR I REGULATORY OR I Continued From page foods actually served This Rule is not met Based on observation interviews the facility actually served to res the menu occurred. The findings are: Review of the facility's revealed Herb season potatoes, yellow squa and caramel apple ca Observation of the lur 03/09/20 at 11:32am roast, sweet potatoes boiled squash, baked no icing. Review of the facility's kitchen revealed there any food substitutions Interview with the coo revealed: -She did not have mai she did, she was to fil book when something -She thought she had November 2019 but co- several weeks ago, s éclair for chocolate put the substitution book. -The Executive Direct several times during the	HAL026067         STREET A         A124 PE         A124 PE         HOPE MILLS         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 3         foods actually served to residents.         This Rule is not met as evidenced by:         Based on observations, record reviews and interviews the facility failed to document the foods actually served to residents when substitutions to the menu occurred.         The findings are:         Review of the facility's lunch menu for 03/09/20 revealed Herb seasoned pork, glazed sweet potatoes, yellow squash with onions, baked roll and caramel apple cake.         Observation of the lunch meal service on 03/09/20 at 11:32am revealed seasoned pork roast, sweet potatoes, boiled squash, baked roll, and yellow cake with no icing.         Review of the facility's substitution book in the kitchen revealed there was no documentation of any food substitutions since 11/03/19.         Interview with the cook on 03/09/20 at 10:20am revealed: -She did not have many substitutions but when she did, she was to fill out a form since November 2019 but could not remember for sure. -Several weeks ago, she substituted a chocolate éclair for chocolate pudding but had not put it in	HAL026067       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         IOPE MILLS       4124 PECAN DRIVE         HOPE MILLS       ID         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         TAGE       ID         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         TAGE       ID         PREFIX       TAGE         Continued From page 3       (D 292)         foods actually served to residents.       ID         This Rule is not met as evidenced by:       Based on observations, record reviews and interviews the facility's lunch menu for 03/09/20 revealed to residents when substitutions to the menu occurred.         The findings are:       Review of the facility's lunch menu for 03/09/20 revealed Herb seasoned pork, glazed sweet potatoes, yellow squash with onions, baked roll and caramel apple cake.         Observation of the lunch meal service on 03/09/20 at 11:32am revealed seasoned pork roast, sweet potatoes, boiled squash, baked roll, and yellow cake with no icing.         Review of the facility's substitution book in the kitchen revealed there was no documentation of any food substitutions since 11/03/19.         Interview with the cook on 03/09/20 at 10:20am revealed:         -She did not have many substitutions but when she did, she was to fill out a form in substitution fook when something was changed on the menu.         -She did not have many substitutions but when she did, she was	HAL026067         B. WING           B. WING           B. WING           DPE MILLS           STREET ADDRESS, GITY, STATE, ZIP CODE           MAL026067           BE WING           COVIDER OR SUPPLIER           SUMMARY STATEMENT OF DEFICIENCIES           (BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC LIDENTIFINIG INFORMATION)         PREFIX           (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC LIDENTIFINIG INFORMATION)         PREFIX           Continued From page 3         (D 292)           foods actually served to residents.         DefICIENC           This Rule is not met as evidenced by:         Based on observations, record reviews and interviews the facility failed to document the foods actually served to residents when substitutions to the menu occurred.         Deficience           The findings are:         Review of the facility's lunch menu for 03/09/20 revealed Herb seasoned pork, glazed sweet potatoes, yeldow squash with onions, baked roll and caramel apple cake.         Deficience           Observation of the lunch meal service on 03/09/20 at 11:32am revealed seasoned pork roast, sweet potatoes, boiled squash, baked roll, and yellow cake with no icing.         Interview with the cook on 03/09/20 at 10:20am revealed:           She did not have many substitution book in the kitchen revealed there waso documentation of any food substitutions since 11	NUMP     NUMP       INFORMER     STREET ADDRESS, CITY, STATE, ZIP CODE       OPE MILLS     4124 PECAN DDRESS, CITY, STATE, ZIP CODE       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL RECOLLECTONY ON LIGC DEDITIONING MOTION)     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECIDED BY FULL RECOLLECTONY ON LIGC DEDITIONING MOTION)     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECIDED BY FULL RECOLLECTONY ON LIGC DEDITIONING MOTION)     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION AROUND BE CROSS-REFERENCED TO THE APPROVEMENT OF DEFICIENCY)       Continued From page 3 foods actually served to residents.     ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION AROUND BE DEFICIENCY)       Continued From page 3 foods actually served to residents.     (D 292)       This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to document the foods actually served to residents.     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION)       Review of the facility's lunch menu for 03/09/20 revealed Herb seasoned pork, glazed sweet potatoes, yellow squash with onions, baked roll and caramel apple cake.     Destruction of and caramel apple cake.       Observation of the lunch meal service on 03/09/20 at 11:32am revealed seasoned pork roast, sweet potatoes, boiled squash, baked roll, and yellow cake with no icing.     Interview with the cook on 03/09/20 at 10:20am revealed: -She did not have many substitutions but when she did, she was to fill out a form inco November 2019 but could not mismice November 2019 but could not misme thought the substitution book.       -She did not have many substitutions but w

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	HAL026067		B. WING		03	R 8/ <b>09/2020</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ARC OF H	IOPE MILLS		CAN DRIVE			
			ILLS, NC 28348			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 292}	Continued From page	e 4	{D 292}			
	resident meals.					
		ED earlier this morning about				
		aramel apple cake and he				
	with icing.	with the plain yellow cake				
		y blank substitution forms in				
	the notebook	y blank substitution forms in				
	-She had not placed t	the substitution in the				
	substitution notebook					
	Interview with the ED revealed:	on 03/09/20 at 4:07pm				
		tion book in the kitchen with				
	a form to be complete					
	substitutions were ma					
		changed companies and				
		nu's the facility had few				
	-He was responsible f menu.	for ordering items for the				
	items on the menu.	based specifically on the				
		few substitutions with the				
	way he was ordering i					
	-He checked several t					
	available for each mea	they had needed items				
		ai. etary staff to document in				
	were made.	book when any substitutions				
		the substitution forms were				
	not in the notebook.	are substitution forms were				
		the substitution notebook				
	had not been complete	ed since November 2019.				
		staff to follow procedures				
		substitution documentation				
	as they had been train					
		he substitution book to				
		vere being documented.				

Division of Health Service Regulation STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		R
		HAL026067	B. WING		03/09/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
ARC OF H	IOPE MILLS		CAN DRIVE		
(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 APPROPF DEFICIENCY)	BE COMPLE
{D 292}	Continued From page	ə 5	{D 292}		
	5:00pm revealed: -She expected dietar and complete all food	ministrator on 03/09/20 at y staff to follow procedures I substitution documentation as they had been trained.			
{Ď 310}	10A NCAC 13F .0904 Service	4(e)(4) Nutrition and Food	{D 310}	D-310 - Thern peutik Diets	; will
	<ul><li>(e) Therapeutic Diets</li><li>(4) All therapeutic die supplements and thic</li></ul>	A Nutrition and Food Service s in Adult Care Homes: ets, including nutritional skened liquids, shall be the resident's physician.		D-310- Thermpeutic Diets be scruch per ND Order RCC will check and diets current per ND. Dietary staff will be trained on thermpeut	
	reviews, the facility fa diets were served as residents (Resident #	ns, interviews, and record illed to ensure therapeutic ordered for 1 of 4 sampled 4) who had physician orders NAS), Low Concentrated		dicts.	
	The findings are:				
	02/27/20 revealed: -Diagnoses included encephalopathy, seiz disorder, hypertension disease.	4's current FL-2 dated dementia, hepatic ure disorder, schizoaffective n, schizophrenia, and liver for NAS, LCS, and chopped			
		s diet list posted in the evealed Resident #4 was to			

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If continuation sheet 6 of 11

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	HAL026067		B. WING	03	R / <b>09/2020</b>	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
ARC OF H	OPE MILLS		CAN DRIVE IILLS, NC 28348			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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) COMPLET DATE
{D 310}	Continued From pag	e 6	{D 310}	<u></u>		
	be served a NAS, LC chopped meats.	CS, regular texture diet with				
	residents were to be yellow squash and or					
	apple cake for desse	II, and a slice of caramel rt.				
	the cook on 03/09/20	eutic diet menus provided by ) at revealed: to be served the same				
	menu as the regular dessert.	diets except for a diet				
		to be served the same diets but were not to use a le.				
	on 03/09/20 at 12:00 -Resident #4 had wat served a whole piece	ent #4's lunch meal service pm revealed: ter and coffee and was of a pork, mashed sweet d onions, half of a dinner roll,				
	and a slice of yellow -Resident #4 used a t	cake with no icing. fork to cut pieces into the nis fingers to pull the pork				
	-Resident #4 ate 100 -Resident #4 should I chopped-up pork inst	percent of his meal. nave been served				
	revealed:	ok on 03/09/20 at 12:30pm				
	prepared in the kitche -She gave Resident # aide (PCA) or a Certit	t4's plate to a personal care fied Nursing Assistant (CNA)				
	to) to serve to Reside	nber who she gave the plate ent #4. PCA/CNA the plate was for				

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
				A. BUILDING:		R	
HAL026067		HAL026067	B. WING	03	3/09/2020		
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
RC OF H	IOPE MILLS		CAN DRIVE ILLS, NC 28348				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
{D 310}	Resident #4. -She handed all the they served the plat -She did not tell the residents to serve th were expected to kr Interview with Resid revealed: -He was served port and cake for the lun -His pork was cold. -He did not have any his food. -When asked how h no teeth he replied, -He cut the pork cho hard to cut with the replied, -He cut the pork cho hard to cut with a CN/ revealed: -The kitchen staff we CNA's and PCA's w type of diet ordered -The cook would brid doorway of the kitch and CNA's the plate plate was to be delive the plate to that resi- -She did not know w not chopped on 03/0 supposed to be chop- -She was told by the the whole piece of p -She knew there wa each resident's diet.	plates to PCA's or CNA's and es to the residents. PCA's or CNA's which he plates to because they how all the resident's diets. lent #4 on 03/09/20 at 1:45pm k, sweet potatoes, squash, ch meal service. y teeth or dentures to chew e chewed the pork chop with "I gummed it". op using his fork but "it was fork" so he used his fingers to A on 03/09/20 at 2:00pm ere responsible for telling the hich residents received the for each resident. ng the residents plate to the en and would hand the PCA's , tell them which resident the vered to, and they would take dent. thy Resident #4's pork was 09/20 or realize that it was pped. e cook to give the plate with ork to Resident #4. s a diet list in the kitchen with	{D 310}	DEFICIEN			
	Interview with a second 2:39pm revealed: alth Service Regulation	ond shift PCA on 03/09/20 at					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			LETED
······	HAL026067		B. WING		I	R / <b>09/2020</b>
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
ARC OF H	IOPE MILLS		CAN DRIVE ILLS, NC 28348			
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	DRRECTION	(X5)
PREFIX TAG		NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLE
{D 310}	Continued From pa	ge 8	{D 310}			
	portions.	n a regular diet with double				
	meats ordered for h					
	over time.	morize the resident's diets				
	-The cook did not tell her which residents to serve the plates to.					
	was admitted, the c					
		or Medication Aide (MA) and CNA's of the diet				
		each resident's diet posted in				
		e interview with the Primary P) for Resident #4 on				
	03/09/20 at 3:37pm					
		with Resident #4's legal 20 at 3:40pm revealed:				
	-Resident #4 was pl	aced with a guardianship				
		e worked about a year ago. what type of diet Resident #4				
	-When Resident #4	was in the hospital in was on a cardiac diet with				
	NAS.	t have any teeth or dentures.				
	-She did not know if	Resident #4 had any				
	chewing or swallowi					
	at 4:05pm revealed:					
		ny Resident #4 received a nstead of chopped pork for				
	the lunch meal servi	ce on 03/09/20.				
		the plates for the residents retrieved the plate, the cook				

STATE FORM

AND PLAN OF CORRECTION		EMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		HAL026067	HAL026067 B. WING		R 03/09/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	IOPE MILLS	4124 PE	CAN DRIVE			
		HOPE M	IILLS, NC 28348			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
{D 310}	Continued From page	ge 9	{D 310}			
	not who the plate wa -The RCC would info order changes and s to the diet order list   copy was also given the medication cart. -All staff were trained sheet for residents' of -He was responsible kitchen. -The MA and kitcher Resident #4's meat y chopped. -The MA was respon- resident's diets in the each resident receive Interview with the RO revealed: -She was responsible the facility diet list in also provided to the notebook on the mea- -The MA's were responded to the notebook on the mea- -The Cook was respon- meal services and mo- received the correct -The cook was respon- PCA's and CNA's with handed them would g- She did not know with	<ul> <li>a for training the staff in the</li> <li>b staff should have known was supposed to be</li> <li>b sible for monitoring the</li> <li>b dining room and made sure</li> <li>c dining room and made sure</li> <li>b dining room and made sure</li> <li>c dining room and made sure</li> <li>b dining room and made sure</li> <li>c dining room and made sure</li> <li>b dict correct diet.</li> <li>c on 03/09/20 at 4:33pm</li> <li>c for updating diet orders on</li> <li>the kitchen and a copy was</li> <li>MA's and stored in a</li> <li>d dication cart.</li> <li>b onsible for monitoring the</li> <li>b aking sure the residents</li> <li>d diet ordered by the physician.</li> <li>b onsible for informing the</li> <li>b nich resident the plate she</li> </ul>				
	4:40pm revealed: -The Executive Direct training all kitchen sta	ministrator on 03/09/20 at tor was responsible for aff. Il diet orders on the list in the				

STATE FORM

	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:			R
HAL026067			B. WING		03	/09/2020
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE		
RC OF H	IOPE MILLS		CAN DRIVE IILLS, NC 28348			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 310}	Continued From page	≥ 10	{D 310}			
	resident, hand it to the PCA "this is for reside -The PCA would then resident the cook rep -She did not know wh not chopped; "It shou -She expected staff to	he meal trays for each e PCA, and would tell the ent so-in-so". deliver the plate to the orted it went to. ay Resident #4's pork was Id have been". o follow the policies and g the correct therapeutic				