STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted a follow up survey and complaint investigation on October 14, 2019 through October 16, 2019. The complaint investigation was initiated by the Craven County Department of Social Services on September 13, 2019, September 25, 2019 and October 8, 2019.	D 000		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on observations and interviews, the facility failed to assure the facility was free of hazards as evidenced by the storage of multiple portable oxygen cylinders in an unsafe manner on the floor inside two closets in resident room #13. The findings are: Observation of the special care unit (SCU) of the facility on 10/14/19 at 11:43am to 11:49am	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 1	D 079		

revealed:
-There was one male resident ambulating down the hallway in front of resident room #13 going toward the dining room area.
-There was a second male resident propelling himself backwards in his wheelchair in the hallway passed resident room #13 toward the dining room.
-A female resident walked up down the hallway who stopped in the doorways of several residents' rooms and attempted to open a locked exit door inside SCU.

Observation of resident room #13 on 10/14/19 at 11:49am revealed:
-There was one portable oxygen cylinder stored inside the first closet and four portable oxygen cylinders stored inside the second closet of resident room #13.
-All five portable oxygen cylinders were standing upright on the floor inside of the two closets.
-None of the five portable oxygen cylinders were secured in a rack or crate.
-The back wall of both closets was adjacent to resident room #11 that was occupied by another resident.
-The front of both closets opened toward the bed of the resident in resident room #13.
-There was an oxygen concentrator in use by the resident in the room.
-The resident was alone in the room and lying in bed receiving oxygen from the oxygen concentrator.
-There was a tall (standing approximately five feet) oxygen tank in the right corner of the resident room that was secured in a rack.

Based on observations, interviews, and record reviews, it was determined the resident who resided in resident room #13 was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 2 interviewable. Interview with the housekeeper on 10/14/19 at 1:10pm revealed: -She knew there was an oxygen cylinder and an oxygen concentrator in the corner and oxygen concentrator in resident room #13. -She did not know there were any oxygen cylinders in the closets of resident room #13. -She did not look inside the residents' closets. -She did not know who was responsible for storing the oxygen cylinders in a rack. -The facility did have a storage room for oxygen storage in a room outside of the unit's main entrance doors. Interview with the personal care aide (PCA)/medication aide (MA) on 10/14/19 at 4:12pm revealed: -The extra portable oxygen cylinders in resident room #13 had been delivered to the resident during hurricane preparation a little over a month ago. -Someone had probably placed the portable oxygen tanks in closets of resident room #13 so the resident's extra oxygen cylinders were easily accessible in preparation for the hurricane. -She did not know who put the portable oxygen cylinders in the closets of resident room #13. -She was not aware the portable cylinders were not stored securely in a rack or crate. -Hospice ordered the oxygen for the resident and she did not know if hospice had ordered any racks to store the oxygen. -The facility did have a room for oxygen storage located outside of the SCU main entrance doors. -The extra oxygen cylinders should have been kept in the storage area instead of the resident's closets if there was not a rack to store the oxygen cylinders in the resident's room.	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 3 Interview with the Executive Director on 10/14/19 at 2:00pm revealed: -The oxygen cylinders were usually stored in a storage closet across from her office (storage room located outside of the SCU). -She did not know oxygen cylinders were being stored in the closets in resident room #13 unsecured. -All oxygen cylinders were supposed to be secured in racks located in the facility. -She had not seen any unsecured oxygen cylinders during her weekly safety monitoring of the facility on 10/09/19. -She checked in all residents' closets during her weekly safety monitoring of the facility, but she may not have looked in every resident closet if there was a visitor or family member in the room. -She could not specify if she looked inside the closet of resident room #13 during her last weekly safety monitoring. -Hospice was responsible for ordering the oxygen used in resident room #13. -Hospice's medical equipment provider was responsible to ensure the oxygen cylinders were stored properly in the residents' rooms. Observation of the oxygen storage closet on 10/14/19 at 2:15pm revealed: -There was a storage rack with several portable oxygen tanks inside the storage closet. -There were no unused storage oxygen racks in the storage closet. Observation of resident room #13 on 10/14/19 at 4:10pm revealed: -The five portable oxygen cylinders had been removed from both closets inside of resident room #13. -There was an empty oxygen storage rack in the	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 4 second closet of the resident room. Review of a receipt for the resident in resident room #13 revealed five oxygen cylinders of the same size were delivered to the facility on 09/05/19 by the medical equipment provider. Telephone interview with the office manager of the medical equipment provider on 10/16/19 at 8:52am revealed: -Five oxygen cylinders were delivered to the facility for the resident in resident room #13 on 09/05/19. -The medical equipment provider was responsible to deliver the oxygen cylinders to the facility. -The medical equipment delivery person put the oxygen cylinders wherever they were instructed by the staff of the facility. -It was not the responsible of the medical equipment delivery person to ensure oxygen cylinders were stored in racks once they were delivered to the facility. -The facility staff were responsible to ensure oxygen cylinders were stored in racks properly for safety. -If a resident needed racks for oxygen cylinder storage, the facility could call, and the resident could either buy or rent the oxygen racks. -Someone from the facility called the medical equipment provider to bring an oxygen storage rack for the resident in resident room #13 on the afternoon of 10/14/19. -She could not specify who called for the oxygen storage racks from the facility. The facility failed to ensure five oxygen cylinders were stored securely in storage racks, creating a potential for an unsecured cylinder to fall and/or be knocked over, damaging the valve, and rapidly	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 079	Continued From page 5 releasing the high-pressure gas from the cylinder, which could potentially cause injury. The facility's failure was detrimental to the health, safety, and welfare of the residents which constitutes an unabated Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 10/14/19 for this violation.	D 079		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 1 of 1 resident (#1) was treated with respect, consideration and dignity as evidence by blending their puree foods together and not utilizing the pureed menu for staff guidance. [Refer to Tag 911 G.S. 131- D 21].	D 338		
D911	G.S. 131D-21(1) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 1 of 1 resident (#1) was treated with respect, consideration and	D911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D911	Continued From page 6	D911		

dignity as evidence by blending their puree foods together and not utilizing the pureed menu for staff guidance.

Review of Resident #1s current FL-2 dated 06/06/19 revealed:
-Diagnoses included Alzheimer's disease, major depression, gastroesophageal reflux disease and congestive hear failure.
-There was an order for a pureed diet.
-The resident required total care with feeding assistance.

Observation of the lunch meal service on 10/14/19 at 12:23pm revealed:
-The plated food for Resident #1 consisted of two food items, the pureed cornbread stuffing and purede green beans.
- The plated food for Resident #1 consisted of a smooth consistency for the cornbread stuffing and the green beans.
-The plated food for regular diets consisted of cornbread stuffing, turkey roast and green beans.

Interview with a dietary aide on 10/14/19 at 12:27pm revealed:
-The meal for Resident #1 consisted of puree cornbread stuffing with gravy and purede green beans.
- The turkey roast was mixed into the cornbread stuffing.
-The cook combined other menus with bread and meat when bread was being served to a resident on a puree diet.
-Bread did better pureed with meat.
-"Bread does not puree well so, we combine it."
-The cornbread stuffing was considered a bread.
-The cook was responsible for pureeing the food.

Review of the diet extension menu on 10/14/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D911	Continued From page 7	D911		

revealed the cornbread stuffing, turkey roast and vegetables were to be served separately for the puree menu.

Interview with the Dietary Manager on 10/14/19 at 12:30pm revealed:
-She was the cook for today (10/14/19).
-The cook was responsible for preparing the puree menu for the residents.
-She added the cornbread stuffing to the turkey mixture.
-The diet for residents receiving a puree menu did not instruct her to add the turkey and the dressing together.
-She was not aware the cornbread stuffing and turkey roast could not be served together.

Based on observations, interviews and record review, it was determined Resident #1 was not interviewable.

Interview with the Administrator on 10/14/19 at 4:00pm revealed:
-She conducted a meal observation once per week.
-She was not aware that it would be a concern to combine puree foods when serving residents who require a puree diet.

Attempted telephone interview with the contracted Registered Dietitian on 10/15/19 was unsuccessful.

Telephone interview with a representative from the menu provider on 10/15/19 at 4:00pm revealed:
-The facility was provided a daily extension sheet for pureed meals which provided detailed instructions on how to prepare the puree foods.
-Generally, pureed menus were not combined

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL025035	A. BUILDING: _____ B. WING _____	R 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF TRENT	2915 BRUNSWICK AVENUE NEW BERN, NC 28562

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D911	Continued From page 8 because each food item has its own recipe and directions on how to puree the food. -The pureed menu should have been served with a meat, starch and vegetable separately, the same as the regular menu.	D911		
D912	G.S. 131D-21(2) Declaration of Residents' Rights 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 reviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to housekeeping and furnishings. 1. Based on observations and interviews, the facility failed to assure the facility was free of hazards as evidenced by the storage of multiple portable oxygen cylinders in an unsafe manner on the floor inside two closets in a resident's room. [Refer to Tag D0079 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Unabated Type B Violation).]	D912		