Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL036039	B. WING		07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA CRAMER MOUNTA	IN	IER MOUNTAIN			
	OLIMANA DV OT		TON, NC 28032	T	<u> </u>	
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 000}	Initial Comments		{D 000}			
	County Department o	sure Section and the Gaston f Social Services conducted m 07/06/22- 07/07/22.				
{D 310}	10A NCAC 13F .0904 Service	(e)(4) Nutrition and Food	{D 310}			
	(e) Therapeutic Diets (4) All therapeutic die supplements and thic	Nutrition and Food Service in Adult Care Homes: ets, including nutritional kened liquids, shall be the resident's physician.				
	This Rule is not met a	<u> </u>				
	Based on these findin Violation was not aba	gs, the previous Type B ted.				
	reviews, the facility fa diets were served as residents related to a	is, interviews and record iled to ensure therapeutic ordered for 2 of 6 sampled nectar thick liquid diet order nechanical soft with ground dent #5).				
	The findings are:					
	10/12/21 revealed: -Diagnoses included a	ing, dyspepsia (indigestion), dysphagia (difficulty				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
		HAL036039	B. WING		R 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
TERRABE	LLA CRAMER MOUNTA	AIN	ER MOUNTAIN			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
{D 310}	Continued From page	e 1	{D 310}			
	-A diet order was not	documented.				
	dated 12/29/21 revea	6's Physician's order sheet led an order for a and nectar thick liquids.				
	_	s diet order board located in 22 revealed Resident #6 soft diet.				
		ok in the kitchen on esident #6 was ordered a with nectar thick liquids.				
	9:18am and 2:28pm r -He was responsible a board posted in the k -The diet order board a new resident moved changed, but he had remember the last tim -A diet order book wa was up to date with a -He knew the diet ord updated before this m	for updating the diet order itchen. was typically updated when d in or when a diet order been busy lately and did not ne it was updated. Is kept in the kitchen and it ll the residents' diets. Iler board should have been norning (07/07/22) since that are aides (PCA) referred to				
	meal service on 07/00 -There was a therape mechanical soft diet the therapeutic diet menuthickened liquidsThe planned menu fowas soft and bite size potato medley, spinale	eutic diet menu for a				

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STATE FORM 6899 QF7Q12 If continuation sheet 2 of 12

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION		SURVEY PLETED	
			A. BOILDING	A. BUILDING:			
		HAL036039	B. WING		07	R / /07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE			
TEDDADE	LLA CDAMED MOUNTA	500 CRAI	MER MOUNTAIN	ROAD			
TERRABE	ELLA CRAMER MOUNTA	CRAMER	TON, NC 28032				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
{D 310}	Continued From page	2	{D 310}				
	ice cream served with	nout nuts.					
	on 07/06/22 at 12:19µ-She was served groutomatoes and a scool cream (with soft chool-Her beverages includent in the context of the context of the context of the context of the store bought water (notable and an empty 1.5 the trash can.	und ham, rice, spinach with p of cookies and cream ice olate cookies in it). ded nectar thick water. partially melted when it was ice cream and spooned out rition. ent #6's room on 07/06/22 at alf full 12-ounce bottle of ot nectar thickened) on a 2-ounce bottle of water in					
	revealed: -She drank three to for bought water that was family provided, each -Somedays she recei with meals in the dining	our 12-ounce bottles of store is not nectar thick, that her day to avoid dehydration. Wed thin liquid beverages ing room, but she would not nappened since she did not ickened liquids.					
	breakfast meal service -The facility was using from 07/05/22There was a therape mechanical soft diet to thickened liquidsThe planned menu for was a moistened waf cereal, minced and means to the service of the s	eutic diet menu for the e on 07/07/22 revealed: g the therapeutic diet menu eutic diet menu for a hat included suggestions for or the mechanical soft diet file, a thickened hot or cold noist bacon, a minced and mashed fresh fruit and					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		HAL036039	B. WING		R 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRABE	ELLA CRAMER MOUNTA	IN	ER MOUNTAIN ON, NC 28032			
(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 APPROPI DEFICIENCY)	BE COMPLETE	Ë
{D 310}	Continued From page	÷3	{D 310}			
	100% juice at the ord	ered thickness.				
	Resident #6 on 07/07 revealed: -Resident #6 was ser toast with jelly and grudent with inclusion with inclusi	ded nectar thick coffee. naintenance staff that she ctar thick liquids and d coffee as well as uice. aff took her nectar thick d poured a cup of s well as a cup of uice. aff brought the drinks to her sip of the unthickened (PCA) was notified that she and replaced her beverages see as well as nectar thick and her a 4-ounce glass of d did not thicken it to nectar alled approximately a quarter s with unthickened orange ctar thick orange juice and age. d after eating and took a e juice then continued er nose. g sips of the unthickened noce then took several deep or remove Resident #6's				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		TED
		HAL036039	B. WING		R 07/07	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
TERRARE	ILA ODAMED MOUNTA	500 CRAM	ER MOUNTAIN	I ROAD		
IERRABE	LLA CRAMER MOUNTA	CRAMERT	ON, NC 28032	!		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 310}	9:18am revealed:		{D 310}			
		akfast that was planned for 07/22 because the residents originally planned for				
	-Although the therape	eutic diet menu called for con, he substituted ground esired texture.				
	at 8:14am revealed:	intenance Staff on 07/07/22				
	and coffee at breakfa -Resident #6 told her	st on 07/07/22. she no longer required				
	and orange juice.	requested regular coffee n meals often but sometimes				
	helped pour coffeeShe did not confirm I any other staff before	Resident #6's diet order with giving Resident #6				
	beveragesShe was not familiar diet orders.	with any of the residents'				
	Interview with a PCA 2:28pm revealed:	on 07/07/22 at 10:30am and				
	nectar thick orange ju	r had nectar thick coffee and lice with breakfast. t #6 would ask for water so				
	she poured her a glas -She did not thicken v	ss of unthickened water. vater for Resident #6 since				
	bought bottled water.	ent #6 drank regular store Resident #6 had to be served				
		ened liquids needed their				
	on top of the thickene extra thickener.	" she would add thin liquid ed beverage and not add any				
	-She thought the thick	kener that was already in the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		_
		HAL036039	B. WING		R 07/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA CRAMER MOUNTA	NN .	ER MOUNTAIN ON, NC 28032		
	OUR MARK OT		·		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 310}	Continued From page	e 5	{D 310}		
(E STO)	cup would have been that was addedShe was unsure if sh Resident #6 the previserved it to her in the -She thought Resider since she received a -She thought the consimilar to the consisted Interview with the Din 11:54am and 07/07/2 revealed: -Due to a special agrefamily signed, she coher room if they were	enough to thicken the liquid the had served ice cream to ous day at lunch but had past. Int #6 could have ice cream nutritional shake. Sistency of ice cream was ency of the nutritional shake. Ining Director on 07/06/22 at 2 at 9:18am and 2:28pm The ement that Resident #6's all have thin beverages in provided by her family. The desident for the nutritional shake in provided by her family. The desident for the nutritional shake in provided by her family. The desident for the nutritional shake in provided by her family. The desident for the nutritional shake in the nutritional shake in the nutritional shake.	(D 010)		
	provided to Resident consistency. -He was not aware the ice cream during lunder. Resident #6 should he instead of ice cream of the thought PCAs recollinical training but he orientation that outlined different therapeutic control allowed for resident liquids. -He expected the PCA required nectar thick not on the diet board. Telephone interview of Care Provider (PCP) revealed:	#6 had to be of nectar thick at Resident #6 was served th on 07/06/22. have been served pudding for dessert. ceived diet education in their e also provided food service ed appropriate foods for diet orders. b know that ice cream was ents that required thickened As to know Resident #6 liquids even though it was in the kitchen. with Resident #6's Primary on 07/06/22 at 3:40pm			
	-Resident #6 had a sv	wallowing study sometime in agia and was ordered			

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Division of	<u>of Health Service Regu</u>	ilation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL036039	B. WING		07/07/2022
		111/1200000	1		1 0770172022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TERRABE	LLA CRAMER MOUNTA	JIN 500 CRAI	MER MOUNTAIN	ROAD	
ILITABL	LEA GIVAMEN MOONTA	CRAMER	TON, NC 28032		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
IAG		,	IAG	DEFICIENCY)	
(5.040)		_	(5.040)		
{D 310}	Continued From page	e 6	{D 310}		
	nectar thick liquids.				
		esident #6's family providing			
		bottled water for Resident #6			
		gree with their decision.			
		not consume any regular			
	consistency liquids si	nce that could cause			
	aspiration (A condition	n in which fluids are			
	breathed into the lung	gs through the wind pipe.			
	Which can result in co	ough, shortness of breath,			
	_	g.) as well as aspiration			
		on in which pneumonia that			
	<u>-</u>	ng other than air being			
	inhaled into the respin	, ,			
		Therapy to reevaluate			
		wing and determine the			
		Resident #6; however,			
	<u>-</u>	would not consent to a			
	swallowing study.				
		not receive any regular			
		m family until they sign a			
	Resident #6 drinking	nent to accept the liability of			
	Resident #0 drinking	antinekenea liquia.			
	Interview with the Adr	ministrator on 07/06/22 at			
	4:00pm revealed:				
	•	iated risk document for			
	Resident #6's family i				
	<u>-</u>	of providing unthickened			
		water when Resident #6's			
	PCP ordered nectar t	hick liquids.			
		nat the document would be			
	-	me back from vacation.			
		agreement only covered			
		ded and the kitchen would be			
	required to serve Res	sident #6 nectar thick liquids.			
		6's neogitiated risk form on			
	•	evealed it was signed by a			
	family member today	(07/06/22).			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN ()F CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL036039	B. WING		R 07/07/2022
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA		
TERRABE	LLA CRAMER MOUNTA	AIN	ER MOUNTAIN ON, NC 28032		
(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		{D 310}		
		interview with the facility's n 07/07/22 at 10:17am was			
		interview with Resident #6's /07/22 at 10:44am was			
	Refer to interview with 07/07/22 at 11:11am.	h the Administrator on			
	10/28/21 revealed: -Diagnoses included of gastroesophageal ref				
	meal service on 07/06 -There was a therape mechanical soft dietThe planned menu fo was soft and bite size potato medley, spinad	eutic diet menu for a or the mechanical soft diet ed ham, moistened roasted ch with tomatoes, no corn: d and moist vegetable and			
	on 07/06/22 at 12:25p -She was served chop beans, rice, spinach a (corn and lima beans)	pped chicken with green and tomatoes, succotash) and a scoop of cookies (with soft chocolate cookies			
	Interview with a perso	onal care assistant (PCA) on			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	SI CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMIT LETED	
		HAL036039	B. WING		R 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
TERRARE	ELLA CRAMER MOUNTA	JIN 500 CRAN	ER MOUNTAIN	I ROAD		
TENNADE	LEA CRAMER MOONTA	CRAMER	ON, NC 28032			
(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 SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
{D 310}	Continued From page	e 8	{D 310}			
	(SCU) in containers a of the PCAs to plate a -Resident #5 was on -She thought Resider -She had served Res without adverse outco	o the Special Care Unit and it was the responsibility and serve the meal. a mechanical diet. In the served corn. It is could be served corn. It is corn in the past or ones. In the past or ones. In the past of one of the served corn. In the past or ones. In the past or one of the served corn. In the past or ones. In the past or one of the served corn. In the past or one of the served corn. In the past or one of the served corn. In the past or one of the served corn. In the past or one of the served corn. In the served cor				
	have corn.	nanical soft diet could not ns for lunch on 07/06/22				
	would have been rice mixture or green bear -PCAs should be awa and look at it to know therapeutic dietsHe thought PCAs reclinical training but he orientation that outline different therapeutic carrecently received foor should have known that mechanical soft dieternesses of the PCU did not have diet menus and he was have been able to interpretations.	tomato and spinach are of the diet order board what to serve residents on ceived diet education in their also provided food service ed appropriate foods for diet orders. I corn to Resident #5 d service orientation and nat corn was not allowed on t. I ca copy of the therapeutic as unsure if the PCAs would erpret them.				
	(SCC) 07/07/22 at 11 revealed: -The PCAs were resp serving meals in the S-Diet orders for all responsible to SCU kitchen cuptions.	oonsible for plating and SCU. sidents were on the PCAs' swell as on a list placed in				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			71. BOILDING	A. BUILDING:		R	
		HAL036039	B. WING		07	7/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	: ZIP CODE	•		
TO WILL OF T	NOVIDER OR GOLF ELER		MER MOUNTAIN F				
TERRABE	LLA CRAMER MOUNT	AIN	RTON, NC 28032	(OAD			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG	•	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLETE DATE	
{D 310}	Continued From pag	ge 9	{D 310}				
	so.						
		d a meal, she mainly checked					
		he texture of meat they were					
		residents received a meal.					
	Interview with the Ac	dministrator on 07/07/22 at					
	11:11am revealed:						
	_	C was visually auditing every					
	meal served in the S						
		ere were therapeutic diet					
	menus in the SCU.						
	Attempted telephone	e interview with Resident #3's					
		ler (PCP) on 07/07/22 at					
	8:11am was unsucce	` ,					
	Refer to interview wi	ith the Administrator on					
	07/07/22 at 11:11am						
		ons, interviews, and record					
	reviews it was determinterviewable.	mined Resident #5 was not					
	Interview with the Ac	dministrator on 07/07/22 at					
	-The personal care a	aides (PCA) were expected to					
	look at the diet board	d or diet book in the kitchen					
	as the food was beir	ng plated and ensure the					
	resident received the						
		ood service orientation					
		PCAs a basic understanding					
	of what was allowed						
	_	ector and the Health and					
		ad been visually auditing					
	each week.	ooms three to four times					
	-They looked at eacl	h nlate to make sure					
		orrect food and beverages.					
		nerapeutic diet menus before					
		as aware of what was					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL036039	B. WING		07	R 7/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TERRABE	ELLA CRAMER MOUNT	AIN	MER MOUNTAIN R RTON, NC 28032	OAD		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R 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 310}	allowed on each die-If a resident was se incorrect then she witchenThe process was stand not noticed any-Staff did not record The facility failed to served as ordered to with one resident (R for nectar thick liquid unthickened water, unthickened orange coughing and labore resident at risk for a detrimental to the het the residents which Violation. The facility provided accordance with G.Stands violation. CORRECTION DAT VIOLATION SHALL	t. crived something that was could take it back to the carted on 06/20/22, and she mistakes. their visual meal audits. ensure therapeutic diets were of 2 of 6 sampled residents esident #6) who had an order	{D 310}			
{D912}	2022. G.S. 131D-21(2) De	claration of Residents' Rights	{D912}			
	Every resident shall 2. To receive care a adequate, appropria	aration of Residents' Rights have the following rights: and services which are te, and in compliance with state laws and rules and				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM	PLETED R
	R
HAL036039 B. WING 0	7/07/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
TERRABELLA CRAMER MOUNTAIN 500 CRAMER MOUNTAIN ROAD CRAMERTON, NC 28032	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(D912) Continued From page 11 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 service. The findings are: Based on observations, interviews and record reviews, the facility failed to ensure therapeutic diets were served as ordered for 2 of 6 sampled residents related to a nectar thick liquid diet order (Resident #6) and a mechanical soft with ground meat diet order (Resident #5). [Refer to tag 310, 10A NCAC 137. g094(e)(4) Nutrition and Food Service (TYPE B VIOLATION)].	

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