

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

HA1038023

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED

09/16/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TERRACE RIDGE ASSISTED LIVING

1251 E HUDSON BLVD
GASTONIA, NC 28054

(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 License Section conducted an annual survey from 09/15/22 to 09/16/22.	D 000	Disclaimer The provider submits this Plan of Action (POA) in accordance with specific regulatory requirements. The Provider does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that the stated deficiencies are accurate. The Provider submits this POA with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider.	
D 309	10A NCAC 13F .0904(e)(3) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.	D309	Action Plan It is this Provider's intent and normal practice to assure an accurate and current list of residents with physician-ordered therapeutic diets is available and followed by food service staff for guidance in food service to residents as outlined by 10A NCAC 13F .0904(e)(3). The Resident Care Director (RCA), Executive Director, Nurse Consultant (RN), and Medical Director (physician) provide ongoing training and supervision to care staff (Supervisors, Medication Aides) and food service staff (Cooks, Dietary Aides, Servers) regarding therapeutic diets. These specifically includes physician diet orders, communication of orders and monitoring and updating of the resident diet list. The Provider's Executive Director, Resident Care Director (RCA), Nurse Consultant (RN) and others provide Quality Assurance and Performance Improvement (QAPI) monitoring including but not limited to physician diet order audits and routine comparison of kitchen therapeutic diet list to current physician orders. Consultant reviews, quality assurance monitoring, training records and order monitoring are some examples of various components utilized to comply with therapeutic diet food service. Corrective Measures Provider's therapeutic diet list, communication and monitoring systems were already in place prior to the DHSR survey. As part of the Quality Assurance and Performance Improvement (QAPI) program, a root cause analysis was conducted on 9-19-22 by the RCD (RN) and Executive Director. RCD and Executive Director reviewed policy and procedures, physician order process, diet order communication system and monitoring systems.	10/17/22

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to maintain an accurate and current list of residents that required physician ordered therapeutic diets for 2 of 3 sampled residents related to a mechanical soft with ground meats diet (#2) and a dental soft diet with 80 grams of protein that was limited to 60 grams of carbohydrates, 2 grams of sodium, 1 gram of phosphorus, 2 grams of potassium and 1500 milliliters of fluid per day (#4).

The findings are:
1. Review of Resident #2's current FL2 dated 07/19/22 revealed:
-Diagnoses included generalized muscle weakness.
-A cardiac diet order.

Review of Resident #2's FL2 Verification Form dated 08/03/22 revealed an order for a mechanical soft diet with ground meat.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054		
(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 309	<p>Continued From page 1</p> <p>Review of the therapeutic diet list posted in the kitchen on 09/15/22 revealed Resident #2 was not on the list.</p> <p>Review of the diet binder in the kitchen on 09/15/22 at 11:00am revealed:</p> <ul style="list-style-type: none"> -All of the diet orders were written on a facility specific diet order form. -Resident #2 had a regular diet order according to the facility diet order form. <p>Interview with a cook on 09/16/22 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 took a long time to eat her meals but she did not think Resident #2 was on a therapeutic diet. -If the resident was on a therapeutic diet then the doctor would have given an order and Resident #2 would be on the therapeutic diet list. <p>Refer to the interview with the Food Service Director (FSD) on 09/15/22 at 10:45am.</p> <p>Refer to the telephone interview with the Facility's Registered Nurse (RN) on 09/16/22 at 10:12am.</p> <p>Refer to the interview with the Administrator on 09/16/22 at 4:26pm.</p> <p>Attempted telephone interview with Resident #2's Primary Care Provider (PCP) on 09/16/22 at 4:08pm was unsuccessful.</p> <p>2. Review of Resident #4's current FL2 dated 08/02/22 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included included hypervolemia, hypertensive urgency, end stage renal disease on hemodialysis and insulin dependent diabetes mellitus. 	D 309	<p>The physicians for Resident #2 and Resident #4 were contacted for clarification regarding Resident #2's and Resident #4's therapeutic diet orders. The therapeutic diet list was updated according to those clarifications.</p> <p>A chart audit and therapeutic diet list audit was conducted by the RCD (RN) and/or their designee on 10-17-22 to ensure the therapeutic diet list was accurate and current for all other residents. List was accurate and current.</p> <p>All Supervisors, Medication Aides and Cooks were re-educated on 9-16-22 and 10-19-22 by Resident Care Director (RN) and Executive Director regarding policies and procedures to ensure accurate and current therapeutic diet list.</p> <p>Monitoring-</p> <p>As part of the Quality Assurance and Performance Improvement (QAPI) process, the RCD or designee will continue to monitor and review physician orders and audit the therapeutic diet list weekly for accuracy for the next four weeks and monthly for the next quarter with special focus on physician diet order changes following an in-house and/or office visit or hospital visit.</p> <p>The QAPI committee will review audit results for at least the next 2 quarters.</p> <p>Any findings which are not consistent with Provider's policy/procedure or accepted standard of care will result in re-training of applicable staff.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2022	
NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 1261 E HUDSON BLVD GASTONIA, NC 28054				
(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 309	Continued From page 2 -A. diet order was not documented. Review of Resident #4's FL2 Verification Form dated 08/04/22 revealed discharge diet restrictions included a dental soft diet with 80 grams of protein that was limited to 60 grams of carbohydrates, 2 grams of sodium, 1 gram of phosphorus, 2 grams of potassium and 1500 milliliters of fluid per day. Review of the therapeutic diet list posted in the kitchen on 09/15/22 revealed: -Resident #4 was on a consistent carbohydrate diet. -"No bologna, no hotdog, no biscuit, no cornbread" was noted next to Resident #4's name. Review of the diet binder in the kitchen on 09/15/22 revealed: -All of the diet orders were written on a facility specific diet order form. -Resident #4 had a consistent carbohydrate diet order according to the facility's diet order form. Interview with the cook on 09/16/22 at 3:45pm revealed: -Resident #4 was on a consistent carbohydrate diet but was particular about what she ate. -The kitchen would not serve her certain foods since she was on dialysis. -The FSD told her what Resident #4 was allowed to eat. Refer to the interview with the FSD on 09/15/22 at 10:45am. Refer to the telephone interview with the Facility's RN on 09/16/22 at 10:12am.	D 309		

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NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING				
STREET ADDRESS, CITY, STATE, ZIP CODE 1261 E HUDSON BLVD GASTONIA, NC 28054				
(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 309	Continued From page 3 Refer to the interview with the Administrator on 09/16/22 at 4:26pm. Attempted telephone interview with Resident #4's PCP on 09/16/22 at 4:07pm was unsuccessful. Interview with the FSD on 09/15/22 at 10:45am revealed: -She made the therapeutic diet list but could not remember the last time it was updated. -She kept all of the diet order forms that the Facility's RN gave her in a binder located in the kitchen. -The Facility's RN told her she needed to update the board but she had not gotten around to it. -Residents on a regular diet where not listed on the board. Telephone interview with the Facility's RN on 09/16/22 at 10:12am revealed: -She was responsible for giving the residents' diet orders to the kitchen. -She processed the orders on FL2 Verification Forms. -She thought the resident's PCP had to sign a facility specific diet order form for the resident's diet order to change. -She was not aware that the diet order on a resident's FL2 Verification Form was an active order. -She had only been working at the facility for two months and was not sure if anyone audited the therapeutic diet list. Interview with the Administrator on 09/16/22 at 4:26pm revealed: -The Facility's RN was responsible for giving the residents' diet orders to the FSD or lead cook. -The FSD was responsible for updating the therapeutic diet list.	D 309		

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NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054				
(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 309	Continued From page 4 -She expected the diet orders to be written on the facility's diet order form but if diet orders were written on a different document they were still considered orders that the facility needed to follow. -The Facility's RN should have communicated the new diet orders to the kitchen on the days they were received.	D 309		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.	D 310	<p><u>Action Plan</u></p> <p>It is this Provider's intent and normal practice to serve accurate meals prescribed by physician orders. The Resident Care Director (RN), Executive Director, Nurse Consultant (RN), and Medical Director (physician) provide ongoing training and supervision to care staff (Supervisors, Medication Aides) and food service staff (Cooks, Dietary Aides, Servers) regarding therapeutic diets. These specifically includes physician diet orders, communication of orders and monitoring and updating of the resident diet list. The Provider's Executive Director, Resident Care Director (RN), Nurse Consultant (RN) and others provide Quality Assurance and Performance Improvement (QAPI) monitoring including but not limited to physician diet order audits and routine comparison of kitchen therapeutic diet list to current physician orders.</p> <p>Consultant reviews, quality assurance monitoring, training records and order monitoring are some examples of various components utilized to comply with therapeutic diet food service.</p>	10/17/22
	<p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure therapeutic diets were served as ordered for 2 of 3 sampled residents related to a mechanical soft diet with ground meats (#2) and a dental soft diet with 80 grams of protein that was limited to 60 grams of carbohydrates, 2 grams of potassium and 1500 milliliters of fluid per day (#4).</p> <p>The findings are:</p> <p>1. Review of of Resident #2's current FL2 dated 07/19/22 revealed: -Diagnoses included generalized muscle</p>			

		<p><u>Corrective Measures</u></p> <p>Provider's therapeutic diet list, communication and monitoring systems were already in place prior to the DHSR survey. As part of the Quality Assurance and Performance Improvement (QAPI) program, a root cause analysis was conducted on 9-19-2022 by the RCD (RN) and Executive Director. RCD and Executive Director reviewed policy and procedures; physician order process; diet order communication system and Monitoring systems.</p> <p>The physicians for Resident #2 and Resident #4 were contacted for clarification regarding Resident #2's and Resident #4's therapeutic diet orders. The therapeutic diet list was updated according to those clarifications.</p> <p>A chart audit and therapeutic diet list audit was conducted by the RCD (RN) and/or their designee on 9-19-22 to ensure the therapeutic diet list was accurate and current for all other residents. List was accurate and current.</p> <p>All Supervisors, Medication Aides and Cooks were re-educated on 9-20-2022 by Resident Care Director (RN) regarding policies and procedures to ensure accurate and current therapeutic diet list.</p> <p><u>Monitoring-</u></p> <p>As part of the Quality Assurance and Performance Improvement (QAPI) process, the RCD or designee will continue to monitor and review physician orders and audit the therapeutic diet list weekly for accuracy for the next four weeks and monthly for the next quarter with special focus on physician diet order changes following an in-house and/or office visit or hospital visit.</p> <p>The QAPI committee will review audit results for at least the next 2 quarters.</p> <p>Any findings which are not consistent with Provider's policy/procedure or accepted standard of care will result in re-training of applicable staff.</p>	
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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER
TERRACE RIDGE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**1251 E HUDSON BLVD
GASTONIA, NC 28054**

Q41) 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)	R5) COMPLETE DATE
D 310	<p>Continued From page 5</p> <p>weakness. -A cardiac diet order.</p> <p>Review of Resident #2's FL2 Verification Form dated 08/03/22 revealed an order for a mechanical soft diet with ground meat.</p> <p>Review of the therapeutic diet list posted in the kitchen on 09/15/22 revealed Resident #2 was not on the list.</p> <p>Review of the diet binder in the kitchen on 09/15/22 revealed Resident #2 had a regular diet order.</p> <p>Review of the posted regular diet diet menu for lunch on 09/15/22 revealed pork roast, pinto beans, cooked cabbage and pineapple.</p> <p>Observation of the lunch meal service for Resident #2 on 09/15/22 from 12:17pm to 12:47pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 was served iced tea, pinto beans, corn bread, cooked cabbage and pork roast that was cut into pieces. -Resident #2 ate less than 50% of her lunch and chewed the food for long periods of time. <p>Review of the therapeutic diet menus for lunch on 09/15/22 revealed there was not a therapeutic diet menu for a mechanical soft diet with ground meat.</p> <p>Interview with the cook on 09/16/22 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 took a long time to eat her meals and sat at a table with other residents that required assistance with meals. -She did not think Resident #2 was on a therapeutic diet since she was not on the 	D 310		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2022	
NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054				
(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 310	Continued From page 6 therapeutic diet list. -She served Resident #2 a regular diet meal and was not aware that Resident #2 had a diet order for a mechanical soft diet with ground meats. Telephone interview with the Facility's Registered Nurse (RN) on 09/16/22 at 10:12am revealed: -Resident #2's overall condition had recently changed including her nutritional status. -She asked the Primary Care Provider (PCP) to change Resident #2's diet from a regular diet. -The PCP wrote an order for a soft diet on 08/30/22 but she wanted more details on what kind of soft diet Resident #2 required. -She was waiting on the PCP to clarify the diet order before she informed the kitchen of Resident #2's diet order change. -She did not realize the diet order on Resident #2's FL2 Verification form was an active order. Interview with the Speech Therapist on 09/16/22 at 9:50am and 2:12pm revealed: -She originally started seeing Resident #2 for cognitive therapy. -When she visited the facility last week, she noticed that Resident #2 was still eating her breakfast after 9:00am. -Staff at the facility reported Resident #2 had been eating less at meals than she usually did. -She thought Resident #2 was on a regular diet but a medication aide (MA) informed her that the kitchen served mechanical soft foods to Resident #2. -She was not aware that Resident #2 had an order for a mechanical soft diet with ground meat on 08/03/22. -She observed Resident #2 eat bolonga at breakfast this morning (09/16/22) and noticed that it took her a long time to chew it. -The bolonga that was served this morning	D 310		

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NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054				
(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 310	Continued From page 7 (09/16/22) was considered soft and the kitchen cut it up but it was not considered to be chopped or ground. -Resident #2's lunch on 09/16/22 of pinto beans, corn bread, cooked cabbage and pork roast that was cut into pieces would be appropriate for a mechanical soft diet; however, the pork roast should have been ground to match her diet order. -When Resident #2 had to spend a lot of time chewing food it caused her to use more energy and she would end up eating less food due to being tired. Refer to the interview with the Food Service Director (FSD) on 09/16/22 at 10:45am. Refer to the interview with the Administrator on 09/16/22 at 4:26pm. Attempted telephone interview with the facility's contracted registered dietitian on 04/16/22 at 4:06pm was unsuccessful. Attempted telephone interview with Resident #2's PCP on 09/16/22 at 4:08pm was unsuccessful. Based on interviews and record review it was determined that Resident #2 was not interviewable. 2. Review of Resident #4's current FL2 dated 08/02/22 revealed: -Diagnoses included hyperolemia, hypertensive urgency, end stage renal disease on hemodialysis and insulin dependent diabetes mellitus. -A diet order was not documented. Review of Resident #4's FL2 Verification Form dated 08/04/22 revealed discharge diet	D 310		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL099023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2022	
NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054				
(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 310	Continued From page 8 restrictions included a dental soft diet with 80 grams of protein that was limited to 60 grams of carbohydrates, 2 grams of sodium, 1 gram of phosphorus, 2 grams of potassium and 1500 milliliters of fluid per day. Review of the therapeutic diet list posted in the kitchen on 09/15/22 revealed Resident #4 was on a consistent carbohydrate diet and could not have bolonga, hotdogs, corn bread or biscuits. Review of the diet binder in the kitchen on 09/15/22 revealed Resident #4 was on a consistent carbohydrate diet. Review of the posted regular diet menu for breakfast on 09/16/22 revealed grits, eggs, bolonga and toast. Observation of the breakfast meal service on 09/16/22 at 8:30am revealed Resident #4 was served grits, two hard boiled eggs, toast and coffee. Review of the therapeutic diet menus posted in the kitchen on 09/15/22 revealed: -There was a therapeutic diet menu for a soft diet. -The planned breakfast for a soft diet on 09/16/22 included orange juice, cream of wheat, Mandarin orange slices, ground sausage and pancakes. -There was not a therapeutic diet menu for a diet that included 80 grams of protein that was limited to 60 grams of carbohydrates, 2 grams of sodium, 1 gram of phosphorus, 2 grams of potassium and 1500 milliliters of fluid per day. Interview with Resident #4 on 09/16/22 at 12:35pm revealed she thought the facility served her a salt free, sugar free diet and also limited the	D 310		

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NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054				
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D 310	Continued From page 9 amount of fluid she was allowed to drink. Interview with the cook on 09/16/22 at 3:45pm revealed: -She only cooked dinner and somedays Resident #4 did not come to dinner due to being at dialysis. -Resident #4 was on a consistent carbohydrate diet but she was also limited on certain foods due to being on dialysis. -The FSD told the cook what Resident #4 was allowed to have but she did not have anything written to follow. Telephone interview with the Clinic Manager at Resident #4's dialysis center on 09/16/22 at 11:36am revealed: -The clinic's dietitian was out on leave. -Resident #4's record at the dialysis clinic revealed that she should be following a renal diet. -The renal diet was limited to 2 grams of sodium, 2 grams of potassium, limited high phosphorus items (dark colas, biscuits and hot dogs) and limited fluid intake to 1500 mL per day. -Resident #4 should also be on a high protein diet which would be 110 grams of protein per day, based on her body frame. -Foods such as bananas and oranges should be avoided due to their high potassium content. -If Resident #4 did not follow the high protein, renal diet then it could alter the levels of phosphorus, potassium and albumin (protein) in her blood stream. Telephone interview with the Facility's RN on 09/16/22 at 10:12am revealed: -She processed the orders on Resident #4's FL2 Verification Form. -She thought the diet order needed to be signed by the PCP and did not realize the diet order on the FL2 Verification form was an active order.	D 310		

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NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054			
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D 310	Continued From page 10 -She did not transcribe Resident #4's diet order dated 08/03/22 onto a facility specific diet order form for the kitchen. Refer to the interview with the FSD on 09/15/22 at 10:45am. Refer to the interview with the Administrator on 09/16/22 at 4:26pm. Attempted telephone interview with the facility's contracted registered dietitian on 04/16/22 at 4:06pm was unsuccessful. Attempted telephone interview with Resident #4's PCP on 09/16/22 at 4:07pm was unsuccessful. Interview with the FSD on 09/15/22 at 10:45am revealed: -She made the therapeutic diet board and had not updated it recently; however, all of the updated diets that the Facility's RN gave her were in a binder in the kitchen. -Sometimes it was difficult to serve the planned meals due to food not arriving on the delivery truck or residents' food preferences. -The therapeutic diet menus that she followed were posted on the wall. Interview with the Administrator on 09/16/22 at 4:26pm revealed: -She was not aware that the therapeutic diet list posted in the kitchen was not up to date. -The diet order did not have to be signed by the residents' PCP to be considered an active diet order. -She expected the kitchen staff to follow the therapeutic diets as ordered. -If anyone had questions related to a resident's diet then the Facility's RN or physician should	D 310	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1261 E HUDSON BLVD GASTONIA, NC 28054		
(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 310	Continued From page 11 have been contacted.	D 310		
D 366	10A NCAC 13F .1004 (i) Medication Administration 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure a medication aide (MA) observe a resident take their medications for 1 of 5 sampled residents (#5). The findings are: Observation of Resident #5's room during the initial tour on 09/15/22 between 8:30am and 9:45am revealed: -There was a paper medication cup on Resident #5's nightstand. -Inside the medication cup were 4 medications. Review of Resident #5's current FL2 dated 12/29/21 revealed: -Diagnoses included dementia, hypertension, depression and major neurocognitive disorder. -Orders for antiodipine 5mg (used to treat elevated blood pressure) every day, Pradaxa 150mg (used to treat blood clots) twice per day, Trintellix 10mg (used to treat depression) every	D 366	<u>Action Plan</u> It is this Provider's intent and normal practice of Medication Aides (MAs) to assure observation of a resident actually taking their medication prior to recording the administration of that medication and the administration of another resident's medication as outlined by 10A NCAC 13F .1004 (i). The Resident Care Director (RN), Executive Director, Nurse Consultant (RN), Pharmacy Consultant (RPh) and Medical Director (physician) provide ongoing training and supervision to Medication Aides regarding medication administration. Training specifically includes observation and recording. The Provider's Executive Director, Resident Care Director (RN), Nurse Consultant (RN), Pharmacy Consultant (RPh) and others provide Quality Assurance and Performance Improvement (QAPI) monitoring including but not limited to routine observation of medicine pass skills and techniques and medicine pass audits. Consultant reviews, quality assurance monitoring, training records and medicine pass monitoring are some examples of various components utilized to comply with medication administration.	10/17/22

		<p><u>Corrective Measures</u></p> <p>All Medication Aides were re-trained between 9-20-22 and 10-20-22 by Resident Care Director (RN) regarding policies and procedures for medication administration.</p> <p>The Executive Director and Resident Care Director (RN) had a conversation on 1/22 with Resident #5 regarding physician's instruction for medication not to be left at bedside and the need for MAs to observe Resident #5 taking all medicine.</p> <p><u>Monitoring-</u></p> <p>As part of the Quality Assurance and Performance Improvement (QAPI) process, the RCD (RN) and Pharmacy Consultant (RPh) will continue to monitor and observe medication passes two (2) times per week for the next four weeks and at least monthly for the next quarter.</p> <p>The QAPI committee will review audit results for at least the next 2 quarters.</p> <p>Any findings which are not consistent with Provider's policy/procedure or accepted standard of care will result in re-training of applicable staff.</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>HA1 036023</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>09/16/2022</p>
<p>NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING</p> <p>STREET ADDRESS, CITY, STATE, ZIP CODE 1261 E HUDSON BLVD GASTONIA, NC 28054</p>			

Division of Health Service Regulation

(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 366	<p>Continued From page 12</p> <p>day, Perindopril 4mg (used to treat high blood pressure) every day, memantine 5mg (used to treat alzheimer's disease) every day, multivitamin 1 tablet once per day, vitamin B12 500mcg every day, and lutein 20mg (used to treat vision) 1 tablet every day.</p> <p>Review of a physician's order for Resident #5 dated 01/10/22 revealed increase memantine to 10mg twice daily.</p> <p>Review of Resident #5's September 2022 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for amlodipine 5mg daily at 9:00am and the documentation the amlodipine was administered at 9:00am. -There was an entry for lutein 20mg mg daily at 9:00am and the documentation the lutein was administered at 9:00am. -There was an entry for Memantine 10mg daily at 9:00am and the documentation the Memantine was administered at 9:00am. -There was an entry for multi-vitamin 1 tablet daily at 9:00am and the documentation the multi-vitamin was administered at 9:00am. -There was an entry for Perindopril 4mg daily at 9:00am and documentation the Perindopril was administered at 9:00am. -There was an entry for Pradaxa 150 mg twice daily at 9:00am and 9:00pm and there was documentation the Pradaxa was administered at 9:00am -There was an entry for Trintellix 10mg daily at 9:00am and the documentation the Trintellix was administered at 9:00am. -There was an entry for vitamin B-12 500mcg daily at 9:00am and the documentation the vitamin B-12 was administered at 9:00am. <p>-All medications were documented as</p>	D 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2022
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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER
TERRACE RIDGE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**1251 E HUDSON BLVD
GASTONIA, NC 28064**

(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)	(05) COMPLETE DATE
D 366	<p>Continued From page 13</p> <p>administered for the month of September 2022.</p> <p>Interview with Resident #5 on 09/15/22 at 9:04am revealed the medication aide (MA) typically left medication in a paper cup for her to take when she was ready.</p> <p>Interview with Resident #5's primary care provider (PCP) on 09/15/22 at 11:30am revealed she did not feel like Resident #5 had the ability to take her medications without supervision due to her cognitive decline.</p> <p>Interview with the MA on 09/15/22 at 3:30pm revealed:</p> <ul style="list-style-type: none"> -They had been told by the nurse that it was ok to leave Resident #5's medications for her to take and then to check back on her to make sure she took them. -They had left all medications in Resident #5's room that morning. -Resident #5 did not like any staff in her room or to help her with anything. <p>Telephone interview with the Facility's Registered Nurse (RN) on 09/16/22 at 10:12am revealed:</p> <ul style="list-style-type: none"> -She had never told the MAs it was ok to leave medication in the residents' rooms. -It was her expectation that the MAs observed the residents take their medications. -She did not feel like it would be safe for them to leave Resident #5's medications in her room for her to take on her own. <p>Interview with the Administrator on 09/16/22 at 4:30pm revealed:</p> <ul style="list-style-type: none"> -It was her expectation that the MAs observed the resident take the medication they administered. -She did not feel like it was safe for the medications to be left in a resident's room. 	D 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL038023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2022
NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054			
(X4) ID PREFIX TAG D 366	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG D 366	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	Continued From page 14 -They were taught in medication aide training that you should never leave medications in a residents room.		