10/20/2022	10/21	. berse	Tathine Vin	STATE FORM
(KB) LNTE	MILE . W	J	Division of Health Service Regulation  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Division of LABORATO
	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 aiready 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.		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 weaknessA 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.	
10 <i>n7r</i> 22	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.  Action Plan  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 (RN), and Medical Director (physician) provide ongoing training and supervision to care 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 (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	D 2306	The Adult Care Licensure Section conducted an annual survey from 09/15/22 to 09/16/22.  10A NCAC 13F .0904(e)(3) 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.  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	T 0
31171 312741403 656	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ID PREFIX TAG	4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX REGULATORY OR LSC IDENTIFYING INFORMATION)	(X4) ID PREFIX TAG
	ATE, ZIP CODE	STREET ADDRESS, CITY, STATE, 1251 E HUDSON BLVD GASTONIA, NC 28054	NAME OF PROVIDER OR SUPPLIER  1251 E HU  TERRACE RIDGE ASSISTED LIVING  GASTONI	NAME TERR
MPLETED 09/16/2022	QX	A. BUILDING	PLAN OF CORRECTION  IDENTIFICATION NUMBER:  HA1036023	AMD P
JRVEY	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU	(X2) MULTIPI	DIVISION OF HEARTH Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERCLIA	STATE

Patricia Richeryes Executive Directors

Acknowledged & Reviewed 10/31/22

a Jameson 10 30 3022

Review of the therapeutic diet list posted in the kitchen on 09/15/22 revealed Resident #2 was not on the list.  Review of the diet binder in the kitchen on 09/15/22 at 11:00am revealed:  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.  Interview with a cook on 09/16/22 at 3:45pm revealed:  -Resident #2 took a long time to eat her meals but she did not think Resident #2 was on a therapeutic diet list.  If the resident was on a therapeutic diet list.  Refer to the interview with the Food Service Director (FSD) on 09/15/22 at 10:45am.  The physicians for Resident #2 and Resident #4 were contacted for clarification regarding to the therapeutic diet list was updated according to those clarifications.  A chart audit and therapeutic diet list was accurate and current the therapeut diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current the therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current the therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list was accurate and current.  A chart audit and therapeutic diet list audit was conducted by the RCD (RN) and/or freir residents. List was accurate and current.  All Supervisors, Medication Aldes and Cooks were re-educated on 9-16-22 and 10-19-22 by Resident Care Director (RN) and Executive Director rega
ed in the #2 was #2 was on on on facility facili

			Refer to the telephone interview with the Facility's RN on 09/16/22 at 10:12am.	Refer to the telephone interv RN on 09/16/22 at 10:12am	
		T Pad S To College Section Control	Refer to the interview with the FSD on 09/15/22 at 10:45am.	Refer to the interview 10:45am.	
Phylly i Mahari and a sankari			The kitchen would not serve her certain foods since she was on dialysis. The FSD told her what Resident #4 was allowed to eat.	-The kitchen would not se since she was on dialysisThe FSD told her what Rot to eat.	
		Principle (Manha a anta)	revealed: Resident #4 was on a consistent carbohydrate diet but was particular about what she ate.	revealed: -Resident #4 was on a consistent carbohy diet but was particular about what she ate.	
		.^	Interview with the cook on 09/16/22 at 3:45pm	Interview with the cool	
			-Resident #4 had a consistent carbohydrate diet order according to the facility's diet order form.	Resident #4 had a consorder according to the fa	
v== 1000000 au 1 w		Contribution of an artist	-All of the diet orders were written on a facility	-All of the diet orders to	
			der in the kitchen on	Review of the diet binder in the kitchen on	
		*************		name	
		11/-2-11	log, no biscuit, no	-"No bologna, no hotdog, no biscuit, no combread" was noted next to Resident #4's	
			Resident#4 was on a consistent carbohydrate diet.	-Resident #4 was on a diet.	
			Review of the therapeutic diet list posted in the kitchen on 09/15/22 revealed:	Review of the therapeutic diet kitchen on 09/15/22 revealed:	
**************************************			ay.	milliliters of fluid per day.	
Section of management		lotte * North of out of the local	carbohydrates, 2 grams of sodium, 1 gram of phosphorus, 2 grams of potassium and 1500	carbohydrates, 2 gran	
			Review of Resident #4's FL2 Verification Form dated 08/04/22 revealed discharge diet restrictions included a dental soft diet with 80 months to soft diet with 80 months of soft diet with 80 months o	Review of Resident #4's FL2 Verification dated 08/04/22 revealed discharge diet restrictions included a dental soft diet was limited to 80 or 100 per	
		A. D. V	documented.	-A diet order was not documented	
		0 309	N	Continued From page 2	D 309
DATE DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	SUMMARY ST. (EACH DEFICIENC) REGULATORY OR L	(X4) ID PREFIX TAG
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		1261 E HUDSON BLVD		TEODACE BINGS ASSISTED IN INC.	1000AC
	E, ZIP CODE	STREET ADDRESS, CITY, STATE, ZIP CODE	SIREET ADE	NAME OF PROVIDER OR SUPPLIER	NAME OF F
09/16/2022		B. WING	HAL036023		
(X3) DATE SURVEY COMPLETED	(X2) MULTIPLE CONSTRUCTION (X. A. BUILDING:	Y. BUILDING: _	(X1) PROVIDERISUPPLIERICLIA (DENTIFICATION NUMBER:	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	STATEMEN AND PLAN

D 310	(X4) ID PREFIX TAG	NAME OF P	AND PLAN
She expected the diet orders to be written or 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 new diet orders to the kitchen on the days the were received.  10A NCAC 13F .0904(e)(4) Nutrition and Food Service  10A NCAC 13F .0904 Nutrition and Food Service  10A NCAC 13F .0904(e)(4) Nutrition and Food Service  11A Review of of Resident #2's current FL2 date of 1902 revealed:  11A Review of of Resident #2's current FL2 date of 1902 revealed:  11A Review of or Resident #2's current FL2 date of 1902 revealed:	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI	NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING	AND PLAN OF CORRECTION
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.  10A NCAC 13F .0904(e)(4) 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.  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 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 of Resident #2's current FL2 dated 07/19/22 revealed: -Diagnoses included generalized muscle	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)		(A) PROVIDENSUPPLEMOCIA IDENTIFICATION NUMBER: HAL036023
D 339	D PREFIX TAG	STREET ADDRESS, CITY, STATE, 1251 E HUDSON BLVD GASTONIA, NC 28054	A. BUILDING:  B. WING
Action Plan  It is this Provider's intent and normal practice to serve accurate meals prescribed by physician orders. The Resident Care Director (RN), Executive Director (physician) provide ongoing training and supervision to care staff (Supervisors, 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.  Consultant reviews, quality assurance monitoring, training records and order monitoring are some examples of various components utilized to comply with therapeutic diet food service.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ATE, ZAP CODE	ECONSTRUCTION
	OCHPLETE DATE		(X3) DAITE SURVEY COMPLETED 69/16/2022

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION a auilding standard of care will result in re-training of Provider's policy/procedure or accepted Any findings which are not consistent with and monitoring systems were already in place prior to the DHSR survey. As part of the Quality Assurance and Performance Improvement quarter with special focus on physician diet order changes following an in-house and/or office visit or hospital visit. Monitoring systems (QAPI) program, a root cause analysis was conducted on 9-19-2022 by the RCD (RN) and Provider's therapeutic diet list, communication The QAPI committee will review audit results for at least the next 2 quarters. process; diet order communication system and Executive Director. RCD and Executive Director next four weeks and monthly for the next 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 eviewed policy and procedures; physician order therapeutic diet list weekly for accuracy for the review physician orders and audit the RCD or designee will continue to monitor and Performance Improvement (QAPI) process, the Monitoringtherapeutic diet list. procedures to ensure accurate and current were re-educated on 9-20-2022 by Resident Care Director (RN) regarding policies and All Supervisors, Medication Aides and Cooks residents. List was accurate and current updated according to those clarifications. diet orders. The therapeutic diet list was Resident #2's and Resident #4's therapeutic As part of the Quality Assurance and #4 were contacted for clarification regarding Corrective Measures The physicians for Resident #2 and Resident (X3) DATE SURVE) COMPLETED

B. WANG

09/16/2022

Division	Division of Health Service Regulation			
NAME OF P		STREET ADDRESS, CITY, STATE, ZIP CODE	; ZP CODE	
TERRAC	TERRACE RIDGE ASSISTED LIVING	GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETE DATE
D 310	Continued From page 5	D310		erett Country
***************************************	weaknessA cardiac diet order.	AA1		
	Review of Resident #2's FL2 Verification Form dated 08/03/22 revealed an order for a mechanical soft diet with ground meat.			
	Review of the therapeutic diet list posted in the kitchen on 09/15/22 revealed Resident #2 was not on the list.	d dahadha a an a dadhadha a an a dadhadha a an a dadhadha a an a dadhadha a da dhadhadha a da dhadhadha a da d		
	Review of the diet binder in the kitchen on 09/15/22 revealed Resident #2 had a regular diet order.	<u>y</u>		marayayaya ayaaba hada aa
	Review of the posted regular diet diet menu for lunch on 09/15/22 revealed pork roast, pinto beans, cooked cabbage and pineapple.			
	Observation of the lunch meal service for Resident #2 on 09/15/22 from 12:17pm to 12:47pm revealed: -Resident #2 was served iced tea, pinto beans, com bread, cooked cabbage and pork roast that was cut into piecesResident #2 ate less than 50% of her lunch and chewed the food for long periods of time.			V Printer IV Willey Iv
	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.	**************************************		
	Interview with the cook on 09/16/22 at 3:45pm revealed: -Resident #2 took a long time to eat her meals and sat at a table with other residents that required assistance with mealsShe did not think Resident #2 was on a			The state of the s
	therapeutic diet since she was not on the	**************************************		

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D 310	(X4) ID PREFIX TAG	NAME OF P		AND PLANS
Continued From page 6 therapeutic diet listShe served Resident #2 a regular diet mea was not aware that Resident #2 had a diet for a mechanical soft diet with ground meats Nurse (RN) on 09/16/22 at 10:12am reveale. Resident #2's overall condition had recently changed including her nutritional statusShe asked the Primary Care Provider (PCP 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 which of soft diet Resident #2 requiredShe was waiting on the PCP to clarify the dorder before she informed the kitchen of Res#2's diet order changeShe did not realize the diet order on Reside#2's FL2 Verification form was an active orde#2's flat Resident #2 was still eating her breakfast after 9:00amStaff at the facility reported Resident #2 had been eating less at meals than she usually defined a medication aide (MA) informed her that kitchen served mechanical soft foods to Res#2She observed Resident #2 eat bolonga at breakfast this morning (09/16/22) and notice that it took her a long time to chew itThe bolonga that was served this morning	SUMMARY ST. (EACH DEFICIENC) REGULATORY OR L	NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING		AND PLAN OF CORRECTION
Continued From page 6 therapeutic diet listShe 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 statusShe asked the Primary Care Provider (PCP) to change Resident #2's diet from a regular dietThe 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 requiredShe was waiting on the PCP to clarify the diet order before she informed the kitchen of Resident #2's diet order changeShe did not realize the diet order on Resident #2's diet order changeShe did not realize the diet order on Resident #2's FL2 Verification form was an active orderShe originally stanted seeing Resident #2 for cognitive therapyWhen she visited the facility last week, she noticed that Resident #2 was still eating her breakfast after 9:00amStaff at the facility reported Resident #2 had been eating less at meals than she usually didShe was not aware that Resident #2 had an order for a mechanical soft foods to Resident #2She observed Resident #2 eat bolonga at breakfast this morning (09/16/22) and noticed that it took her a long time to chew itThe bolonga that was served this morning	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		HAL036023	(X3) PROVIDENSUPPLIENCER, IDENTIFICATION NUMBER:
D 310	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 E HUDSON BLVD GASTONIA, NC 28054	9, WING	A. BUILDING:A. BUILDING:
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	ALE DYLE		09/16/2022	(X3) DATE SURVEY COMPLETED

STATEMENT OF DESICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADER	STREET ADERESS, CITY, STATE, 2IP CODE	E, ZIP CODE	
TERRACE RIDGE ASSISTED LIVING		1251 E HUDSON BLVD GASTONIA, NC 28054		
(X4) ID SUMMARY STJ PREFIX (EACH DEFICIENCY TAG REGULATORY OR L	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	LE DYLE (ME)
D 310 Continued From page 7	:7	D 310		
(09/16/22) was consider or groundResident #2's lunch or	(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 09/15/22 of pinto beans,			***************************************
com bread, cooked ca was cut into pieces we mechanical soft diet; I should have been grou- When Resident #2 ha chewing food it cause and she would end up being tired.	com 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 09/15/22 at 10:45am.	with the Food Service 15/22 at 10:45am.	en (1905) (1905) (1905) and damente		
Refer to the interview 09/16/22 at 4:26pm.	Refer to the interview with the Administrator on 09/16/22 at 4:26pm.			
Attempted telephone intencentracted registered dietil 4:06pm was unsuccessful	Attempted telephone interview with the facility's contracted registered dielitian on 04/16/22 at 4:06pm was unsuccessful.			
Attempted telephone i PCP on 09/16/22 at 4:	Attempted telephone interview with Resident #2's PCP on 09/16/22 at 4:08pm was unsuccessful.	P NOTO And Associate Management		
Based on interviews and record revie determined that Resident #2 was not interviewable.	Based on interviews and record review it was determined that Resident #2 was not interviewable.			**************************************
2. Review of Resident #4's current FI 08/02/22 revealed: -Diagnoses included hypervolemia, hurgency, end stage renal disease on hemodialysis and insulin dependent mellitusA diet order was not documented.	2. Review of Resident #4's current FL2 dated 08/02/22 revealed: -Diagnoses included hypervolemia, hypertensive urgency, end stage renal disease on hemodialysis and insulin dependent diabetes mellitusA diet order was not documented.	d		Pyres, etc. etc. dias (ta.d.
Review of Resident #4's FL2 Verification dated 08/04/22 revealed discharge dist	Review of Resident #4's FL2 Verification Form	110 er skriver betreet de skriver de		

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Division of Health Service Regulation
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Interview with Resident #4 on 09/16/22 at 12:35pm revealed she thought the facility her a salt free, sugar free diet and also lim	The planned breakfast for a soft diet on 09 included orange juice, cream of wheat, Ma orange slices, ground sausage and pancal There was not a therapeutic diet menu for that included 80 grams of protein that was to 60 grams of carbohydrates, 2 grams of sodium, 1 gram of phosphorus, 2 grams of potassium and 1500 milliliters of fluid per d	Review of the therapeutic diet menthe kitchen on 09/15/22 revealed: -There was a therapeutic diet mendlet	Observation of the breakfast meal service or 09/16/22 at 8:30am revealed Resident #4 wa served grits, two hard boiled eggs, toast and coffee.	Review of the posted regular diet menu for breakfast on 09/16/22 revealed grits, eggs, bolonga and toast.	Review of the diet binder in the kitchen on 09/15/22 revealed Resident #4 was on a consistent carbohydrate diet.	Review of the therapeutic diet list posted kitchen on 09/15/22 revealed Resident # a consistent carbohydrate diet and could bolonga, hotdogs, corn bread or biscuits.	restrictions included a de grams of protein that was carbohydrates, 2 grams phosphorus, 2 grams of millilitiers of fluid per day	Continued From page 8	SUMMARY ST (EACH DEFICIENCY REGULATORY OR L		NAME OF PROVIDER OR SUPPLIER TERRACE RIDGE ASSISTED LIVING			AND PLAN OF CORRECTION
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	-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.	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	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.	regular diet menu for revealed grits, eggs,	der in the kitchen on sident #4 was on a ite diet.	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.	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.	Ċs.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				HAL036023	(A) PROVIDENS GENTLIENCLIA (DENTIFICATION NUMBER:
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TERRACE RIDGE ASSISTED  (X4) ID PREFIX TAG  D 310  Continued From I armount of fluid sh Interview with the revealed: -She only cooked #4 did not come t -Resident #4 was diet but she was i to being on dialys -The FSD told the allowed to have t written to follow.  Telephone intervi Resident #4's dia 11:35am reveale -The clinic's dietit -Resident #4's re revealed that she -The renal diet wa 2 grams of potass	NAME OF PROVICE RID  (X4) ID  PREFIX TAG  D 310  Col  am  Fever  -Red  died	AND PLAN OF CORRECTION
TERRACE RIDGE ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENT AG  D 310  Continued From page 9  armount of fluid she was allowed to drink linterview with the cook on 09/16/22 at 3: revealed:  She only cooked dinner and somedays #4 did not come to dinner due to being a Resident #4 was on a consistent carbol diet but she was also limited on certain fit to being on dialysis.  The FSD told the cook what Resident # allowed to have but she did not have an written to follow.  Telephone interview with the Clinic Mana Resident #4's dialysis center on 09/16/21.  The clinic's dietitian was out on leave.  Resident #4's record at the dialysis clini revealed that she should be following a revealed that she should be following a round to phose of potassium, limited high phose	SER OR SUPPLIER  GE ASSISTED LIVIN  SUMMARY STI (EACH DEFICIENCY OR L  REGULATORY OR L  Itinued From page bunt of fluid she wa saled: e only cooked dinr tid not come to din sident #4 was on a but she was also I eing on dialysis.	RRECTION
EMENT OF DEFICIENCIES BY FULL ST BE PRECEDED BY FULL SIDENTIFYING INFORMATION On 09/16/22 at 3:45pm and somedays Resider due to being at dialy consistent carried on certain foods of what Resident #4 was did not have anything a did not have anything the dialysis clinic and to 2 grams of sodium inited high phosphorum	HALD36023  EMENT OF DEFICIENCIES RUST BE PRECEDED BY FULL DIDENTIFYING INFORMATION on 09/16/22 at 3:45pm on 09/16/22 at dialy consistent carbohydrat nited on certain foods on	(XI) PROVIDENSUPPLIENCLIA (DENTIFICATION NUMBER:
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PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	E, ZØ CODE  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X2)MC4.TPLE-CONSTRUCTION  A. BUELDENG:
	09/16/20:	COMPLETED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	NAME OF PROVIDER OR SUPPLIER	TERRACE RIDGE ASSISTED LIVING	(X4) ID SUMMAR PREFIX (EACH DEFICI TAG REGULATORY	D 310 Continued From page 10	-She did not transcr dated 08/03/22 onto form for the kitchen	Refer to the interv 10:45am.	Refer to the interview 09/16/22 at 4:26pm.	Attempted telephone inten contracted registered dietil 4:06pm was unsuccessful	Attempted telepho	Interview with the	-She made the the updated it recently	diets that the Facility binder in the kitchen.	meals due to food	Tuck or residents' food preferences  The therapeutic diet menus that shu	were posted on the wall.	- -	Interview with the 4:26pm revealed:	Interview with the 4:26pm revealed: -She was not awa	Interview with the Administrator on 09/16 4:26pm revealed: -She was not aware that the therapeutic posted in the kitchen was not up to dateThe diet order did not have to be signed.	Interview with the . 4:26pm revealed: -She was not aware posted in the kitch -The diet order did residents' PCP to order.	Interview with the Administra 4:26pm revealed: -She was not aware that the posted in the kitchen was no -The diet order did not have tresidents' PCP to be consideredShe expected the kitchen statement.
(X1) PROVIDER/SUPPLIERICLIA, IDENTIFICATION NUMBER: HALO36023	STREET ADD		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)	age 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' tood preferences.  The therapeutic diet menus that she followed	e wall.	interview with the Administrator on 09/10/22 at 4:26pm revealed:	She was not aware that the therapeutic diet list	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	
A. BUILDING:	STREET ADDRESS, CITY, STATE, ZIP CODE	1251 E HUDSON BLVD	P PREFIX TAG	0310			- AV 101 (- 1 10 1 ( ) 1 10 1 ( ) 1 10 1 ( ) 1 10 1 ( ) 1 10 10 10 10 10 10 10 10 10 10 10 10 1		1985 <b>11</b> 15 115 115 115 115 115 115 115 115 11				a Mari Anaka	· · · · · · · · · · · · · · · · · · ·				relation All St.			
(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING	E, ZIP CODE		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)																		
(X3) DATE SURVEY COMPLETED 09/16/2022			(75) SE COMPLETE ATE DATE			11.000.1100.1001.0001.0001.000	ntern e extreme met e e excentan	• • • • • • • • • • • • • • • • • • •			79 P 10 P 20						d in Colombia anno	1980 <b></b> 1984			

	D 366	D 310	(X4) ID PREFIX TAG	TERRACI	NAME OF P		STATEMEN AND PLAN
10A NCAC 13F . 1004 Medication Administration on the medication administration record shall be by staff person who administration record shall be by staff person who administers the medication immediately following administration of the medication to the resident and observation of resident actually taking the medication and pto the administration of another resident's medication. Pre-charting is prohibited.  This Rule is not met as evidenced by: Based on observations, interviews, and recordivew, the facility failed to ensure a medication aide (MA) observe a resident take their medications for 1 of 5 sampled residents (#6 charting are:  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 were 4 medication charties the medication cup were 4 medication depression and major neurocognitive disorder -0 Diagnoses included dementia, hypertension depression and major neurocognitive disorder -0 Orders for amlodipine 5mg (used to treat elevated blood pressure) every day, Pradax 150mg (used to treat blood clots) twice per dot Trintellix 10mg (used to treat depression) every day.	have been cont 10A NCAC 13F	Continued From page 11	SUMMARY STI (EACH DEFICIENCY REGULATORY OR L	TERRACE RIDGE ASSISTED LIVING	NAME OF PROVIDER OR SUPPLIER		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
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 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:  Orders for ambodipine 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	acted. .1004 (i) Medication	<b>=</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	_	STREET ADD	HAL036023	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
	D 366	D 310	ID PREFIX TAG	1261 E HUDSON BLVD GASTONIA, NC 28054	STREET ADDRESS, CITY, STATE, ZIP CODE	B. WING	Y. BUILDING:
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 and the administration of another resident's 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 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.	Action Pian		PROVIDER'S PLAY OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		NTE, ZIP CODE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:
of a cand dent sinning and sinning dent sinn	10/17/22		DATE COMPETE (XS)			09/16/2022	(X3) DATE SURVEY COMPLETED

STATEMENT AND PLAN O	STATEMENT	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	OF DEFICIENCIES	
(X1) PROVIDEP/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X:) PROVIDED/SUPPLIER/O	
GR. Y.		
(X2) MULTIPLE A. BUILDING:	XXIMULTIPLE	
(X2) MULTIPLE CONSTRUCTION A. BUILDING:	e Quality Assurance Improvement (QA and Pharmacy Consider Improvement) (QA at least monthly for ommittee will review he next 2 quarters. Which are not consilicy/procedure or avare will result in reaff.	Corrective Measures  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.  The Executive Director and Resident Care Director (RN) had a conversation on /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.
(X3) DATE SURVEY COMPLETED	e and API) process, the sultant (RPh) will be medication for the next quarter.  w audit results w audit results training of  (X3) DATE SURVEY	between alton.  alton.  Care 22 1 at

NAME OF PROVIDER OR SUPPLIER

HAL036023

B. WING

09/16/2022

STREET ADDRESS, CITY, STATE, ZIP CODE
1251 E HUDSON BLVD

GASTONIA, NC 28054

TERRACE RIDGE ASSISTED LIVING

11/2911

## Division of Health Service Regulation SUMMARY STATEMENT OF DEFICIENCES

day, Perindopril 4mg (used to treat high blood pressure) every day, memantine 5mg (used to treat activation) 1 tablet once per day, internal 12 500mcg every day, and fulletin 20mg (used to treat vision) 1 tablet once per day, vitamin B12 500mcg every day, and fulletin 20mg (used to treat vision) 1 tablet every day.  Review of a physician's order for Resident #5 dated 01/10/22 revealed increase memantine to 10mg twice daily.  Review of Resident #5's September 2022 electronic Medication Administration Record (eMAR) revealed:  There was an entry for amilodipine 6mg daily at 9.00am and the documentation the amilodipine was administered at 9.00am.  There was an entry for Memantine 10mg mg daily at 9.00am and the documentation the Memantine 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 Perindopril 4mg daily at 9.00am and the documentation the Wemantine was administered at 9.00am.  There was an entry for Perindopril 4mg daily at 9.00am and the documentation the Perindopril was administered at 9.00am.  There was an entry for Perindopril 4mg daily at 9.00am and 9.00am and 9.00pm and there was affinitistered at 9.00am.  There was an entry for Perindopril 4mg daily at 9.00am and 9.00pm and there was affinitistered at 9.00am.  There was an entry for Trintellix 10mg daily at 9.00am and 9.00pm and the perindopril 4mg daily at 9.00am and 9.00pm and the documentation the Trintellix was administered at 9.00am.  There was an entry for Paradaxa vas administered at 9.00am.  There was an entry for Paradaxa 150 mg twice daily at 9.00am and the documentation the Trintellix was administered at 9.00am.  There was an entry for Paradaxa 150 mg twice daily at 9.00am and the documentation the Trintellix was administered at 9.00am.  There was an entry for Paradaxa 150 mg twice daily at 9.00am and the documentation the Paradaxa was administered at 9.00am.	PREFIX TAS	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
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- On the chedition decention and		-All medications were documented as			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

HAL036023

B. WING

A. BUILDING:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

09/16/2022

Division o	Division of Health Service Regulation		. 414	
 NAME OF P		STREET ADDRESS, CITY, STATE, ZIP CODE	ZIP CODE	
 TERRACE	12 TERRACE RIDGE ASSISTED LIVING G/	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)	PAEFOX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETE DATE
 D 366	Continued From page 13	D 38		
 	administered for the month of September 2022.			
	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.			/9/4/4
	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.	904 - Tag		, 7,7-2, <b>3</b> [[7,
AJ-INGO NIP-AN-II	Interview with the MA on 09/15/22 at 3:30pm revealed:  -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.			
	Telephone interview with the Facility's Registered Nurse (RN) on 09/16/22 at 10:12am revealed: -She had never told the MAs if was ok to leave medication in the residents' rooms.	A had de a seconda a		
 ·	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.			and press
 Malika Maka santaha kakabaha baka	Interview with the Administrator on 09/16/22 at 4:30pm revealed:			
 	-it was her expectation that the MAs observed the resident take the medication they administered.			
	-She did not feel like it was sate for the medications to be left in a resident's room.	Annual Odanskansk		

S 8	(X4) ID PREFIX TAG	TERRACE	NAME OF P		STATEMEN AND PLANK	Division
Continued From page 14 They were taught in me you should never leave r room.	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TERRACE RIDGE ASSISTED LIVING	NAME OF PROVIDER OR SUPPLIER		AND PLAN OF CORRECTION (X1)	if Health Service Regula
Continued From page 14  They were taught in medication aide training that you should never leave medications in a residents room.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		STREET ADJ	HAL038023	(X1) PROVIDERSUPPLIERCHA IDENTIFICATION NUMBER:	ation
	PREFIX TAG	1251 E HUDSON BLVD GASTONIA, NC 28054	STREET ADORESS, CITY, STATE, ZIP CODE	B. WING	A. BUILDING:	
	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		11E, ZIP CODE		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	
	A W			09/16	CELETAMOS SEAMINS ELYO (CX)	
	COMPLETE DATE			09/16/2022	GE CENTY	