

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 000	Initial Comments The Adult Care Licensure Section conducted a follow-up survey and complaint investigation on February 8-10, 2023.	D 000		
D 072	<p>10A NCAC 13F .0305(m) Physical Environment</p> <p>10A NCAC 13F .0305 Physical Environment (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; (2) If the home has a fence around the premises, the fence shall not prevent residents from exiting or entering freely or be hazardous; and (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the backyard of the facility was maintained in a clean manner as evidenced by bags full of garbage and debris.</p> <p>The findings are:</p> <p>Observation of the facility grounds between the dining room and the connecting hall between 200 hall and 300 hall of the facility on 02/08/23 at 11:13am revealed: -There was a green commercial dumpster filled beyond the top rim with clear plastic garbage bags, cardboard and other debris. -The plastic garbage bags contained various items and were stacked over 2 feet higher than the top rim of the dumpster. -There were garbage bags full of trash on the ground surrounding the dumpster on three sides. -There was a grocery store cart beside the</p>	D 072		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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D 072	<p>Continued From page 1</p> <p>dumpster stuffed full of garbage bags filled with trash.</p> <ul style="list-style-type: none"> -There was a small storage house approximately 6 feet from the dumpster. -There were garbage bags of full of trash stacked up behind the entire length of the storage house. -There were containers of discarded cooking oil stored at the corner of the storage house. -Large bags of garbage were strewn from the corner of the storage house to the corner of the dumpster. -There were bits of trash and debris in the grassy portion of the facility grounds that moved when the wind blew. -There was other debris on the ground near the garbage bags that included aluminum foil, egg crates, paper, card board, and bleach containers. <p>Review of the NC Department of Health and Human Services Environmental Health Section Food Code manual date 10/01/21 revealed:</p> <ul style="list-style-type: none"> -Garbage receptacles that are not rodent-resistant, unprotected plastic bags and paper bags, or baled units that contain materials with food residue may not be stored outside. -Garbage receptacles for use with materials containing food residue shall be durable, cleanable, insect- and rodent-resistant, leakproof, and non-absorbent. -Garbage shall be removed from the premises at a frequency that will minimize the development of objectionable odors and other conditions that attract or harbor insects and rodents. <p>Interview with a resident on 02/08/23 at 11:00am revealed:</p> <ul style="list-style-type: none"> -The trash had been building for some weeks. -The amount of trash had been like this previously and a company would come and take the trash. 	D 072		

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D 072	<p>Continued From page 2</p> <p>-He had seen dogs out at the garbage bags but no other animals.</p> <p>Interview with another resident on 02/08/23 at 11:06 am revealed: -He had seen the garbage piled up in the back of the facility. -He had seen the garbage piled up like that in the past but someone eventually came and picked it up.</p> <p>Interview with a third resident on 02/08/23 at 11:10am revealed she had seen a mouse one month ago in the dining room and she had seen dogs at the garbage in the back of the facility.</p> <p>Observation of the facility grounds at the dumpster area on 02/08/23 from 12:45pm to 12:58pm revealed: -There was a second empty green dumpster beside the other full green dumpster. -A representative of the dumpster company was walking beside the full green dumpster. -Two members of housekeeping were picking up the bags of garbage to throw them into a second green dumpster. -The two housekeepers threw the bags of garbage into the new green dumpster until there were no garbage bags, cardboard, or debris on the ground surrounding the other green dumpster. -The full green dumpster was loaded onto a truck and removed from the grounds of the facility.</p> <p>Interview with the Maintenance Director on 02/08/23 at 12:14pm revealed: -When he started to work at the facility, the facility did not have a trash collection contract. -The facility had a "little bitty" container that was supposed to be emptied twice a week.</p>	D 072		

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D 072	<p>Continued From page 3</p> <ul style="list-style-type: none"> -He had not seen the trash collector in over a week and a half. -He let the Administrator know the trash needed to be emptied. <p>Interview with the Administrator on 02/08/23 at 12:46pm revealed:</p> <ul style="list-style-type: none"> -She was aware the trash was overflowing at the dumpster. -She had spoken to a representative with the dumpster company (she did not recall the date) and they were sending someone out today, 02/08/23, to replace the current dumpster with a larger dumpster. <p>Telephone interview with a representative of the dumpster company on 02/08/23 at 12:51pm revealed:</p> <ul style="list-style-type: none"> -She had a person at the facility picking up the facility's trash. -The pick up of the garbage was already scheduled. -The facility had their garbage picked up every 20 days. -The last pick up prior to 02/20/23 was on 01/12/23. -The company became the facility's trash collector in December 2022. -When the company first began collecting the facility's trash, they did pick ups every 7 days. -The pick-up dates were 12/22/22 and 12/28/22. -Each additional pick-up was an additional charge. -The facility was a recent client, so she was working with the facility to determine the trash disposal needs of the facility. -She spoke with the Administrator on the previous week, 01/30/23-02/03/23 (she did not know the exact date) and she discussed a larger dumpster with the Administrator because she was told the 	D 072		

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D 072	<p>Continued From page 4</p> <p>amount of facility trash was more than the current dumpster could hold.</p> <ul style="list-style-type: none"> -She recommended a 15-yard dumpster to replace the 10-yard dumpster that was currently used by the facility. -The 15-yard dumpster was delivered on 02/08/23, so now they would determine if the dumpster was big enough to contain the facility's garbage needs. -The Administrator could call her to let her know if the dumpster was large enough or call for earlier pick ups if the dumpster was full. <p>Interview with the Administrator on 02/10/23 at 12:04pm revealed;</p> <ul style="list-style-type: none"> -The garbage was picked up every 20 days. -The garbage that was in the rear of the facility grounds had built up for three weeks. -She called the company that picked up the trash last week on Thursday, 02/02/23, to request an earlier pick up date. -She was not told by the representative the date the trash would be picked up, but she thought it would be the following day or Monday. -She called again on Tuesday, 02/07/23, to request again and she was told the trash would be picked up on 02/08/23. -The garbage company representative also discussed whether the facility needed a larger dumpster. -She spoke with the Director of Operations on 02/07/23 concerning the garbage because it was not picked up by Monday, 02/06/23. -The Director of Operations told her that the bill was paid in full. -The previous garbage company picked up weekly. -She had not discussed the garbage collection with the owner or made any other suggestions concerning the garbage collection. 	D 072		

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D 072	Continued From page 5 -She hoped the larger dumpster would hold the facility garbage between the set 20 day collection dates.	D 072		
D 080	<p>10A NCAC 13F .0306(a)(6) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall (6) have a supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings adequate for resident use on hand at all times; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide wash cloths and towels to the residents resulting in residents washing with paper towels or wash cloths made from their clothing.</p> <p>The findings are:</p> <p>Interview with a resident on 02/09/23 at 10:21am revealed: -The facility did not have enough wash cloths. -She asked the staff for wash cloths and the staff would never bring her one. -She was cutting up her clothes to make wash cloths for herself.</p> <p>Interview with another resident on 02/09/23 at 1:23pm revealed: -She used paper towels to wash up. -When she asked the personal care aides (PCAs) for a wash cloth and towel, they told her they did</p>	D 080		

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D 080	<p>Continued From page 6</p> <p>not have any.</p> <p>-She sure wished the facility had "wash cloths, and a towel would be nice too."</p> <p>Interview with a third resident on 02/09/23 at 1:33pm revealed:</p> <p>-There were times when there were no wash cloths or towels available to use.</p> <p>-She used paper towels to "wash up" and dry when there were no wash cloths and towels.</p> <p>-She wished she could buy her own towels.</p> <p>Interview with a fourth resident on 02/09/23 at 2:06pm revealed:</p> <p>-Staff took the wash cloths and towels and kept them in the laundry room.</p> <p>-If a wash cloth or towel was needed staff had to obtain it.</p> <p>-When he took a shower, he left his wash cloth and towel in a gray plastic trash can in the bathroom.</p> <p>-Staff took the wash cloths and towels left in the gray trash can and laundered them.</p> <p>-He had purchased his own 7 or 8 wash cloths and 5 towels in September 2022 and placed his initials on the label.</p> <p>-He placed them in his laundry but never saw them again.</p> <p>-Previously, he had requested wash cloths prior to his shower and staff told him the wash cloths were being washed.</p> <p>-There were no other wash cloths available during those times for him to use for his shower.</p> <p>Interview with a fifth resident on 02/09/23 at 2:15pm revealed:</p> <p>-He rarely could obtain a wash cloth.</p> <p>-When he had difficulty obtaining a wash cloth, it was because the wash cloths needed to be washed.</p>	D 080		

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D 080	<p>Continued From page 7</p> <p>-There were other times when the washing machine was broken, and staff could not wash the wash cloths.</p> <p>Interview with a PCA on 02/09/23 at 10:32am revealed the wash cloths and towels were kept in the linen closet in the laundry room.</p> <p>Observation of the linen closet on 02/09/23 at 10:33am revealed there were 2 bath towels, 1 hand towel, and 5 wash cloths in the clean linen closet.</p> <p>Interview with another PCA on 02/09/23 at 1:27pm revealed:</p> <ul style="list-style-type: none"> -They did not ever have enough wash cloths. -When a resident asked for wash cloths, staff had to scramble to find some. -She had to go to the laundry room herself and wash linens. -There had been times she could not find any wash cloths. -Residents complained all the time about not having wash cloths. <p>Interview with a third PCA on 02/09/23 at 1:49pm revealed:</p> <ul style="list-style-type: none"> -He had put new wash cloths in the linen closet about 30 minutes ago. -The new wash cloths were stored in the Administrator's office. -The staff had to get new wash cloths every few days because the residents "threw them away or something." <p>Second observation of the linen closet on 02/09/23 at 1:50pm revealed there were 14 new wash cloths on the shelf in the laundry room.</p> <p>Interview with a resident on 02/09/23 at 3:15pm</p>	D 080		

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D 080	<p>Continued From page 8</p> <p>revealed:</p> <ul style="list-style-type: none"> -Because there were so many residents at the facility, there were times when she had to wait for a wash cloth and towel in the mornings when she was going to "wash up." -She had to wait at times to get her shower in the afternoons because there would be no wash cloths or towels available in the mornings. <p>Interview with a fourth PCA on 02/09/23 at 3:28pm revealed:</p> <ul style="list-style-type: none"> -There had been 3 or 4 times (he did not recall when) when there were no wash cloths or towels available when the residents asked. -He would start a load of wash cloths and towels. -Before he left if the wash cloths and towels were not dry, he would let the third shift know which residents had asked for the items. <p>Interview with a third shift PCA on 02/10/23 at 8:42am revealed:</p> <ul style="list-style-type: none"> -If she happened to go into the laundry room and saw laundry that needed to be washed, she would wash it. -Washing clothes was a responsibility for the third shift staff. -There were enough wash cloths and towels for all of the resident; she knew this because she folded them, and she knew there was enough. -No residents had complained about not having a wash cloth or towel, because there was enough for everyone. <p>Interview with the Resident Care Coordinator (RCC) on 02/09/23 at 3:42pm revealed:</p> <ul style="list-style-type: none"> -There were times when wash cloths and towels were not readily available. -One morning last week (she did not recall the date), a third-shift staff had washed the linens and residents had to wait for the items to dry. 	D 080		

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D 080	<p>Continued From page 9</p> <p>-The facility's dryer took a long time to dry clothes.</p> <p>Interview with the Administrator on 02/09/23 at 3:46pm revealed:</p> <p>-The residents said all the time "I need a wash cloth, or we do not have any towels." -Third shift was responsible for washing laundry. -She had purchased wash cloths and towels herself. -If the wash cloths and towels had not been laundered, and someone needed something, she kept the extras in her office. -When residents asked for wash cloths and or towels, staff would let them know they were being laundered and would be coming out soon. -She did not know residents were using paper towels to wash up when there were no wash cloths available. -Residents should not be using paper towels when there were wash cloths available to be used. -If a resident asked for a wash cloth or towel, staff usually would find some in resident drawers if there were none in the linen closet. -She did not have any extra items in her closet at this moment, because she had given them to a named PCA earlier to be put in the linen closet.</p> <p>Telephone interview with the Director of Operations on 02/09/23 at 3:58pm revealed:</p> <p>-He last visited the facility in the beginning of January 2023. -He did not recall wash cloths on the budget request list for January 2023 or February 2023.</p> <p>Telephone interview with the Owner of the facility on 02/10/23 at 10:22am revealed:</p> <p>-He had not visited the facility and was based in another state.</p>	D 080		

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D 080	Continued From page 10 -He was not aware that the facility did not have an adequate inventory of wash cloths. -When supplies were needed the Administrator notified him. -He did not recall wash cloths or linens being on the last request. -The Administrator was provided with a check to go and purchase the items needed. -The Director of Operations observed these types of things when he visited the facility. -He did not have a system in place to ensure the inventory levels of requested items or supplies remained at an adequate level.	D 080		
D 105	10A NCAC 13F .0311(a) Other Requirements 10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to ensure the hot water tank was maintained in an operating condition which caused the kitchen to be without hot water from 02/07/23-02/10/23. The findings are: Review of the North Carolina Department of Health and Human Services Environmental Health Section Food Code manual dated 10/01/21 revealed: -Cross-contamination, bare hand contact with	D 105		

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D 105	<p>Continued From page 11</p> <p>ready-to-eat foods, lack of hand washing, and an unclean restaurant could all contribute to the contamination of food and food contact surfaces which could lead to foodborne illness.</p> <p>-A handwashing sink shall be equipped to provide water at a temperature of at least 100 degrees F through a mixing valve or combination faucet.</p> <p>Observation of the hand sink in the kitchen on 02/08/23 at 12:07pm revealed the hot water temperature was 63.1 degrees Fahrenheit (F).</p> <p>Interview with the Dietary Manager (DM) on 02/08/23 at 12:10pm revealed: -The hot water went out in the kitchen on 02/07/22 around 1:00pm. -The Maintenance Director was working on the hot water heater.</p> <p>Interview with a dietary aide on 02/08/23 at 12:12pm revealed: -She washed her hands at the employee sink in the kitchen. -They were supposed to wash their hands at the employee hand sink when working in the kitchen. -She noticed the water did not get hot today, 02/08/23, and she told the DM. -The DM told her the hot water had gone out yesterday, 02/07/23.</p> <p>Interview with the Maintenance Director on 02/08/23 at 12:14pm revealed: -Yesterday morning, 02/07/23, when the kitchen staff reported the water was not hot, he reset the hot water tank and the staff reported the water was getting warmer. -Sometimes you could reset the water and it would "warm up." -A couple of hours later the kitchen staff reported the hot water temperature was going down again.</p>	D 105		

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D 105	<p>Continued From page 12</p> <p>-He thought it was around 4:30pm and he tried resetting the hot water tank again and the water did not get hot.</p> <p>-He thought an element had gone bad and needed to be replaced.</p> <p>-He would be replacing the elements in the hot water heater today, 02/09/23.</p> <p>-He was going to have to cut the water off, drain the tank and replace the elements, and would he be doing this later today after the residents had eaten and the kitchen did not need water.</p> <p>Interview with the Administrator on 02/08/23 at 12:46pm revealed:</p> <p>-The kitchen staff notified her this morning, 02/08/23, the hot water was not working in the kitchen, and they were going to have to get two new elements.</p> <p>-Yesterday, 02/07/23, the hot water heater worked after it was reset by the Maintenance Director, but today the reset did not work.</p> <p>Observation of the kitchen hand sink on 02/09/23 at 8:40am revealed a hot water temperature of 61.1 F.</p> <p>Observation of the kitchen sink beside the dishwasher on 02/09/23 at 8:40am revealed:</p> <p>-A dietary aide was washing dishes in a stainless-steel bowl in the sink.</p> <p>-The water temperature was 96.4 F.</p> <p>Interview with the dietary aide on 02/09/23 at 8:40am revealed:</p> <p>-She was heating water on the stove and transporting the hot water with a pitcher to the sink.</p> <p>-She had not checked the water temperature but "it was hot."</p> <p>-The dishes were then sent through the</p>	D 105		

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D 105	<p>Continued From page 13</p> <p>dishwasher to be rinsed; the water was cold.</p> <p>Observation of the dish washer on 02/09/23 at 8:40am revealed: -Three chemicals, a detergent, a chlorine, and a rinse agent, were running into the machine. -The dishes that were coming out of the machine were cold to touch.</p> <p>Interview with the Maintenance Director on 02/09/23 at 10:13am revealed: -He put in 2 new elements in the hot water heater last night. -It usually would take about 1.5 hours for the water to heat up. -He stayed at the facility until about 9:00pm and the water in the kitchen never heated up. -He knew that meant the water heater needed to be replaced. -He had not told the Administrator the hot water heater needed to be replaced, but he had researched the cost to replace the hot water heater and it was going to be more than \$1100.00. -He expected the kitchen to go "old school" and heat water to wash dishes and sanitize until the hot water heater was repaired.</p> <p>Interview with another dietary aide on 02/09/23 at 10:15am revealed: -He washed his hands at the kitchen hand sink this morning. -That was the only sink the kitchen staff could wash their hands in. -The water was cold. -He told the Maintenance Director the water in the kitchen was cold.</p> <p>Interview with the Administrator on 02/09/23 at 11:05am revealed:</p>	D 105		

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D 105	<p>Continued From page 14</p> <ul style="list-style-type: none"> -She thought the water heater in the kitchen had been repaired. -The Maintenance Director purchased two new elements yesterday, 02/08/23, and replaced them last night. -She had not checked the hot water but when she asked the DM about the hot water this morning (02/09/23), she told her it was fine. -She did not know the hot water was not working. -She had not talked to the Maintenance Director yet today, 02/09/23. <p>Interview with the DM on 02/09/23 at 1:38pm revealed:</p> <ul style="list-style-type: none"> -She thought the hot water was working because the Maintenance Director told her last night, 02/08/23, he fixed the hot water tank. -She unlocked the kitchen door for staff this morning, 02/09/23, but did not go into the kitchen and check the hot water. -Hot water was needed for sanitizing. -She had been boiling water and hand washing the dishes. -She did not know the dietary aides were using only cold water to wash their hands. -She did not know the staff was not keeping the water hot when washing the dishes. -She was hoping the water would be back working this afternoon, 02/09/23. <p>Second interview with the DM on 02/09/23 at 1:56pm revealed:</p> <ul style="list-style-type: none"> -One of the dietary aides told her in the past when there was an issue with the water, they had to shut the kitchen down. -She did not know why the kitchen had been shut down before, just that it had something to do with a water issue. -Since they did not have hot water in the kitchen, she thought it would be best if they closed the 	D 105		

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D 105	<p>Continued From page 15</p> <p>kitchen.</p> <p>-If they could not keep the water hot enough to sanitize by boiling water, they just needed to close the kitchen until the hot water was repaired.</p> <p>Interview with the Administrator on 02/09/23 at 3:46pm revealed:</p> <p>-It was concerning the kitchen did not have hot water.</p> <p>-Without hot water the kitchen staff would not be able to clean and sanitize effectively.</p> <p>Telephone interview with a representative of the local health department on 02/10/23 at 8:18am revealed:</p> <p>-Hot water in the kitchen was a requirement to operate the kitchen.</p> <p>-If the facility did not have hot water the kitchen would have to be shut down.</p> <p>-Not having hot water was an automatic shutdown of the kitchen because the facility would not be able to meet the requirements.</p> <p>-The requirement for hot water in the kitchen included hot water at the hand sink of 100 degrees F or hotter.</p> <p>-The water temperature for washing dishes was a minimum of 110 degrees F.</p> <p>-The reason there were minimums for hot water in the kitchen was to prevent contamination.</p> <p>Interview with the Maintenance Director on 02/10/23 at 9:40am revealed:</p> <p>-The hot water heater for the kitchen was supposed to be delivered on 02/10/23 between 8:00am and 12:00pm.</p> <p>-He spoke with the delivery company on 02/10/23.</p> <p>Observation of the local county environmental health inspector on 02/10/23 from 9:55am to</p>	D 105		

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D 105	<p>Continued From page 16</p> <p>10:05 am revealed: -He entered the facility and tested the water temperature. -He told the Administrator that kitchen services were suspended. -He instructed the Administrator to telephone him once the hot water was restored to the kitchen and he would return to the facility to lift the suspension of kitchen services.</p> <p>Interview with the Administrator on 02/10/23 at 11:45am revealed: -The hot water heater was delivered, and the delivery people did not connect the heater. -The delivery people stated they did not know how to connect the heater. -She telephoned the company that provided the hot water heater to have the hot water heater connected today. -The facility paid for installation services when the hot water heater was purchased.</p> <p>Review of an electronic message from the Administrator on 02/10/23 at 4:35pm the kitchen was reopened by the local county environmental health inspector at 3:30pm.</p> <p>_____</p> <p>The facility failed to ensure hot water temperatures were maintained in the kitchen resulting in dietary staff washing their hands with cold water and dishes being washed with water less than 110 degrees F. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/10/23 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B</p>	D 105		

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D 105	Continued From page 17 VIOLATION SHALL NOT EXCEED MARCH 27, 2023.	D 105		
D 125	<p>10A NCAC 13F .0403(a) Qualifications Of Medication Staff</p> <p>10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled staff (B,D) who administered medications met the requirements related to previous employment verification as a medication aide and completed the medication clinical skills checklist (Staff B); and (Staff D) had passed the state medication aide examination prior to passing medications.</p> <p>The findings are:</p> <p>1. Review of Staff B's, medication aide (MA),</p>	D 125		

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D 125	<p>Continued From page 18</p> <p>personnel record revealed:</p> <ul style="list-style-type: none"> -There was documentation Staff B was hired on 01/10/23. -There was documentation Staff B passed the MA written exam on 09/30/08. -There was no documentation Staff B completed the 5-hour, 10-hour, or 15-hour MA training course. -There was no documentation of an employment verification prior to hire as a MA. -There was no documentation of a completed medication aide competency validation clinical skills checklist. <p>Review of a resident's January 2023 and February 2023 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> -Staff B administered medication on 16 days from 01/14/23-01/30/23. -Staff B administered medication on 8 days from 02/01/23-02/08/23. <p>Telephone interview with Staff B on 02/09/23 at 9:37am revealed:</p> <ul style="list-style-type: none"> -She worked as a MA at another Assisted Living Facility. -She trained for 3 days at this facility but was not sure if it was considered the 15-hour MA training course. -During the 3-days she had CPR training, watched a lot of videos, learned about hand washing, hepatitis, and other communicable diseases, and took tests on what she watched. -The facility's contracted Registered Nurse (RN) went over finger stick blood sugar checks, measuring medication, and watched her on the medication cart; she did a checklist but did not know what the list was. -No one told her she needed to obtain any paperwork from her previous employer when she 	D 125		
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D 125	<p>Continued From page 19</p> <p>worked as a MA.</p> <p>Interview with the facility's contracted RN on 02/09/23 at 10:00am revealed:</p> <ul style="list-style-type: none"> -She was responsible for training MAs. -Staff B was a MA before she started working at the facility. -Staff B oriented for 3 days with another MA. -She completed the Licensed Health Professional Services (LHPS) checklist on Staff B. -Staff B did not do a 15-hour class because she was already a MA. -She did not do the medication aide competency validation clinical skills checklist on Staff B because she was already a MA. -She did not request any proof of Staff B working as a MA from her previous employer. -She verified Staff B passed the MA written exam; she thought that was all she needed to do. <p>Review of a certificate of completion for Staff B on 02/09/23 at 2:12pm revealed Staff B had completed the 15 hour medication aide training course; the form was dated and signed 01/10/23.</p> <p>Second interview with the facility's contracted RN on 02/09/23 at 2:13pm revealed:</p> <ul style="list-style-type: none"> -She did MA training with Staff B and thought that qualified as the 15 hour medication aide training. -She did not do the medication clinical skills check off because she did not think she had to since Staff B was a MA. -She used videos and demonstration to teach Staff B the medication aide training. -Staff B did not take any tests related to the video training because she was well knowledgeable; Staff B came from another facility where she was a MA. -She completed the certificate for Staff B because she thought she had taught her everything that 	D 125		

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D 125	<p>Continued From page 20</p> <p>would be covered in the MA training class.</p> <p>Interview with the Administrator on 02/09/23 at 11:14am revealed: The facility's contracted RN was responsible for training MAs. -If Staff B was a MA before "she got here" she knew a medication aide competency validation clinical skills checklist needed to be completed. -The facility's RN verified Staff B had passed the MA written exam. -She did not know an employment verification form was needed if the staff was not going to re-do the 15-hour class. -She thought once someone was a MA that their certification never expired. -She did not know the RN had not completed the medication aide competency validation clinical skills checklist.</p> <p>Refer to the interview with the Administrator on 02/09/23 at 11:00am.</p> <p>2. Review of Staff D's, medication aide (MA), personnel record revealed: -Staff D was hired as a personal care aide (PCA) on 11/15/21. -Staff D signed a MA job description dated 09/07/22. -There was documentation Staff D completed the 15-hour medication aide training on 09/07/22. -There was documentation Staff D completed the medication clinical skills checklist on 09/15/22 and 12/08/22. -There was no documentation of an employee verification of prior employment as a MA. -There was no documentation Staff D passed the MA written exam.</p> <p>Review of a resident's December 2022, January</p>	D 125		

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D 125	<p>Continued From page 21</p> <p>2023, and February 2023 electronic medication administration records (eMAR) revealed:</p> <ul style="list-style-type: none"> -Staff D administered medications on 22 days from 12/01/22-12/31/22. -Staff D administered medications on 21 days from 01/01/23-01/31/23. -Staff D administered medication on 8 days from 02/01/23-02/08/23. <p>Observation of a resident's room on 02/08/23 at 5:15pm revealed:</p> <ul style="list-style-type: none"> -The resident was awake in bed. -There was a souffle cup with two pills and a cup of water on the bedside table. <p>Interview with the resident on 02/08/23 at 5:15pm revealed:</p> <ul style="list-style-type: none"> -The medication in the souffle cup was her 5:00pm medications. -The MA would leave medications in her room for her to take if she was asleep. -She usually took her 5:00pm medications before bedtime. <p>Interview with Staff D on 02/08/23 at 5:30pm revealed:</p> <ul style="list-style-type: none"> -He left the resident's medication on her bedside table because the resident was asleep. -He knew the resident would take her medications when she woke up. -He would not see her take her medications. -He had documented that her 5:00pm medications had been administered. -He had not considered that someone else could walk in her room and take her medication. -He had not taken the MA test; he was scheduled to take the test on 02/10/23 for the first time. <p>Interview with the facility's Registered Nurse (RN) on 02/09/23 at 11:35am revealed:</p>	D 125		

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D 125	<p>Continued From page 22</p> <ul style="list-style-type: none"> -Staff D was supposed to take his MA written exam within 60 days and did not go. -She did a review with Staff D on 12/08/22. -Staff D was going tomorrow, 02/10/23 to take the MA written exam. -If Staff D did not pass the written MA exam, she would pull him off the cart. -She thought Staff D's 60 days were not up until tomorrow, 02/10/23. -The 60 days were miscalculated, and she would pull Staff D from the cart immediately, until after he passed the written MA exam. <p>Interview with the Administrator on 02/09/23 at 11:21am revealed:</p> <ul style="list-style-type: none"> -Staff D was taking the MA test on Friday, 02/10/23. -Staff D was re-educated on 12/08/23 or 12/10/23. -She had told Staff D to take the MA test a "hundred times." -Staff D said he was going (she did not recall when) but he called last week and said he had rescheduled it for Friday, 02/10/23. <p>Refer to the interview with the Administrator on 02/09/23 at 11:00am.</p> <p>Interview with the Administrator on 02/09/23 at 11:00am revealed:</p> <ul style="list-style-type: none"> -She was responsible for staff records. -The facility RN was responsible for making sure all MA training was complete. -She was ultimately responsible for ensuring the MA training was completed and the MA examination was taken within 60 days from hire. <p>The facility failed to ensure 2 staff, who worked as MAs and administered medications to residents, completed the MA training</p>	D 125		

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D 125	<p>Continued From page 23</p> <p>requirements before administering medications including the MA competency validation clinical skills checklist and proof of prior employment verification during the previous 24 months working as a MA (Staff B); and another MA who (Staff D) had passed the MA written exam within 60-days of completing the medication aide competency validation clinical skills checklist. This failure was detrimental to the health, safety, and welfare of the residents by possible medication errors occurring and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/09/23 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 27, 2023.</p>	D 125		
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall:</p> <p>(5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 5 sampled staff (Staff A) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) upon hire.</p>	D 137		

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D 137	<p>Continued From page 24</p> <p>The findings are:</p> <p>Review of Staff A's, Maintenance Director, personnel record revealed: -Staff A was hired on 11/14/22. -There was no documentation a HCPR check was completed upon hire.</p> <p>Interview with Staff A on 02/09/23 at 11:32am revealed: -He had been working at the facility since November 2022. -He was not familiar with what the HCPR was. -He did not know if a HCPR check had been completed on him at the time of hire.</p> <p>Interview with the Administrator on 02/09/23 at 11:14am revealed: -Staff A was the Maintenance Director. -She had not completed a HCPR check on Staff A because he was not doing "nursing." -She thought she only had to check the HCPR on direct care staff.</p> <p>Review of Staff A's HCPR check on 02/08/23 at 4:33pm revealed there was no substantiated findings listed.</p>	D 137		
D 285	<p>10A NCAC 13F .0904(a)(4) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (a) Food Procurement and Safety in Adult Care Homes: (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets.</p>	D 285		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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(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 285	<p>Continued From page 25</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A1 VIOLATION</p> <p>Based on these findings, the previous A1 Violation was not abated.</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure there was at least a three-day supply of perishable food and a 5-day supply of non-perishable food to serve 35 residents based on the menus.</p> <p>The findings are:</p> <p>Review of the census report dated 02/08/23 revealed the facility census was 35 residents.</p> <p>Interview with a resident on 02/08/23 at 10:09am revealed: -The lunch provided on 02/07/23 consisted of spaghetti and garlic bread. -There were no vegetables or a salad provided.</p> <p>Interview with two residents on 02/08/23 at 10:15am revealed: -They received a small amount of grits and a small piece of sausage for breakfast. -No coffee was served, but they received orange juice and milk. -They thought there was not enough food served for breakfast.</p> <p>Interview with a fourth resident on 02/08/23 at 10:18am revealed: -Today for breakfast he had bacon, grits, orange juice, and milk to drink. -He was not served eggs for breakfast; he liked to eat eggs.</p>	D 285		

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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 285	<p>Continued From page 26</p> <p>Interview with a fifth resident on 02/08/23 at 10:35pm revealed: -She had grits and a sausage patty for breakfast this morning, 02/08/23. -Some residents had grits and bacon. -She did not know why some residents received a sausage patty and some residents received bacon. -Sometimes she got enough food to eat and sometimes she did not. -She would have liked more food this morning. -She asked for seconds but there was no more food available.</p> <p>Interview with a sixth resident on 02/08/23 at 10:48am revealed: -He received one strip of bacon and grits for breakfast and that was all he received. -He thought there was a problem with the food amounts, but he had not told anyone.</p> <p>Interview with a seventh resident in the dayroom on 02/08/23 at 10:53am revealed: -He thought the residents did not receive enough food. -A week ago, the residents received half of an apple for a snack. -On that morning, 02/08/23, he received water, a sausage patty, and grits for breakfast.</p> <p>Interview with an eighth resident on 02/08/23 at 11:10 revealed: -She was served spaghetti and bread for lunch yesterday, 02/07/23. -She was served barbeque on a bun and beans for dinner yesterday, 02/07/23. -She usually got one serving at meals and when she asked for more the dietary staff would tell her she could not have seconds because there was</p>	D 285		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N **361 LEONARD ROAD**
LOUISBURG, NC 27549

(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 285	<p>Continued From page 27</p> <p>none left.</p> <p>-She was hungry after meals because there was not enough food.</p> <p>Observation of the food storage areas including the pantry, refrigerator, and freezer on 02/08/23 at 10:07am revealed:</p> <p>-There was a one-gallon zip-lock bag of chicken, a one-gallon bag of sliced ham, a one-gallon zip-lock bag of potato wedges, one 10 inch lemon meringue pie with 8 servings, one 20-ounce bag of meatballs with 4.5 servings, six packs of 24 buttermilk pancakes with 48 servings, and six packs of 12 waffles with 36 servings in the freezer.</p> <p>-There was a pan of thawed chicken on the kitchen counter.</p> <p>-There were five 20-ounce jars of pineapple chunks with 18 servings of ½ cup, one can of 10 biscuits, one 44-ounce tub of coleslaw, 2.5 pounds of shredded cheese, a pan of tilapia thawing and 25 eggs in the refrigerator.</p> <p>-There were 14 servings of ½ cup of sweet peas, 26 servings of ½ cup of baked beans, 10 servings of ½ cup of spaghetti meat sauce, 12 servings of ½ cup of spaghetti and meatballs, 35 servings of 2 tablespoons of peanut butter, 15 servings of ½ cup of chicken flavored broccoli and rice, 36 servings of ¼ cup of cranberry sauce, 20 servings of cake mix, 16 servings of ½ cups of instant pudding, one box of 12 crunchy taco shells, 32 servings of ¾ cup of pasta, 40 servings of 1/3 cup of pink salmon, 15 servings of ½ cup of potatoes, 32 servings of 3 cookies, 48 servings of individual pre-packaged pudding, 52 individual servings of instant oatmeal, 24 individually wrapped moon pies, 64 individually wrapped rice crispy treats, one box of 20 individual bags of chips, in the pantry.</p>	D 285		

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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 285	<p>Continued From page 28</p> <p>Observation of the food storage areas including the pantry, refrigerator, and freezer on 02/09/23 at 8:30am revealed:</p> <ul style="list-style-type: none"> -There were 44 servings of ½ cup of collard greens, 18 servings of 2 corn muffins, 24 servings of 2 slices of bread, in the pantry. -There were 12 servings of 6-ounces of cranberry juice, 12 servings of 6-ounces of cran-apple juice, 32 servings of 6-ounces of apple juice, 42 servings of 6-ounces of orange juice, 40 servings of 8-ounces of milk, 7.5 dozen eggs, five pounds of sliced bologna, and 9 pounds of ground beef in the refrigerator. <p>Interview with a cook on 02/09/23 at 8:53am revealed:</p> <ul style="list-style-type: none"> -The facility had a food distribution company deliver food to the facility once a week. -The food distribution company had not delivered food to the facility in the past 3 weeks. -She did not know why the food distribution company had not delivered food to the facility in the past 3 weeks. -The Dietary Manager (DM) purchased food from the local grocery store each week since the food distribution company had stopped delivering food. <p>Interview with the DM on 02/09/23 at 9:56am revealed:</p> <ul style="list-style-type: none"> -The facility used a food distribution service for 4 weeks, from mid-December 2022 to mid-January 2023. -She was told to stop ordering food from the food distributor by the Administrator since they did not have everything the facility needed, such as fresh meat, fruit and vegetables. -The food service company did not carry fresh meats and would not have in stock other items that were needed. -She had emptied her 3-day and 5-day supply of 	D 285		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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D 285	<p>Continued From page 29</p> <p>perishable and non-perishable food the past two weeks since there was no food delivery and some of the food was expiring.</p> <ul style="list-style-type: none"> -She was aware there would be no food in the facility if there was an emergency. -She was going to restock the food supply yesterday, 02/08/23, but she did not have time, so she was going today. -She worked in the kitchen preparing and serving meals yesterday, 02/08/23. -The last time she purchased food was on 01/30/23. -There was no one else to go purchase the food. -The Administrator was aware she did not have time to purchase food since she was preparing meals. <p>Second interview with the DM on 02/09/23 at 1:19pm revealed:</p> <ul style="list-style-type: none"> -She was on her way to purchase groceries for the facility when the company van "broke." -The Administrator told her it was going to be weeks before the van could be repaired. -She tried to borrow a car to go purchase groceries, but she was not able to. -A first shift personal care aide (PCA) was going to take her to the grocery store when he got off work at 2:00pm, but she had to stay in the facility to prepare dinner. -The only thing she had to prepare was salmon and rice. <p>Third interview with the DM on 02/09/23 at 3:38pm revealed:</p> <ul style="list-style-type: none"> -The Administrator was ordering pizza for dinner on 02/09/23. -The DM was going to purchase ingredients for a tossed salad to go with the pizza. -The residents would be served cookies for dessert. 	D 285		

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D 285	<p>Continued From page 30</p> <ul style="list-style-type: none"> -The DM would go grocery shopping after dinner tonight. <p>Telephone interview with a representative for the food distribution company on 02/09/23 at 2:28pm revealed:</p> <ul style="list-style-type: none"> -The food distribution company started working with the facility in mid-December 2022. -The facility would order food and supplies when needed, the food distribution company would deliver, and the facility would pay for the delivered food and supplies. -There was no binding contract between the facility and the food distribution company. -The DM ordered food and supplies and the facility received shipment on 12/19/22, 01/02/23 and 01/16/23. -The facility sent a check to pay for the expenses of the shipment dated 01/16/23, but the check did not clear. -The salesman for the food distribution company reached out to a facility representative in another state regarding the check that did not clear. -The salesman was told the funds would be deposited and that the payment could be drafted. -She attempted to draft the payment 1352.28 and again the check did not clear. -The salesman had attempted to reach out to the facility management by phone and text with no response. -The facility had not ordered or attempted to order since the shipment on 01/16/23. -The food distribution company would not send any more food until the outstanding balance was paid. <p>Telephone interview with the salesman from the food distribution company on 02/10/23 at 8:07am revealed:</p> <ul style="list-style-type: none"> -He received a phone call from the Director of 	D 285		

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D 285	<p>Continued From page 31</p> <p>Operations the first week of December regarding setting up food delivery for the facility.</p> <ul style="list-style-type: none"> -The food distribution company did not require a contract. -The facility would order the food they needed, the food would be delivered, and the facility would pay for food delivered. -He met with the DM at the facility on Thursday, 12/15/22. -He informed the DM that the food distribution company did not have fresh fruit, fresh vegetables, or fresh meat. -He worked with the DM on placing the food order. -The DM placed an order for food supplies for two weeks. -The order was delivered on Monday, 12/19/22. -The facility could place an order every Thursday and the food would be delivered every Monday if they wanted to. -The DM referred to a menu when placing the order but did not calculate the amount of food needed for a certain number of residents. -He could have helped her calculate the amount of food needed but the DM did not tell him how many residents she was feeding. -The facility placed two more orders and the food supplies were delivered on 01/02/23 and 01/16/23. -The payment for the 01/16/23 order did not clear the bank. -He spoke with the Administrator and the Director of Operations regarding lack of funds for the food supply delivered on 01/16/23. -He was informed by the Director of Operations on 01/26/23 that funds would be available on 01/27/23 for payment for food supply delivered on 01/16/23. -The food distribution company attempted to withdraw payment on 01/27/23 again and again 	D 285		
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D 285	<p>Continued From page 32</p> <p>the funds were not available.</p> <p>-There were two returned checks, 01/19/23 and 01/27/23, for attempted payment of the food supply delivery dated 01/16/23.</p> <p>-He attempted to call the Director of Operations for the next 4 days with no answer or return call.</p> <p>-He spoke with the Administrator and informed her that another food order could not be delivered until the 01/16/23 bill was paid.</p> <p>-He had attempted phone calls and texts to the Owner and Director of Operations with no response.</p> <p>Review of a returned check dated 01/16/23 for \$1340.92 revealed insufficient funds for payment.</p> <p>Review of a return auto draft statement dated 01/27/23 for \$1350.92 revealed insufficient funds for payment.</p> <p>Interview with the Administrator on 02/09/23 at 4:10pm revealed:</p> <p>-The Administrator knew there was supposed to be a 3-day supply of perishable food and a 5-day supply of non-perishable food in the facility.</p> <p>-She did not realize the DM had used the 3-day perishable and 5-day non-perishable supply of food.</p> <p>-The facility had a contract with a food distribution company to deliver food and supplies to the facility.</p> <p>-The food distribution company was working well until she was informed by the DM that the food distribution company did not have everything the facility needed.</p> <p>-The DM would have to go to local grocery stores to supplement the items the food distribution company did not have.</p> <p>-A representative from the food distribution company called a few weeks ago and said a</p>	D 285		

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D 285	<p>Continued From page 33</p> <p>payment did not go through and she gave them the Director of Operations contact information.</p> <ul style="list-style-type: none"> -She did not know if the bill had been paid or not. -The DM was going grocery shopping on Tuesday, 02/07/23, but she was unable to print a check for the DM to use. -The Administrator could not print the check for the DM to used for groceries because the internet service was down. -The DM did not have time to go to the grocery store on 02/08/23 because there would be only one other kitchen staff left in the kitchen. -The DM attempted to go to the grocery store this morning, 02/09/23, but the company van broke down. -A PCA was going to take her grocery shopping after he got off of work today, 02/09/23, at 2:00pm. -She expected the DM to maintain a 3-day perishable supply and a 5-day non-perishable supply of food in case of an emergency. <p>Telephone interview with the Director of Operations on 02/10/23 at 12:35pm revealed:</p> <ul style="list-style-type: none"> -The DM had used the 3-day perishable and 5-day non-perishable food supply. -He did not know why the DM had used the 3-day perishable and 5-day non-perishable food supply. -The DM should have purchased the food for meals, instead of using the 3-day perishable and 5-day non-perishable food supply. -He was made aware by the Administrator today, 02/10/23, the DM had used the 3-day perishable and 5-day non-perishable food supply. -The Administrator stated the DM was to restock the 3-day perishable and 5-day non-perishable food supply on Monday, 02/06/23. -He did not know why the DM did not restock the 3-day perishable and 5-day non-perishable food supply on Monday. 	D 285		

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D 285	<p>Continued From page 34</p> <ul style="list-style-type: none"> -The facility stopped ordering food from the food distribution company because they did not have what the facility needed. -He was unaware of an outstanding balance due for food distribution. -He did not recall speaking to any representative from the food distribution company regarding and outstanding bill. -The Administrator should have reached out to him if there was an outstanding bill. <p>Telephone interview with the Owner of the facility on 02/10/23 at 12:38pm revealed:</p> <ul style="list-style-type: none"> -The Director of Operations was responsible for the daily operations of the facility. -The Director of Operations contacted the food distribution company to start delivering food supplies to the facility. -He did not have a direct contact with the food distributor. -He did not recall being contacted by anyone from the food distributor company. -He did not know the payment for the food supply on 01/16/23 did not clear. -He was concerned because there was not enough food being maintained in the facility to feed the residents. <p>Refer to Tag 291, 10A NCAC 13F .0904(c)(2) Nutrition and Food Service.</p> <p>Refer to Tag 292, 10A NCAC 13F .0904(c)(3) Nutrition and Food Service (Type B Violation Unabated).</p> <p>Refer to Tag 297, 10A NCAC 13F .0904(d)(1) Nutrition and Food Service (Type B Violation Unabated).</p> <p>Refer to Tag 299, 10A NCAC 13F .0904(d)(3)(A)</p>	D 285		

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D 285	<p>Continued From page 35</p> <p>Nutrition and Food Service.</p> <p>Refer to Tag 302, 10A NCAC 13F .0904(d)(3)(D) Nutrition and Food Service.</p> <p>_____</p> <p>The facility failed to maintain a 3-day supply of perishable and a 5-day supply of non-perishable food for 35 residents to provide meals based on the weekly menus, resulting in residents not being served adequately, nutritious meals. This failure resulted in serious neglect to the residents and constitutes an unabated Type A1 Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/09/23 for this violation.</p>	D 285		
D 287	<p>10A NCAC 13F .0904(b)(2) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes:</p> <p>(2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all residents were provided with napkins at each meal.</p> <p>The findings are:</p> <p>Observation of the kitchen on 02/08/23 at 12:00</p>	D 287		

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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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(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 287	<p>Continued From page 36</p> <p>pm revealed a dietary aide (DA) cut brown, disposable hand towels in 8 x 8 sections, wrapped the silverware for the lunch meal and placed at each table setting.</p> <p>Observation of the place setting for the lunch meal on 02/08/23 at 12:15 pm revealed the DA placed silverware consisting of a fork and a spoon was wrapped in an 8 x 8 damp, brown, paper, hand towel on the dining room tables.</p> <p>Observation of the kitchen on 02/08/23 at 3:35 pm revealed the DA cut brown, disposable hand towels in 8 x 8 sections, wrapped the silverware for the dinner meal and placed at each table setting.</p> <p>Observation of the place setting for the dinner meal on 02/08/23 at 5:00 pm revealed the DA placed silverware consisting of a fork and a spoon was wrapped in an 8 x 8 brown, paper, hand towel on the dining room tables.</p> <p>Observation of the place setting for the breakfast meal on 02/09/23 at 8:15 am revealed the silverware consisting of a fork and a spoon was wrapped in an 8 x 8 brown, paper, hand towel on the dining room tables.</p> <p>Review of food purchase receipts from 12/19/22 to 02/08/23 revealed there was 1 case of napkins purchased on 01/02/23.</p> <p>Telephone interview with a representative from the food distribution company on 02/10/23 at 11:15am revealed there were 8 bags of 750 napkins per case for a total of 6000 napkins.</p> <p>Interview with the cook on 02/09/23 at 8:53 am revealed:</p>	D 287		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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D 287	<p>Continued From page 37</p> <ul style="list-style-type: none"> -The Dietary Manager (DM) purchased napkins last week. -There were no napkins in the facility yesterday, 02/08/23, for breakfast, lunch, or dinner. -There were no napkins in the facility for breakfast this morning, 02/09/23. -The DM was responsible for purchasing napkins to have in the facility. <p>Interview with the DM on 02/08/23 at 11:10 am revealed:</p> <ul style="list-style-type: none"> -The remainder of the napkins were used yesterday, 02/07/23, to dry hands after washing them. -There were no napkins in the facility today, 02/08/23. -The kitchen staff had been cutting disposable, brown, hand towels to use as napkins. -She did not have time to leave the facility to purchase napkins for the meals on 02/08/23. <p>Interview with the Resident Care Coordinator (RCC) on 02/09/23 at 1:20 pm revealed:</p> <ul style="list-style-type: none"> -She monitored at least one meal a day. -She noticed the residents did not have napkins last week. -She did not recall the last time she saw the residents have napkins. -The DM was responsible for ordering the napkins for the facility. <p>Interview with the Administrator on 02/09/23 at 4:10 pm revealed:</p> <ul style="list-style-type: none"> -She did not know there were no napkins in the facility. -She did not recall the DM telling her that there were no napkins in the facility. -She would have expected the DM to order enough napkins and keep napkins in stock. 	D 287		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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D 287	Continued From page 38 Telephone interview with the Owner of the facility on 02/10/23 at 12:38pm revealed: -The Director of Operations was responsible for the daily operations of the facility. -The Director of Operations contacted the food distribution company to start delivering supplies to the facility. -He did not have a direct contact with the food distributor.	D 287		
D 291	10A NCAC 13F .0904(c)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain menus in the kitchen and have the menus available for guidance of food service staff. The findings are: Observations during the initial kitchen tour on 02/08/23 at 10:00 am revealed there was no current menu for the week of 02/05/23 available for guidance of the food service staff. Interview with the cook on 02/08/23 at 10:00am revealed: -She did not have a weekly menu to follow when	D 291		

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D 291	<p>Continued From page 39</p> <p>preparing meals, the week of 02/05/23. -She had not had a weekly menu to follow when preparing meals for the past two weeks. -She was told by the Dietary Manager (DM), the Administrator could not print the weekly menus. -She was told by the DM what food to prepare for each meal. -She prepared and served the food the DM told her to cook.</p> <p>Interview with the same cook on 02/09/23 at 9:00 am revealed she did not know what a therapeutic menu was.</p> <p>Interview with the DM on 02/08/23 at 10:00am revealed: -The kitchen staff had not had a menu to follow for two weeks. -The Administrator had not been able to print the weekly and therapeutic menus for the past two weeks because the internet service was down. -The last menu the Administrator printed was for the week of 01/22/23. -She instructed the cooks what to prepare for each meal since there was no menu to follow. -The cooks were instructed to prepare the food that had been purchased and was available in the kitchen. -The cooks prepared and served what she told them. -The menus should be printed today since the internet service company was at the facility yesterday to repair the internet service.</p> <p>Interview with the Administrator on 02/09/23 at 4:10pm revealed: -She had been unable to print the weekly and therapeutic menus for two weeks. -The internet service was not working, and she could not access the menus on the computer to</p>	D 291		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N **361 LEONARD ROAD**
LOUISBURG, NC 27549

(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 291	<p>Continued From page 40</p> <p>print them.</p> <p>-The internet service provider had been out twice in the past two weeks to repair the internet service.</p> <p>-The internet service was repaired; now the facility was waiting for a representative from a contracted company to repair the in-house internet service.</p> <p>-She did not know when the representative from a contracted company would be available to repair the in-house internet service.</p> <p>-She had not attempted to print the menus from any other source; she would try to print them from the local library.</p> <p>-She did not know how the DM decided on what foods to prepare since she did not have a menu.</p> <p>Telephone interview with the Director of Operations on 02/10/23 at 12:35pm revealed:</p> <p>-He did not know the facility did not have a menu to follow.</p> <p>-He knew there was a problem with the internet at the facility.</p> <p>-The internet service provider had been to the facility several times in the past two weeks to repair the internet service.</p> <p>-The internet service provider had repaired what they could.</p> <p>-The facility was waiting for an independent contractor to come to the facility to repair the in-house internet service..</p> <p>Telephone interview with the Owner of the facility on 02/10/23 at 12:38pm revealed:</p> <p>-The Director of Operations was responsible for the daily operations of the facility.</p> <p>-He was made aware of issues with the internet a few days ago.</p> <p>-He did not know if the internet service had been restored or not.</p>	D 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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D 291	Continued From page 41 -He needed to follow-up with the Director of Operations regarding the internet service.	D 291		
D 292	<p>10A NCAC 13F .0904(c)(3) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (c) Menus In Adult Care Home: (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure menu substitutions were documented with each meal.</p> <p>The findings are:</p> <p>Review of the census report dated 02/08/23 revealed the facility census was 35 residents.</p> <p>There was no menu available for review for the lunch and dinner meal services for 02/08/23 and the breakfast meal service for 02/09/23.</p> <p>Observation of the food storage areas including the pantry, refrigerator, and freezer on 02/08/23 at 10:07am revealed: -There was a one-gallon zip-lock bag of chicken,</p>	D 292		

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D 292	<p>Continued From page 42</p> <p>a one-gallon bag of sliced ham, a one-gallon zip-lock bag of potato wedges, one 10 inch lemon meringue pie with 8 servings, one 20-ounce bag of meatballs with 4.5 servings, six packs of 24 buttermilk pancakes with 48 servings, and six packs of 12 waffles with 36 servings in the freezer.</p> <p>-There was a pan of thawed chicken on the kitchen counter.</p> <p>-There were five 20-ounce jars of pineapple chunks with 18 servings of ½ cup, one can of 10 biscuits, one 44-ounce tub of coleslaw, 2.5 pounds of shredded cheese, a pan of tilapia thawing and 25 eggs in the refrigerator.</p> <p>-There were 14 servings of ½ cup of sweet peas, 26 servings of ½ cup of baked beans, 10 servings of ½ cup of spaghetti meat sauce, 12 servings of ½ cup of spaghetti and meatballs, 35 servings of 2 tablespoons of peanut butter, 15 servings of ½ cup of chicken flavored broccoli and rice, 36 servings of ¼ cup of cranberry sauce, 20 servings of cake mix, 16 servings of ½ cups of instant pudding, one box of 12 crunchy taco shells, 32 servings of ¾ cup of pasta, 40 servings of 1/3 cup of pink salmon, 15 servings of ½ cup of potatoes, 32 servings of 3 cookies, 48 servings of individual pre-packaged pudding, 52 individual servings of instant oatmeal, 24 individually wrapped moon pies, 64 individually wrapped rice crispy treats, one box of 20 individual bags of chips, in the pantry.</p> <p>Observation of the food storage areas including the pantry, refrigerator, and freezer on 02/09/23 at 8:30am revealed:</p> <p>-There were 44 servings of ½ cup of collard greens, 18 servings of 2 corn muffins, 24 servings of 2 slices of bread, in the pantry.</p> <p>-There were 12 servings of 6-ounces of cranberry juice, 12 servings of 6-ounces of cran-apple juice,</p>	D 292		

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D 292	<p>Continued From page 43</p> <p>32 servings of 6-ounces of apple juice, 42 servings of 6-ounces of orange juice, 40 servings of 8-ounces of milk, 7.5 dozen eggs, five pounds of sliced bologna, and 9 pounds of ground beef in the refrigerator.</p> <p>Observation of the lunch meal service on 02/08/23 at 12:15pm revealed the residents were served a fried chicken leg and thigh, ¼ cup of butter-flavored rice and 1/3 cup of baked beans.</p> <p>Observation of the dinner meal service on 02/08/23 at 5:15pm revealed the residents were served one piece of fried fish, ¼ cup of coleslaw, and 10 to 12 french-fries with ketchup.</p> <p>Observation of the breakfast meal service on 02/09/23 at 8:15am revealed the residents were served 1 pancake, ¼ cup of eggs, and ½ banana.</p> <p>The menu substitution list was requested on 02/08/23 at 10:30am but was not provided by survey exit.</p> <p>Interview with the cook on 02/08/23 at 10:50 am revealed: -She had never completed a menu substitution list. -She did not know what a menu substitution list was. -No one had asked her to complete a menu substitution list.</p> <p>Interview with the Dietary Manager (DM) on 02/08/23 at 11:10 am revealed: -She had not completed a menu substitution list for the past two weeks when she did not have a menu to follow. -She did not think she needed to complete a menu substitution list since she was not</p>	D 292		

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D 292	<p>Continued From page 44</p> <p>substituting from a menu. -She told the cook what to prepare when there were no menus available. -She did not have any guidance of what food to prepare when there were no menus available. -She would prepare food that was available in the kitchen.</p> <p>Interview with the Administrator on 02/09/23 at 4:00pm revealed: -Menu substitution lists should be completed with each food that was substituted. -The DM should decide what food would be substituted if the food on the menu was not available and complete the menu substitution list. -She thought the DM completed a menu substitution list daily since there was no menu to follow. -The DM was responsible for recording on the menu substitution list what residents were being served when there was no menu to follow.</p> <p>Attempted telephone interview with the facility's contracted Dietician on 02/10/23 at 8:42am was unsuccessful.</p> <p>_____</p> <p>The facility failed to document meal substitutions when there was no menu available to follow to ensure foods served were of nutritional value which was detrimental to the health, safety and welfare of the residents which constitutes an unabated Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/09/23 for this violation.</p>	D 292		

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D 297	Continued From page 45	D 297		
D 297	<p>10A NCAC 13F .0904(d)(1) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (1) Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening meals.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION</p> <p>Based on these findings, the previous B Violation was not abated.</p> <p>Based on observations, record reviews, and interviews, the facility failed to offer servings from all food groups and the portion sizes of food and beverages which matched the menu.</p> <p>The findings are:</p> <p>Review of the census report dated 02/08/23 revealed the facility census was 35 residents.</p> <p>Interview with the Dietary Manager (DM) on 02/08/23 at 10:45am revealed: -The kitchen staff did not have a weekly menu to follow for the week of 01/29/23 or 02/05/23. -She instructed the kitchen staff what to prepare each meal since there was no menu to follow. -She used her judgement on what to serve so the residents would have a well-balanced meal. -She purchased food for the residents based on what she thought was a well-balanced meal.</p> <p>Interview with a resident on 02/08/23 at 10:09am revealed: -The lunch provided on 02/07/23 consisted of</p>	D 297		

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D 297	<p>Continued From page 46</p> <p>spaghetti and garlic bread. -There was no vegetable or a salad provided.</p> <p>Interview with two resident's on 02/08/23 at 10:15am revealed: -They received a small amount of grits and a small piece of sausage for breakfast. -No coffee was served, but he received orange juice and milk. -They thought there was not enough food served for breakfast.</p> <p>Interview with a fourth resident on 02/08/23 at 10:18am revealed: -Today for breakfast he had bacon, grits, orange juice and milk to drink. -He was not served eggs for breakfast; he liked to eat eggs.</p> <p>Interview with a fifth resident on 02/08/23 at 10:35pm revealed: -She had grits and a sausage patty for breakfast this morning, 02/08/23. -Some residents had grits and bacon. -She did not know why some residents received a sausage patty and some residents received bacon. -Sometimes she got enough food to eat and sometimes she did not. -She would have liked more food this morning. -She asked for seconds but there was no more food available.</p> <p>Interview with a sixth resident on 02/08/23 at 10:48am revealed: -He received one strip of bacon and grits for breakfast and that was all he received. -He thought there was a problem with the food amounts, but he had not told anyone.</p>	D 297		

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D 297	<p>Continued From page 47</p> <p>Interview with a seventh resident in the dayroom on 02/08/23 at 10:53am revealed: -He thought the residents did not receive enough food. -A week ago, the residents received half of an apple for a snack. -This morning, 02/08/23, he received water, a sausage patty, and grits for breakfast.</p> <p>Interview with an eighth resident on 02/08/23 at 11:10 revealed: -She was served spaghetti and bread for lunch yesterday, 02/07/23. -She was served barbeque on a bun and beans for dinner yesterday, 02/07/23. -She usually got one serving at meals and when she asked for more the dietary staff would tell her she could not have seconds because there was none left. -She was hungry after meals because there was not enough food.</p> <p>Interview with the cook on 02/08/23 at 10:50am revealed: -She did not have a menu to follow for breakfast today, 02/08/23. -She prepared what the DM told her to cook for the residents. -She prepared grits, sausage, and bacon this morning for breakfast, 02/08/23; she prepared what was available in the kitchen. -Some resident received grits and a sausage patty and other residents received grits and 2 slices of bacon for breakfast on 02/08/23. -There were no eggs or bread in the facility to prepare and serve for breakfast this morning, 02/08/23. -The dietary aide served the last of the milk and juice this morning for breakfast, 02/08/23. -There was no milk or juice to serve with the</p>	D 297		

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D 297	<p>Continued From page 48</p> <p>morning snack. -The residents received water to drink with cookies or pudding for snack.</p> <p>Observation of the lunch meal service on 02/08/23 at 12:15pm revealed the residents were served a fried chicken leg and thigh, ¼ cup of butter-flavored rice and 1/3 cup of baked beans.</p> <p>Second interview with the cook on 02/08/23 at 01:05pm revealed: -She did not have a menu to follow to prepare the lunch meal for 02/08/23. -She cooked what the DM told her too. -She cooked fried chicken, buttered rice, and baked beans. -She did not have any greens, bread, or dessert to serve for lunch today, 02/08/23.</p> <p>Observation of the dinner meal service on 02/08/23 at 5:15pm revealed the residents were served one piece of fried fish, ¼ cup of coleslaw, and 12 french-fries with ketchup.</p> <p>Interview with the Dietary Manager (DM) on 02/08/23 at 4:30pm revealed: -She cooked the dinner meal on 02/08/23. -She did not have a menu to follow to prepare the dinner meal for 02/08/23. -She decided what to cook for each meal since there was no menu to follow. -She cooked fried fish, french-fries and served slaw. -She did not have any bread or dessert to serve for dinner today, 02/08/23.</p> <p>Observation of the breakfast meal service on 02/09/23 at 8:15am revealed the residents were served 1 pancake, ¼ cup of eggs, and ½ banana.</p>	D 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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(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 297	<p>Continued From page 49</p> <p>Interview with the cook on 02/09/23 at 9:00am revealed:</p> <ul style="list-style-type: none"> -She did not have a menu to follow when she prepared breakfast on 02/09/23. -The DM told her what to serve the residents for breakfast on 02/09/23 since there was no menu to follow. -She scrambled 45 eggs for 35 residents, served 1 pancake and ½ banana to each resident for breakfast on 02/09/23. -She gave the residents one pancake because that was the correct serving size; she remembered the serving size for pancakes when she was trained as a cook. -The previous DM trained her to work in the kitchen. <p>Second interview with the DM on 02/08/23 at 1:10pm revealed:</p> <ul style="list-style-type: none"> -There was no weekly or therapeutic menu available to follow when preparing lunch and dinner on 02/08/23. -There was no bread in the facility to serve for lunch or dinner on 02/08/23. -There was no dessert prepared to serve for lunch or dinner on 02/08/23. -There were supplies in the kitchen to bake a cake, but the kitchen staff did not have time to prepare a dessert. -She was going to go grocery shopping today, but she did not have time. -She did not have a menu to refer to for the past two weeks, so she purchased food based on what she thought was a healthy meal. <p>Interview with the Administrator on 02/09/23 at 4:40pm revealed:</p> <ul style="list-style-type: none"> -She was unable to print weekly menus for the past two weeks because the internet service was down. 	D 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 297	<p>Continued From page 50</p> <ul style="list-style-type: none"> -The DM would pick up food weekly, on Monday, based on the menu for the week, when the DM had a menu to follow. -She knew the DM did not have a weekly menu to follow for the past two weeks, but she thought she was following an old menu from previous weeks. -She had not instructed the DM to follow a menu from previous weeks. -She was not aware the residents were not being served a nutritious meal from all food groups three times daily. -She expected the DM to purchase enough food for the residents for a week based on a menu, even if the menu was from past weeks. <p>_____</p> <p>The facility failed to ensure residents were served three nutritionally adequate meals a day, including foods from five food groups, including fruits, vegetables, grains, protein, and dairy to meet the dietary guidelines and provide a range of vitamins and minerals the body needs to function efficiently. The facility's failure was detrimental to the health, safety and welfare of the residents which constitutes an unabated Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/09/23 for this violation.</p>	D 297		
D 299	<p>10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim</p>	D 299		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 299	<p>Continued From page 51</p> <p>milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 8-ounces of milk was served to the residents twice daily.</p> <p>The findings are:</p> <p>Review of the census report dated 02/08/23 revealed the facility census was 35 residents.</p> <p>There was not a weekly menu available for review for the week of 02/05/23.</p> <p>Observation of the kitchen on 02/08/22 at 10:15 am revealed there was no milk available in the facility.</p> <p>Observation of the lunch meal on 02/08/23 from 12:15pm revealed residents were not served or offered milk because there was no milk available to serve.</p> <p>Observation of the dinner service meal on 02/08/23 at 5:15pm revealed the residents were not served or offered milk.</p> <p>Interview with a resident on 02/08/23 at 10:18am revealed: -They were provided milk once a day with a meal. -He liked milk and would drink milk more often if it was provided.</p>	D 299		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 299	<p>Continued From page 52</p> <p>Interview with a second resident on 02/08/23 at 11:10am revealed: -They were provided milk once a day. -Yesterday, 02/07/23, they had milk in their cereal. -Today, 02/08/23, they had milk to drink at breakfast. -They did not get milk for snacks, just once a day, at breakfast.</p> <p>Observation of the refrigerator on 02/09/23 at 8:15 am revealed: -There were 2 unopened gallons of 2% milk in the refrigerator which would serve 16 residents two 8-ounce servings of milk. -There was a third opened gallon of 2% milk in the refrigerator, which was about 1/2 full, which would serve 4 residents two 8-ounce servings of milk.</p> <p>Based on a census of 35 residents, 4.5 gallons of milk would be required to serve the residents 8-ounces of milk twice daily.</p> <p>Review of food purchase receipts from 12/19/22 to 02/08/23 revealed: -There were 9 gallons of 2% milk (144 eight-ounce servings) purchased on 01/02/23. -There were 6 gallons of 2% milk (96 eight-ounce servings) purchased on 01/30/23. -There was 3 gallons of 2% milk (48 eight-ounce servings) purchased on 02/08/23.</p> <p>Interview with a dietary aide (DA) on 02/09/23 at 8:43am revealed: -She offered milk to the residents at breakfast and dinner and served milk to the residents that wanted milk. -She served milk to the residents twice a day</p>	D 299		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 299	<p>Continued From page 53</p> <p>when milk was available. -She did not have milk to serve to the residents last night for dinner, 02/08/23.</p> <p>Interview with the Dietary Manager (DM) on 02/09/23 at 9:56am revealed: -The DA offered milk to all residents and served milk to the residents who wanted milk twice daily at breakfast and dinner -The DA served the remainder of the milk for breakfast on 02/08/23. -There was no milk in the facility to serve for snacks or dinner on 02/08/23. -She had not had time to go grocery shopping this week.</p> <p>Interview with the Administrator on 02/09/23 at 4:40 pm revealed: -She did not know there was no milk in the facility yesterday morning, 02/08/23. -She had not been informed that there was no milk in the facility on the morning of 02/08/23. -She would have expected the DM to let her know when she needed milk in the facility; she would have sent someone out to purchase milk. -She expected the DM to keep a supply of milk on hand and be available for residents.</p> <p>Telephone interview with the Director of Operations on 02/10/23 at 12:35pm revealed: -The facility stopped ordering food from the food distribution company because they did not have what the facility needed. -He was unaware of an outstanding balance due for food distribution. -He did not recall speaking to any representative from the food distribution company regarding and outstanding bill. -The Administrator should have reached out to him if there was an outstanding bill.</p>	D 299		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 299	Continued From page 54 Telephone interview with the Owner of the facility on 02/10/23 at 12:38pm revealed: -The Director of Operations was responsible for the daily operations of the facility. -The Director of Operations contacted the food distribution company to start delivering food supplies to the facility. -He did not have a direct contact with the food distributor. -He did not recall being contacted by anyone from the food distributor company. -He did not know the payment for the food supply on 01/16/23 did not clear. -He was concerned because there was not enough food being maintained in the facility to feed the residents	D 299		
D 302	10A NCAC 13F .0904(d)(3)(D) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following (D) Eggs: One whole egg or substitute (e.g., 2 egg whites or ¼ cup of pasteurized egg product) at least three times a week at breakfast. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to serve eggs to residents at least three times a week for breakfast. The findings are: Observation of the refrigerator in the kitchen on 02/08/23 at 10:15 am revealed there were 25	D 302		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 302	<p>Continued From page 55</p> <p>eggs available to serve.</p> <p>Review of the census report dated 02/08/23 revealed the facility census was 35 residents.</p> <p>There was no current weekly menu in the kitchen for review.</p> <p>Interview with a resident on 02/08/23 at 10:18am revealed: -Today for breakfast he had bacon, grits, orange juice and milk to drink. -He was not served eggs for breakfast; he liked to eat eggs.</p> <p>Interview with a second resident on 02/08/23 at 10:35pm revealed: -She had grits and a sausage patty for breakfast this morning, 02/08/23. -She would have liked eggs this morning for breakfast. -Some residents had grits and bacon. -Sometimes she got enough food to eat and sometimes she did not. -She would have liked more food this morning. -She asked the kitchen staff for seconds but there was no more food available.</p> <p>Interview with a third resident on 02/08/23 at 10:48am revealed: -He received one strip of bacon and grits for breakfast, but no eggs or toast. -He thought there was a problem with the food amounts, but he had not told anyone.</p> <p>Interview with a fourth resident on 02/09/23 at 9:55 am revealed: -The kitchen staff served scrambled eggs this morning. -The serving size was not very large.</p>	D 302		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 302	<p>Continued From page 56</p> <p>-She would have liked to have had more eggs this morning, but they were not available.</p> <p>Review of a food receipts from 12/09/22 to 02/08/23 revealed: -There were 4 cases of eggs (15 dozen per case, 720 eggs) purchased on 12/19/22. -There was 1 case of eggs (180 eggs) purchased on 01/16/23.</p> <p>Base on a census of 35 residents, 210 eggs would be required to serve 35 residents 2 eggs, three times a week.</p> <p>Interview with the cook on 02/08/23 at 10:50am revealed: -She did not have a menu to follow for breakfast today, 02/08/23. -She prepared what the Dietary Manager (DM) told her to cook for the residents. -She did not prepare eggs for breakfast this morning. -There were not enough eggs in the kitchen to serve 35 residents.</p> <p>Interview with the cook for the breakfast meal on 02/09/23 at revealed: -She cooked 45 eggs for 35 residents for breakfast on 02/09/23. -She thought 45 eggs would be enough with the other food that was being served. -She did not have a menu to check the serving size of the eggs.</p> <p>Interview with the DM on 02/09/23 at 9:56am revealed: -She purchased eggs last night, 02/08/23, for the facility. -The cook prepared eggs for breakfast this morning, 02/09/23.</p>	D 302		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 302	<p>Continued From page 57</p> <ul style="list-style-type: none"> -She did not know how many eggs she cooked. -She did not know some of the residents would have liked more eggs this morning for breakfast. -There were eggs in the facility most of the time, but there had been a few times when there were no eggs to prepare and serve for breakfast. <p>Interview with the Administrator on 02/09/23 at 4:30pm revealed:</p> <ul style="list-style-type: none"> -The DM should be ordering enough eggs for each resident to have 1 to 2 eggs, three times a week. -She did not know the residents were not getting enough eggs for breakfast. -No residents had told her they wanted more eggs for breakfast. -She did not know how many eggs the DM purchased at a time. -She did not know the cook did not prepare enough eggs for the breakfast meal on 02/09/23. -She expected the DM to purchase enough eggs for the cook to prepare enough eggs for each resident to have a full serving and provide more eggs if requested by the residents. <p>Telephone interview with the Director of Operations on 02/10/23 at 12:35pm revealed:</p> <ul style="list-style-type: none"> -The facility stopped ordering food from the food distribution company because they did not have what the facility needed. -He was unaware of an outstanding balance due for food distribution. -He did not recall speaking to any representative from the food distribution company regarding and outstanding bill. -The Administrator should have reached out to him if there was an outstanding bill. <p>Telephone interview with the Owner of the facility on 02/10/23 at 12:38pm revealed:</p>	D 302		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N **361 LEONARD ROAD**
LOUISBURG, NC 27549

(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 302	Continued From page 58 -The Director of Operations was responsible for the daily operations of the facility. -The Director of Operations contacted the food distribution company to start delivering food supplies to the facility. -He did not have a direct contact with the food distributor. -He did not recall being contacted by anyone from the food distributor company. -He did not know the payment for the food supply on 01/16/23 did not clear. -He was concerned because there was not enough food being maintained in the facility to feed the residents	D 302		
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. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure an accurate listing of residents with physician-ordered therapeutic diets was available for the guidance of the food service staff. The findings are: Observation of the facility's diet list on 02/08/23 at 9:45 am revealed:	D 309		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 309	<p>Continued From page 59</p> <ul style="list-style-type: none"> -There was a resident's diet list posted in the kitchen next to the serving station. -The list was dated 12/05/22 and listed 42 residents' names. -Thirty-two out of forty-two residents had a diet listed beside their name. -The diet orders for 10 residents were left blank. <p>Interview with the cook on 02/09/23 at 9:00 am revealed:</p> <ul style="list-style-type: none"> -The resident's diet list was posted next to the serving table. -She referred to the diet list to know what kind of diet the residents were ordered. -Diets listed on the diet list were regular, chopped, mechanical soft, and no concentrated sweets. -There were no diets listed by some of the residents' names. -If there was no diet listed, the resident was served a regular diet. -She was told by the Dietary Manager (DM) to administer a regular diet to the residents who did not have a diet listed by their name. -The diet list needed to be updated. -She did not know who was responsible for updating the diet list. <p>Interview with the DM on 02/08/23 at 11:10 am revealed:</p> <ul style="list-style-type: none"> -The resident diet list had not been updated since 12/05/22. -Some residents did not have a diet listed by their name. -If the resident did not have a diet listed by their name, they received a regular diet. -She was told by the Resident Care Coordinator (RCC) if there was no diet by the resident's name, they were to receive a regular diet. -She did not verify the resident's diet orders. 	D 309		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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D 309	<p>Continued From page 60</p> <ul style="list-style-type: none"> -The RCC was responsible for verifying the resident's diet order. -She did not know why some residents had a regular diet by their name and other residents did not have a diet order listed. -She requested an updated dietary list last week from the RCC. -The RCC was responsible for updating the residents diet list for the kitchen staff. <p>Interview with the RCC on 02/09/23 at 1:20 pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for updating the diet list for the kitchen. -She could not recall the last time the diet list for the kitchen had been updated. -She would print a new diet list every month and when there were changes. -She did not realize the current diet list was dated 12/05/22. -She did not realize some residents did not have a diet listed by their name. -No one had asked her what type of diets the residents were on who did not have a diet listed by their name. -She had not verified the diet orders for the residents who were listed on the diet list without a diet. <p>Interview with the Administrator on 02/09/23 at 4:20 pm revealed:</p> <ul style="list-style-type: none"> -She had noticed some residents did not have a diet listed in the diet list in the kitchen. -She had spoken to the DM and the RCC regarding updating the diet list to include diets for all residents. -The DM served the residents who did not have a diet listed a regular diet. -She did not know if the DM or RCC verified if the residents with no diet listed were to receive a 	D 309		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N **361 LEONARD ROAD**
LOUISBURG, NC 27549

(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 61 regular diet. -The RCC was responsible for updating the diet list when new diet orders were received. -She expected the RCC to update the diet list to include a diet for all residents.	D 309		
D 424	10A NCAC 13F .1104 (f) Accounting For Resident's Personal Funds 10A NCAC 13F .1104 Accounting For Resident's Personal Funds (f) The resident's personal needs allowance shall be credited to the resident' s account within 24 hours of the check being deposited following endorsement This Rule is not met as evidenced by: FOLLOW-UP TO TYPE B VIOLATION Based on these findings, the previous Type B Violation was not abated. Based on interviews and record reviews, the facility failed to ensure 3 of 3 sampled residents (#4, #5 and #7) who received a personal needs allowance were credited to the residents' accounts within 24 hours of the funds being deposited for two months. The findings are: Review of the facility's residents' personal funds policy revealed: -There was no date on the policy. -Personal funds would be managed according to capabilities and desires of each resident.	D 424		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 424	<p>Continued From page 62</p> <ul style="list-style-type: none"> -Personal funds given to the resident after payment of cost of care (including the pharmacy bill) would be dated and signed by resident and staff. -Personal funds would be managed by the Administrator or designated staff if no other means were provided. <p>Interview with a resident on 02/08/23 at 11:10am revealed:</p> <ul style="list-style-type: none"> -She did not get her January 2023 personal funds until February 2023 (she did not recall the date). -She had not received her February 2023 personal funds as of today, 02/08/23. -There were items she needed to buy every month when she received her check and she had to "make do" until she received her money. <p>Interview with another resident on 02/08/23 at 10:15am revealed:</p> <ul style="list-style-type: none"> -He received \$41 for his January 2023 monthly allowance. -He thought he was paid at the end of the month in January 2023. -He did not remember the exact day in January 2023 that the Administrator provided the funds to him. <p>Interview with a third resident on 02/08/23 at 10:25am revealed:</p> <ul style="list-style-type: none"> -He received his money for January 2023 and he thought the date was 01/29/23. -He was paid \$70. -No staff explained why the funds were distributed late. <p>1. Review of Resident #4's current FL-2 dated 01/19 23 revealed diagnoses included hypertension, dementia in other disease class, alcohol dependence, schizophrenia, and major</p>	D 424		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 424	<p>Continued From page 63</p> <p>depression disorder.</p> <p>Review of Resident #4's Financial Agreement document that was signed and dated on 06/02/18 revealed:</p> <ul style="list-style-type: none"> -Resident #4 received \$1,182.00 in special assistance funds that was deposited to the facility's corporate office monthly. -Resident #4 received \$90.00 in personal funds monthly which was used to pay the monthly pharmacy bill. -The funds left over would go into the resident's facility account to be used for Resident #4's personal needs. <p>Interview with Resident #4 on 12/08/22 at 3:30pm revealed:</p> <ul style="list-style-type: none"> -Before the last three to four months, residents were given their funds around the first week of each month. -He did not receive his funds until 11/30/22. -The reason for the delay was the owner was in the hospital and the transfer of residents' money from the bank to the facility was not done. - Having to wait and not know when he would be given his funds was frustrating when he needed to buy some supplies. <p>Review of the Account Ledger Sheet for Resident #4 dated January 2023 through February 2023 revealed:</p> <ul style="list-style-type: none"> -For January 2023, there was no documentation on the Account Ledger Sheet of monies being credited to Resident #4's account from 01/01/23 to 01/31/23. -For February 2023, \$90.00 was credited to Resident #4's account, there was a pharmacy bill of \$48.62 leaving a balance of \$41.38; Resident #4 requested, signed for and received \$41.38 in cash on 02/02/23. 	D 424		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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(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 424	<p>Continued From page 64</p> <p>-For the past 2 months, Resident #4 did not receive his funds within 24 hours of the funds being deposited.</p> <p>Interview with Resident #4 on 02/08/23 at 10:59am revealed: -He had received his December 2022 funds at the end of December 2022, but he did not recall the exact date. -He ran out of money in January 2023 and was not paid for January 2023 until 02/02/23. -He was not able to purchase his own personal items in January 2023 because he did not have any money. -He had not yet received his personal funds for February 2023. -No one explained a reason for the late payment of the January 2023 personal funds.</p> <p>Refer to the interview with the Administrator on 02/09/23 at 10:33am.</p> <p>Refer to the telephone interview with the Director of Operations on 02/09/23 at 3:30pm.</p> <p>Refer to the telephone interview with the Owner on 02/10/23 at 10:11am.</p> <p>2. Review of Resident #5's current FL-2 dated 02/03/22 revealed diagnoses included essential primary hypertension, atherosclerotic heart disease, paranoid schizophrenia, anxiety disorder, nicotine dependence, and idiopathic progressive neuropathy.</p> <p>Review of Resident #5's Financial Agreement document that was signed and dated on 06/05/18 revealed: -Resident #5 received \$1,182.00 in special assistance funds that was deposited to the</p>	D 424		

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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 424	<p>Continued From page 65</p> <p>facility's corporate office monthly.</p> <p>-Resident #5 received \$90.00 in personal funds monthly which was used to pay the monthly pharmacy bill.</p> <p>-The funds left over would go into the resident's facility account to be used for Resident #5's personal needs.</p> <p>Review of the Account Ledger Sheet for Resident #5 dated January 2023 through February 2023 revealed:</p> <p>-For January 2023 there was no documentation on the Account Ledger Sheet of monies being credited to Resident #5's account from 01/01/23 to 01/31/23.</p> <p>-For February 2023, \$90.00 was credited to Resident #5's account; there was a pharmacy bill of \$7.70 leaving a balance of \$82.30; Resident #5 requested, signed for and received \$82.30 in cash on 02/02/23.</p> <p>-For the past 2 months, Resident #5 did not receive his funds within 24 hours of the funds being deposited.</p> <p>Interview with Resident #5 on 02/08/23 at 11:06am revealed:</p> <p>-He was told on 02/08/23 by the Activities Director that residents would be paid on-time for February 2023.</p> <p>-He did not know if what he was told would be true and he had to wait to see if residents received their monies on Friday, 02/10/23.</p> <p>-He was paid on 02/02/23 for January 2023 personal funds.</p> <p>-He did not know the reason residents received their payments late.</p> <p>-He was not happy that he went the entire month of January 2023 without any money.</p> <p>-The money he received in December 2022 did not last the entire month of January 2023 and he</p>	D 424		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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D 424	<p>Continued From page 66</p> <p>ran out of money to purchase personal items.</p> <p>Refer to the interview with the Administrator on 02/09/23 at 10:33am.</p> <p>Refer to the telephone interview with the Director of Operations on 02/09/23 at 3:30pm.</p> <p>Refer to the telephone interview with the Owner on 02/10/23 at 10:11am.</p> <p>3. Review of Resident #7's current FL-2 dated 01/19/23 revealed diagnoses included mood disorder due to physical condition with major depression, nicotine dependence, insomnia, moderate intellectual disabilities, and migraine.</p> <p>Review of Resident #7's Financial Agreement document that was signed and dated on 07/22/19 revealed: -Resident #7 received \$1,182.00 in special assistance funds that was deposited to the facility's corporate office monthly. -Resident #7 received \$90.00 in personal funds monthly which was used to pay the monthly pharmacy bill. -The funds left over would go into the resident's facility account to be used for Resident #7's personal needs.</p> <p>Review of the Account Ledger Sheet for Resident #7 dated January 2023 through February 2023 revealed: -For January 2023, there was no documentation on the Account Ledger Sheet of monies being credited to Resident #7's account from 01/01/23 to 01/31/23. -For February 2023, \$90.00 was credited to Resident #7's account; there was a pharmacy bill of \$8.65 leaving a balance of \$81.35; Resident #5</p>	D 424		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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D 424	<p>Continued From page 67</p> <p>requested, signed for and received \$81.35 in cash on 02/02/23.</p> <p>-For the past 2 months, Resident #7 did not receive his funds within 24 hours of the funds being deposited.</p> <p>Interview with Resident #7 on 02/09/23 at 10:21am revealed:</p> <p>-She did not receive her January 2023 personal fund until 02/02/23.</p> <p>-She had borrowed shampoo from another resident because she did not have money to buy shampoo.</p> <p>-She had borrowed money from another resident to buy things she needed to purchase.</p> <p>-With the money she received on 02/02/23, she had to pay back the resident she borrowed money from in January 2023 and now she did not have money to purchase the things she needed.</p> <p>Refer to the interview with the Administrator on 02/09/23 at 10:33am.</p> <p>Refer to the telephone interview with the Director of Operations on 02/09/23 at 3:30pm.</p> <p>Refer to the telephone interview with the Owner on 02/10/23 at 10:11am.</p> <p>Interview with the Administrator on 02/09/23 at 10:33am revealed:</p> <p>-There was currently no business office manager in the facility to help with distributing the residents' funds.</p> <p>-She was not authorized to be able to see the resident funds account and had to wait and be notified when the funds were to be transferred to the facility account.</p> <p>-She was aware the residents' funds were not being released as soon as they were supposed to</p>	D 424		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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D 424	<p>Continued From page 68</p> <p>and as months went by, the waits grew longer.</p> <ul style="list-style-type: none"> -She had to wait until the Owner of the facility made the December 2022 funds available. -She called and sent text messages to the owner daily in December 2022 concerning the resident funds. -The Owner of the facility replied "OK, I will let you know when it's ready". -On the telephone, the Owner told her that he would get the resident funds straightened out and to send him the spreadsheet. -The spreadsheet indicated the amount of money each resident received monthly. -The funds for January 2023 were not dispensed until 02/02/23 due to a management delay in sending the resident funds. -She knew the disbursement was late for January 2023 and she could not remember when the funds were made available. -She had contacted management on 01/17/23 and 01/24/23 concerning the January 2023 resident personal funds. -She knew the funds for February 2023 were available to the residents and she would like to have them available by 02/10/23. -Residents asked her "when were they going to be paid" and would tell her to call the Owner. -Residents complained about their money and not receiving their funds on time. -She was responsible for ensuring resident funds were paid 24 hours after the money was deposited into the account. <p>Telephone interview with the Director of Operations on 02/09/23 at 3:30pm revealed:</p> <ul style="list-style-type: none"> -He had no access to the finances or accounts for facilities. -He did not know when resident funds arrived in the resident account. -He knew the resident funds went to the resident 	D 424		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 424	<p>Continued From page 69</p> <p>trust account.</p> <ul style="list-style-type: none"> -He thought it was not a specific date and the facility received funds from various resources for residents. -He knew residents were supposed to receive their allowance 24 hours after the monies were credited to the account, but that would leave the Administrator distributing money daily. -The Administrator provided a resident funds spreadsheet each month and she usually paid residents on the 10th of the month. -He last visited the facility the first of January 2023 and everything was in order. <p>Telephone interview with the Owner of the facility on 02/10/23 at 10:11am revealed:</p> <ul style="list-style-type: none"> -The facility had operational funds and a resident trust account. -He relied on the Administrator to distribute the resident allowance monthly within 24 hours after the funds were credited to the account. -He notified the Administrator each month to make her aware the resident funds were in the account. -He or the company accountant gave the authorization to release the residents' funds. -Some resident funds cleared the account at different times and some resident funds were received from various sources. -He did not know residents' allowances were late for January 2023. -He did not know that residents had not been paid yet for February 2023. -He had discussed resident funds disbursement with the Director of Operation on 02/09/23. -He thought something was implemented concerning the resident funds disbursement in December 2022. -He had not established a set time to release the resident funds. 	D 424		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/10/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING FOR SENIORS OF LOUISBURG, N	STREET ADDRESS, CITY, STATE, ZIP CODE 361 LEONARD ROAD LOUISBURG, NC 27549
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D 424	<p>Continued From page 70</p> <p>_____</p> <p>The facility failed to ensure residents who received special assistance were given their funds within 24 hours of the monies being deposited into the account delaying purchases desired or needed by the residents. The facility's failure was detrimental to the health and welfare of the residents and constitutes an unabated Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/09/23 for this violation.</p>	D 424		