

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments	{D 000}		
{D 310}	<p>10A NCAC 13F .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to serve a therapeutic diet as ordered for 1 of 2 sampled residents (#4) who had an order for a mechanical soft diet entire meal chopped.</p> <p>The findings are:</p> <p>Review of Resident #4's current FL-2 dated 08/09/23 revealed: -Diagnoses included dementia, cerebral infarction, diabetes mellitus 2, anemia, and hypothyroidism. -There was an order for mechanical soft entire meal chopped.</p> <p>Review of the facility's menu and diet extensions therapeutic diet menu dated 09/06/23 revealed: -The menu for the breakfast meal service was scrambled eggs, 1 blueberry pancake, a strip of bacon, and fresh fruit. -The mechanical soft/chopped diet was listed as bacon was to be substituted with ground sausage.</p> <p>Observation of the breakfast meal service on</p>	{D 310}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 310}	<p>Continued From page 1</p> <p>09/06/23 from 8:38am to 9:04am revealed: -Resident #4 was served a scrambled egg, 2 pancakes, 1 strip of bacon, and 1 cup of fruit. -The bacon was not substituted with the ground sausage. -Resident #4 consumed ¼ of the strip of bacon.</p> <p>Review of the facility's menu and diet extensions therapeutic diet menu dated 09/06/23 revealed: -The menu for the lunch meal service was hamburger gravy, classic mashed potatoes, green beans, mixed vegetables, buttermilk biscuit, and strawberry ice cream. -The mechanical soft/chopped diet was listed as the hamburger gravy was to be soft and bite sized, and the buttermilk biscuit was to be moistened.</p> <p>Observation of the lunch meal service on 09/06/23 from 12:18pm to 12:52pm revealed: -Resident #4 was served a hamburger with gravy, mashed potatoes, green beans, mixed vegetables, a buttermilk biscuit, and vanilla ice cream. -The hamburger was not cut into bite sized pieces, and the buttermilk biscuit was not moistened. -Resident #2 consumed 100% of the hamburger gravy and ¾ of the buttermilk biscuit.</p> <p>Review of the facility's menu and diet extensions therapeutic diet menu dated 09/07/23 revealed: -The menu for the breakfast meal service was baked ham strata, grits, home fried potatoes, and fresh fruit. -The mechanical soft/chopped diet was listed as the baked ham strata was to be soft and bite sized, the excess liquid drained from the grits and the home fried potatoes were to be soft and bite sized.</p>	{D 310}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 310}	<p>Continued From page 2</p> <p>Observation of the breakfast meal service on 09/07/23 from 8:31am to 8:43am revealed: -Resident #4 was served a hash brown and a cup of grits. -The hash brown was not soft and cut into bite sized pieces and the cup of grips was not grained of excess liquid.</p> <p>Interview with Resident #4 on 09/07/23 at 7:40am revealed: -She did not have any dentures. -She did not know where her dentures were. -She did not have any problems chewing her food if it was soft.</p> <p>Interview with a personal care aide (PCA) on 09/07/23 at 9:59am revealed: -The PCAs pass the meals to the residents. -There was a sign posted on the door of the food cart indicating which residents received mechanical soft/entire chopped meals. -The meal plates with the mechanical soft/entire chopped meals were covered with a light brown lid, while the regular plates were covered with a dark brown lid. -The mechanical soft/entire chopped meals were placed on the left side of the food cart. -Resident #4 received a mechanical soft/entire chopped meal. -She had given Resident #4 her plate and it was a mechanical soft/entire chopped meal. -She did not realize Resident #4's meal was not soft and chopped as ordered.</p> <p>Telephone interview with Resident #4's Primary Care Provider (PCP) on 09/06/23 at 3:49am revealed: -Resident #4 was ordered a mechanical soft/entire meal chopped because she did not</p>	{D 310}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 310}	<p>Continued From page 3</p> <p>have any teeth and she had lost her dentures.</p> <ul style="list-style-type: none"> -She discussed the diet order with Resident #4's family and they were fine with Resident #4 being served a mechanical soft/entire meal chopped diet. -She had not been notified of Resident #4 having any problems with chewing her food. -She did not know Resident #4 was not being served a mechanical soft/entire meal chopped diet. -She would expect the staff to follow the diet order as written. <p>Interview with the cook on 09/07/23 at 10:09am revealed:</p> <ul style="list-style-type: none"> -He referenced the diet list and the therapeutic menu when preparing and plating meals. -The kitchen staff plated the food for the MCU and placed it into the food delivery cart. -The PCAs served the food to the residents in the MCU. -There was a diet list for the residents in the MCU posted to the outside of the food deliver cart; six residents in the MCU were ordered a mechanical soft chopped diet. -The mechanical soft chopped meals had a brown lid on the plates and the regular meals had a white lid. -The mechanical soft chopped plates were always placed on the same self in the food cart. -The therapeutic menu for mechanical soft chopped replaced the bacon from the regular menu with ground sausage. -The therapeutic menu for mechanical soft chopped instructed the kitchen staff to cut the hamburger patty into bite sized pieces, to not serve peas and corn and to moisten the biscuit with melted butter. -The PCAs should have been familiar with the color-coded system for the lids, where the plates 	{D 310}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 310}	<p>Continued From page 4</p> <p>were placed on the cart, the diet list, what a mechanical soft chopped meal looked like and who the residents were.</p> <p>Interview with the Kitchen Manager on 09/07/23 at 10:19am revealed:</p> <ul style="list-style-type: none"> -The kitchen staff used the therapeutic menu when cooking meals, including mechanical soft chopped diets. -The kitchen staff used the resident diet list to plate food for the MCU. -There was a list of residents in the MCU and their diet orders on the door to the food delivery cart. -The mechanical soft diet plates had a brown lid and the regular meals had a white lid. -The mechanical soft diet meals were always placed together in the food cart on the same self. -The PCAs in the MCU served the residents their meals. -She and other PCAs trained new PCAs in the MCU about the color-coded system and the diet list. -She trained the PCAs on what the mechanical soft chopped diets looked like on the plate. -She monitored every meal she could, but she did not watch the PCAs serve meals every day. -She had observed the lunch meal on 09/06/23 but had not noticed Resident #4 was served the wrong plate. Interview with the Dietary Manager (DM) on <p>Interview with the Memory Care Manager (MCM) on 09/07/23 at 10:10am revealed:</p> <ul style="list-style-type: none"> -There was a list of residents who had therapeutic diet orders posted on the door of the food cart. -Resident #4 was listed as a resident who received a mechanical soft/entire chopped meal. -The PCAs compare the meals with the names on the list. 	{D 310}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 310}	<p>Continued From page 5</p> <ul style="list-style-type: none"> -The PCAs served therapeutic diets to the residents who were on the list. -The PCAs could look at the plate and tell which plates were mechanical soft/entire chopped meal. -The PCAs could not go by the color of the lid to determine if the meal was a regular diet or a mechanical soft/entire chopped meal any longer. -They did not use colored lids to identify the type of meal. -She did not know Resident #4 was not being served the correct meal as ordered. -She expected the PCAs to refer to the diet list on the food cart and serve the correct meals to each resident. <p>Interview with the Administrator on 09/07/23 at 10:30am revealed:</p> <ul style="list-style-type: none"> -The PCA and dietary staff assist with serving the meals. -The name of each resident who had an order for a therapeutic diet should be on their meal. -He expected residents to be served therapeutic diets as ordered. 	{D 310}		
{D 358}	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p> <ol style="list-style-type: none"> (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. <p>This Rule is not met as evidenced by: Based on observations, record reviews, and</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(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 358}	<p>Continued From page 6</p> <p>interviews, the facility failed to administer medications as ordered for 1 of 5 sampled residents (#1) related to a supplement.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 12/14/22 revealed: -Diagnoses included diabetes mellitus, hypertension, and developmental and intellectual disability. -There was an order for Potassium Chloride (a supplement used to prevent or treat low levels of potassium) 10mg daily.</p> <p>Review of Resident #1's signed physician's order dated 08/09/23 revealed an order to discontinue Potassium Chloride 10mg.</p> <p>Review of Resident #1's August 2023 electronic medication administration record (eMAR) from 08/10/23-08/31/23 revealed: revealed: -There was an entry for Potassium Chloride 10mg one tablet daily with a scheduled administration time of 9:00am. -There was documentation that Potassium Chloride was administered daily from 08/10/23 to 08/31/23. -There was documentation of an exception on 08/12/23 as other.</p> <p>Review of Resident #1's September 2023 eMAR from 09/01/23-09/06/23 revealed: -There was an entry for Potassium Chloride 10mg one tablet daily with a scheduled administration time of 9:00am. -There was documentation that Potassium Chloride was administered daily from 09/01/23 to 09/06/23.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(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 358}	<p>Continued From page 7</p> <p>Observation of Resident #1's medication on hand on 09/06/23 at 10:46am revealed:</p> <ul style="list-style-type: none"> -There was a medication card labeled daily for an early morning administration for Potassium Chloride 10mg with the dates for 09/05/23-09/11/23. -The individual daily bubble packs for 09/05/23-09/06/23 had been removed from the bubble pack. -The individual daily bubble packs for 09/07/23-09/11/23 remained attached to the pack. <p>Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 09/06/23 at 2:30pm revealed:</p> <ul style="list-style-type: none"> -The pharmacy dispensed a one-week supply of Potassium Chloride 10mg every week consistently since 12/14/22, which was the most recent prescription for Resident #1's Potassium Chloride. -The pharmacy did not receive an order to discontinue Potassium Chloride 10mg on 08/09/23. -The pharmacy would not have dispensed Potassium Chloride 10mg if a discontinued order had been received in the pharmacy. <p>Telephone interview with Resident #1's Primary Care Provider (PCP) on 09/06/23 at 3:40pm revealed:</p> <ul style="list-style-type: none"> -Resident #1's Potassium Chloride had been ordered in December 2022 because the resident's lab values were "out of whack." -Resident #1 had a diagnosis of hypokalemia (metabolic imbalance characterized by extremely low potassium levels in the blood). -Resident #1's potassium level had improved and was 5.0 in May 2023 therefore she discontinued the medication. 	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(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 358}	<p>Continued From page 8</p> <p>-She was concerned Resident #1's Potassium Chloride had not been discontinued because the resident could experience Hyperkalemia (potassium level above the upper limits of normal, usually greater than 5.0 meq/L to 5.5 meq/L) which could cause heart arrhythmias, pain in the legs, cramping and cardiac issues.</p> <p>-She would need to order lab work on Resident #1 to check his potassium level.</p> <p>-She expected the medication to be discontinued as ordered.</p> <p>Interview with Resident #1 on 09/06/21 at 4:30pm revealed:</p> <p>-His legs felt fine, and he had not experienced any cramping.</p> <p>-His heart felt fine.</p> <p>Interview with a medication aide (MA) on 09/06/23 at 4:04pm revealed:</p> <p>-She administered medications based on the eMAR and medications on hand.</p> <p>-She had not seen the order to discontinue Resident #1's Potassium Chloride, the Care Managers processed all orders.</p> <p>Interview with a Care Manager on 09/06/23 at 4:08pm revealed:</p> <p>-The PCP gave the Care Managers new orders, and the Care Manager was responsible for faxing the order to the pharmacy and scanning the order to the resident's record.</p> <p>-Once the order had been verified (in the eMAR) the order would be filed in the resident's record.</p> <p>Interview with another Care Manager on 09/07/23 at 9:00am revealed:</p> <p>-She thought she faxed Resident #1's discontinued order for Potassium Chloride to the pharmacy.</p>	{D 358}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/07/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CASWELL HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 535 US HIGHWAY 158 WEST YANCEYVILLE, NC 27379
--	---

(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 358}	<p>Continued From page 9</p> <ul style="list-style-type: none"> -She was responsible for verifying the order was processed and removed from the eMAR. -She did not know what happened and why the order was not verified. -She had not confirmed the pharmacy received the discontinued order. <p>Interview with the Administrator on 09/06/23 at 4:24pm revealed:</p> <ul style="list-style-type: none"> -The Care Managers were responsible for sending new orders to the pharmacy. -It appeared the Care Manager did not follow through on the facility's process for orders. -He was concerned Resident #1 continued to receive a medication that had been discontinued. 	{D 358}		