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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		HAL075010	B. WING		R <b>10/18/2023</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE	10/10/2020
LAURELW	(OODS		ST MILLS STREE		
LAURELV	10003	COLUME	BUS, NC 28722		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE	
{D 000}	Initial Comments		{D 000}		
	The Adult Care Licens follow-up survey on 1	sure Section conducted a 0/18/23.			
D 307	7 10A NCAC 13F .0904(e)(1) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (e) Therapeutic Diets in Adult Care Homes: (1) All therapeutic diet orders including thickened liquids shall be in writing from the resident's physician. Where applicable, the therapeutic diet order shall be specific to calorie, gram, or consistency, such as for calorie-controlled ADA diets, low sodium diets, or thickened liquids, unless there are written orders that include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a licensed dietitian/nutritionist. For the purpose of this Rule "therapeutic diet" is a diet ordered by a physician, physician assistant, nurse practitioner, or a licensed dietician/nutritionist as delegated by the physician that is part of the treatment for a disease or clinical condition, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium or potassium), or to provide mechanically altered food when indicated.		D 307		
	This Rule is not met Based on observation reviews, the facility fa therapeutic diet order residents (Resident's	ns, interviews, and record iled to obtain written s for 2 of 4 sampled			
	The findings are:				
	1. Review of Residen	t #1's current FL2 dated			

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

TITLE (X6) DATE

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AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED			
					R			
		HAL075010	B. WING		10/18/2023			
			1		10/10/2020			
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE				
LAURELW	OODS	1062 WE	ST MILLS STRE	ET				
LAUNLLIN	0000	COLUMB	US, NC 28722					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION				
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE				
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	NATE DATE			
D 307	Continued From page 1		D 307					
	08/24/23 revealed:							
	-Diagnoses included	dementia.						
	-There was an order							
	Review of Resident #	1's order dated 07/19/23						
	revealed pureed diet.							
	Review of Resident #	1's diet order dated						
	01/25/23 revealed regular pureed diet.							
		pecial care unit (SCU) lunch						
	meal service on 10/17/23 from 12:15pm to 12:45pm revealed Resident #1 was served pureed cranberry meatballs and pasta, pureed carrots, pureed green beans, pureed red velvet cake, tea, and water.							
	Interview with the Sp	ecial Care Coordinator						
	(SCC) on 10/18/23 at							
	-Resident #1's Nurse Practitioner (NP) failed to provide a complete diet order on the FL2 completed on 08/24/23Resident #1 still required a regular pureed consistency diet.							
	•	e for reviewing the completed						
	FL2's to ensure diet orders were accurate and							
	complete.							
	-Resident #1's diet wa	as correct on the diet order						
	dated 01/25/23 and o	on the orders dated 07/19/23.						
		sident Care Coordinator						
	(RCC) on 10/18/23 at							
		as required on all new						
	FL2s.							
	O Daview of David	# #41a aumant El O data						
		t #4's current FL2 dated						
	08/30/23 revealed:	Alzhaimar'a damantia						
	-Diagnoses included a	Alzheimer's dementia.						
	- mere was no diel of	uci.	1					

Division of Health Service Regulation

STATE FORM 6899 DBF912 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL075010	B. WING		R <b>10/18/2023</b>		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
LAURELWOODS 1062 WEST MILLS STREET							
LACKLEN		COLUMBI	JS, NC 28722				
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE		
D 307	Continued From page 2		D 307				
	Review of Resident #4's order dated 07/19/23 revealed finger food diet.						
	Review of Resident #4's diet order dated 03/08/23 revealed regular finger foods diet.						
	Observation of the SCU lunch meal service on 10/17/23 from 12:15pm to 12:45pm revealed Resident #4 was served meatballs with cranberry sauce on the side, French fries, green beans, red velvet cake, tea, and water.						
	Interview with the SCC on 10/18/23 at 9:15am revealed: -Resident #4's Nurse Practitioner (NP) did not complete a diet order on Resident #4's new FL2 dated 8/30/23Resident #4 still required a regular finger foods dietShe was responsible for reviewing the completed FL2s to ensure diet orders were completedResident #4's diet was correct on the diet orders dated 03/08/23 and 07/19/23.  Interview with the RCC on 10/18/23 at 10:11am						
	revealed a complete of all new FL2s.	diet order was required on					

Division of Health Service Regulation

STATE FORM 6899 DBF912 If continuation sheet 3 of 3