

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL075010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/18/2023
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NAME OF PROVIDER OR SUPPLIER
LAURELWOODS

STREET ADDRESS, CITY, STATE, ZIP CODE
**1062 WEST MILLS STREET
COLUMBUS, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on 10/18/23.	{D 000}	At the time of the follow-up survey, 10/19/2023 this deficiency was corrected. The Wellness Director received an updated FL2 reviewed, accepted and signed by the in-house Nurse Practitioner.	
D 307	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 dietitian/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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to obtain written therapeutic diet orders for 2 of 4 sampled residents (Resident's #1 and #4). The findings are: 1. Review of Resident #1's current FL2 dated	D 307	This resident had been receiving the correct diet, however, the FL2 did not reflect the changes. On October 18 th , the Wellness Director in-serviced The Resident Care Coordinator about reviewing All diet orders and updating the FL2 as needed. The Wellness Director and/or Resident Care Coordinator will audit the FL2 forms weekly And ongoing to ensure compliance.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Ann Watts

EXECUTIVE DIRECTOR

(X6) DATE
10/27/2023

Reviewed and Acknowledged by *AS*
Date: 11-09-23

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NAME OF PROVIDER OR SUPPLIER LAURELWOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 1062 WEST MILLS STREET COLUMBUS, NC 28722		
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D 307	<p>Continued From page 1</p> <p>08/24/23 revealed: -Diagnoses included dementia. -There was an order for a regular diet.</p> <p>Review of Resident #1's order dated 07/19/23 revealed pureed diet.</p> <p>Review of Resident #1's diet order dated 01/25/23 revealed regular pureed diet.</p> <p>Observation of the special 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.</p> <p>Interview with the Special Care Coordinator (SCC) on 10/18/23 at 9:15am revealed: -Resident #1's Nurse Practitioner (NP) failed to provide a complete diet order on the FL2 completed on 08/24/23. -Resident #1 still required a regular pureed consistency diet. -She was responsible for reviewing the completed FL2's to ensure diet orders were accurate and complete. -Resident #1's diet was correct on the diet order dated 01/25/23 and on the orders dated 07/19/23.</p> <p>Interview with the Resident Care Coordinator (RCC) on 10/18/23 at 10:11am revealed a complete diet order was required on all new FL2s.</p> <p>2. Review of Resident #4's current FL2 dated 08/30/23 revealed: -Diagnoses included Alzheimer's dementia. -There was no diet order.</p>	D 307	<p>At the time of the follow-up survey, 10/19/2023, this deficiency was corrected. The Wellness Director received an updated FL2 reviewed, accepted and signed by the in-house Nurse Practitioner.</p> <p>This resident had been receiving the correct diet, however, the FL2 did not reflect the changes.</p> <p>On October 18th, the Wellness Director in-serviced The Resident Care Coordinator about reviewing All diet orders and updating the FL2 as needed.</p> <p>The Wellness Director and/or Resident Care Coordinator will audit the FL2 forms weekly</p> <p>And ongoing to ensure compliance.</p>	

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D 307	<p>Continued From page 2</p> <p>Review of Resident #4's order dated 07/19/23 revealed finger food diet.</p> <p>Review of Resident #4's diet order dated 03/08/23 revealed regular finger foods diet.</p> <p>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.</p> <p>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 8/30/23. -Resident #4 still required a regular finger foods diet. -She was responsible for reviewing the completed FL2s to ensure diet orders were completed. -Resident #4's diet was correct on the diet orders dated 03/08/23 and 07/19/23.</p> <p>Interview with the RCC on 10/18/23 at 10:11am revealed a complete diet order was required on all new FL2s.</p>	D 307		