

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>12/20/2023</b>
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  
**SPRING ARBOR OF APEX**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**901 SPRING ARBOR COURT  
APEX, NC 27502**

(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 079	<p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; 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 maintain an environment free of hazards including, body wash, personal hygiene items and hand sanitizer on the special care unit (SCU).</p> <p>The findings are:</p> <p>Review of the facility's census report dated 12/19/23 revealed there were 16 residents residing in the special care unit (SCU).</p> <p>Observation of resident room #308 on the SCU on 12/19/23 at 8:44am revealed: -There was a bottle of liquid hair conditioner, a bottle of liquid hair shampoo, and a tube of hair styling gel on the bathroom vanity. -There was a bottle of roll-on anti-perspirant on the bathroom vanity. -There was a bottle and a tube of body lotion on the bathroom vanity. -There was pump bottle of liquid hand soap on the bathroom vanity.</p>	D 079	<p><i>"See attached"</i></p>	

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

*Danya Headen-Ree*

TITLE

*Executive Director*

(X6) DATE

*1/19/24*

STATE FORM

6889

EKW11

If continuation sheet 7 of 13

Reviewed and Acknowledged 01/22/24

*Jamaal Willis*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 079	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-There was a tube of toothpaste on the bathroom vanity.</li> <li>-There were no staff present in room #308.</li> </ul> <p>Observation of resident room #307 on the SCU on 12/19/23 at 8:52am revealed:</p> <ul style="list-style-type: none"> <li>-There were two tubes of toothpaste on the bathroom vanity.</li> <li>-There was a bottle of body wash on the bathroom vanity.</li> <li>-There were three pump bottles of liquid hand soap on the bathroom vanity.</li> <li>-There was a bottle of liquid hair shampoo, and an aerosol spray can of dry shampoo on the bathroom vanity.</li> <li>-There was a bottle of roll-on anti-perspirant on the bathroom vanity.</li> <li>-There were no staff present in room #307.</li> </ul> <p>Observation of resident room #305 at 10:26am on the SCU 12/19/23 at 10:26am revealed:</p> <ul style="list-style-type: none"> <li>-There was an open jar of petroleum jelly on the bathroom vanity.</li> <li>-There was a large bottle and a small bottle of hair shampoo on the bathroom vanity.</li> <li>-There were two bottles of moisturizing body lotion on the bathroom vanity.</li> <li>-There was a pump bottle of liquid hand soap and a pump bottle of hand sanitizer on the bathroom vanity.</li> <li>-There was a tube of toothpaste on the bathroom vanity.</li> <li>-There were no staff present in room #305.</li> </ul> <p>Observation of resident room #302 on the SCU on 12/19/23 at 10:27am revealed:</p> <ul style="list-style-type: none"> <li>-There was a bottle of roll-on anti-perspirant on the bathroom vanity.</li> <li>-There was a jar of moisturizing cream on the bathroom vanity.</li> </ul>	D 079	<i>"See attached"</i>	

*Imyga Headen-Rie*

*Executive Director*

*1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 079	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-There was an aerosol spray can of dry shampoo on the bathroom vanity.</li> <li>-There were two tubes of toothpaste on the bathroom vanity.</li> <li>-There was a pump bottle of liquid hand soap and a pump bottle of hand sanitizer on the bathroom vanity.</li> <li>-There was a bottle of body wash and a bottle of moisturizing body lotion on the bathroom vanity.</li> <li>-There were no staff present in room #302.</li> </ul> <p>Interview with the Special Care Unit Coordinator (SCUC) on 12/19/23 at 10:22am revealed:</p> <ul style="list-style-type: none"> <li>-Personal care items such as bodywash, shampoos, lotions and soaps were to be kept in bins labeled with the residents' name out of the residents' reach.</li> <li>-She would have staff remove and secure the SCU residents' personal care items.</li> </ul> <p>Interview with a personal care aide (PCA) in the SCU on 12/19/23 at 2:45pm revealed:</p> <ul style="list-style-type: none"> <li>-All the SCU residents had a labeled bin in their bathroom where all personal care items were kept.</li> <li>-Staff were to keep the resident's personal care items out of reach when they were not supervised.</li> <li>-Sometimes she forgot to secure the residents' personal care items.</li> <li>-Fortunately, we do not have current residents that would try to drink these items.</li> </ul> <p>Interview with a second PCA on the SCU on 12/19/23 at 2:55pm revealed:</p> <ul style="list-style-type: none"> <li>-The SCU residents' personal care items were supposed to be out of the residents' reach when the resident was not supervised.</li> <li>-Each SCU resident had a bin labeled with their name that was kept in cabinet in the residents'</li> </ul>	D 079	<i>"see attached"</i>	

*Zonya Headen-Ree Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 079	<p>Continued From page 3</p> <p>bathroom that had a magnetic lock. -The SCU residents' personal care items were to be placed in labeled bins and secured in the locked cabinet in the residents' bathroom when the resident was not supervised. -She said the PCA's sometimes forgot to secure the residents' personal care items.</p> <p>Interview with the Director of Quality and Education (DQE) on 12/20/23 at 10:50am revealed: -The residents of the SCU should not have access to personal care items when not supervised. -The SCU residents could potentially be harmed if these type items were ingested or misused. -Each SCU resident's room had a bathroom cabinet with a magnetic lock for secure storage of personal care items. -She was not aware that personal care items had been left unsecured in the SCU residents' rooms.</p> <p>Interview with the Administrator on 12/20/23 at 10:55am revealed: -Personal care items for the SCU residents were not to be left in the SCU residents' rooms when unsupervised. -The medication aides (MAs) and the PCAs were responsible for removing and securing personal care items in the SCU. -There was a locked cabinet in each of the SCU residents' bathroom for storage of the residents' personal care items. -She was not aware that personal care items were left out in the SCU residents' rooms. -She was concerned that a resident could potentially drink or ingest personal care items causing harm.</p>	D 079	"See attached"	

*Jonna Haden-Lee, Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 234	Continued From page 4	D 234		
D 234	<p>10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam &amp; Immunizatio</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination &amp; Immunizations</p> <p>(a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: The findings are:</p> <p>1. Review of Resident #3's current FL-2 dated 08/31/23 revealed diagnoses included type 2 diabetes, sick sinus syndrome, gastric reflux, stage 3 chronic kidney disease, transient ischemic attack, occlusion and stenosis, hypertension, and abnormality of plasma.</p> <p>Review of Resident #3's progresses note revealed she transferred from a sister facility and moved in on 06/16/23.</p> <p>Review of Resident #3's record revealed: -There was documentation that a Tuberculosis (TB) skin test was performed on 02/22/22. -The TB test was read as negative, but no date was provided. -There was documentation that a second TB skin test was performed on 03/04/22. -There was documentation that the second TB skin test was read as negative on the same date it was administered (03/04/22) instead of being</p>	D 234		

*"See attached"*

*Zonya Headen-Lee Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>
---	---

(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 234	<p>Continued From page 5</p> <p>read 48 to 72 hours after administration.</p> <p>Interview with the Assistant Resident Care Coordinator (ARCC) on 12/20/23 at 9:45am revealed she did not know why the TB documents on Resident #3 were not complete.</p> <p>Interview with the DQE) on 12/20/23 at 9:55am revealed she was not sure why Resident #3's first and second TB skin test dates were incorrect or omitted.</p> <p>Interview with the Administrator on 12/20/23 at 10:53am revealed it was an oversight on Resident #3's TB skin test when she was transferred from another one of our facilities.</p> <p>Refer to interview with the Assistant Resident Care Coordinator (ARCC) on 12/20/23 at 9:45am.</p> <p>Refer to interview with the Director of Quality and Education (DQE) on 12/20/23 at 10:05am.</p> <p>Refer to interview with the Administrator on 12/20/23 at 10:30am.</p> <p>2. Review of Resident #4's current FL-2 dated 08/16/23 revealed diagnoses included coronary artery disease, Parkinson's Disease and contractures.</p> <p>Review of Resident #4's Resident Register revealed he was admitted to the facility from another facility on 06/03/22.</p> <p>Review of Resident #4's record revealed there was a one step TB test administered 07/26/23 and read as negative on 07/28/23, there was no documentation of a second step being complete.</p>	D 234	<p><i>See attached</i></p>	

*Danya Headen-Lee, Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 234	<p>Continued From page 6</p> <p>Interview with the DQE on 12/20/23 at 10:05am revealed: -Resident #4 transferred from another Spring Arbor facility and it was assumed that her 2-step TB tests were complete.</p> <p>Interview with the Administrator on 12/20/23 at 10:30am revealed: -She thought the second step TB test for Resident #4 may have been misplaced.</p> <p>Refer to interview with the Assistant Resident Care Coordinator (ARCC) on 12/20/23 at 9:45am.</p> <p>Refer to interview with the Director of Quality and Education (DQE) on 12/20/23 at 10:05am.</p> <p>Refer to interview with the Administrator on 12/20/23 at 10:30am.</p> <hr/> <p>Interview with the Assistant Resident Care Coordinator (ARCC) on 12/20/23 at 9:45am revealed: -The Special Care Coordinator (SCC), Resident Care Coordinator (RCC), and herself were responsible for ensuring all resident records were up to date including a 2-step Tuberculosis test. -She completed a record review in mid-October, 2023 to make sure everything was up to date in resident records. -She attempted to go through resident records on a weekly basis but had not been through every chart. -Residents were expected to have a 2 step TB test completed upon admission to the facility. -It was the responsibility of the DQE for making sure each resident had a 2 step TB test completed upon admission.</p>	D 234	<p><i>"See Attached"</i></p>	

*Janja Headen-See, Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 234	Continued From page 7  Interview with the DQE on 12/20/23 at 10:05am revealed: -The Administrator, SCC, RCC, and herself were responsible for ensuring all resident records were up to date including a 2-step TB test. -Admission paperwork for each resident had to include a first step TB test and the facility completed the second step.  Interview with the Administrator on 12/20/23 at 10:30am revealed: -The DQE, RCC and herself were responsible for ensuring all resident records were up to date including a 2-step TB test. -Admission paperwork for each resident included a first step TB test and the DQE completed the second step. -The facility staff completed a compliance tracker when doing resident record reviews, including TB testing.	D 234		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service  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.  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to serve therapeutic diets as ordered for 1 of 3 sampled residents (#3) with a physician's order for a mechanical soft diet.  The findings are:	D 310	<i>" See Attached "</i>	

*Zanya Headen-lee*

*Executive Director 1/19/24*



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER <b>SPRING ARBOR OF APEX</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>
---	---

(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 8</p> <p>Review of Resident #3's current FL2 dated 04/18/23 revealed diagnoses included transient ischemic attack (TIA), gastroesophageal reflux disease, type 2 diabetes mellitus, and essential hypertension.</p> <p>Review of Resident #3's signed physician's order dated 09/13/23 revealed an order for speech therapy evaluation and treatment.</p> <p>Review of Resident #3's speech therapy note dated 09/18/23 revealed: -Resident #3 was evaluated by a speech therapist on 09/18/23. -The speech therapist noted Resident #3 spit out food during the evaluation and recommended a mechanical soft diet to maximize oral intake and minimize risk for aspiration (aspiration is when food or liquid is accidentally inhaled and enters a person's lungs).</p> <p>Review of Resident #3's signed diet order dated 09/20/23 revealed an order for a regular diet with mechanical soft texture modification.</p> <p>Review of the facility's fall/winter 2023 weekly menu revealed the breakfast meal on 12/20/23 was to consist of juice of choice, fruit of choice, cereal of choice, sausage links, and English muffin.</p> <p>Review of the facility's fall/winter 2023-2024 diet spreadsheet for the breakfast meal service on 12/20/23 revealed the mechanical soft diet breakfast meal should consist of juice of choice, chopped strawberries (frozen), cereal of choice, sausage puree, and English muffin slurry (a slurry is a mixture of liquid and thickener added to bread to soften it).</p>	D 310	<i>See attached</i>	

*Imya Headen-See, Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27602</b>		
(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 9</p> <p>Observation of the kitchen on 12/20/23 at 9:49am revealed: -A list of residents in the facility and their current diet order was posted. -Resident #3's diet was listed as mechanical soft. -A notebook with residents' current diet orders with Resident #3's diet order dated 09/20/23 for regular diet with mechanical soft texture modification.</p> <p>Observation of Resident #3's breakfast meal service on 12/20/23 from 8:12am to 8:28am revealed: -The cook served Resident #3 a plate that contained one slice of toast, one whole round sausage patty, a bowl of oatmeal, and diced watermelon. -The sausage was not pureed, and the toast was not prepared as a bread slurry. -Resident #3 picked up the slice of toast and sausage patty together and took a bite, chewed several times and spit the toast and sausage on her plate. -Resident #3 consumed 2 pieces of diced watermelon and 25% of the oatmeal. -Resident #3 did not cough during the breakfast meal service.</p> <p>Review of the facility's fall/winter 2023-2024 weekly menu revealed: -The lunch meal on 12/20/23 was to consist of country fried steak, cream gravy, sour cream mashed potatoes, Brussel sprouts, wheat roll, and cherry cobbler. -The alternate meal was crumb topped baked fish, tri-colored pasta, and seasoned zucchini.</p> <p>Review of the facility's fall/winter 2023-2024 diet spreadsheet for the lunch meal service on 12/20/23 revealed:</p>	D 310	<i>See attached</i>	

Division of Health Service Regulation  
STATE FORM

6899

EKW11

If continuation sheet 10 of 13

*Zanya Headen-Lee, Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 10</p> <ul style="list-style-type: none"> <li>-The mechanical soft diet lunch meal should consist of a three-ounce beef patty (ground), cream gravy, sour cream mashed potatoes, mashed Brussel sprouts, wheat roll slurry, and cherry cobbler.</li> <li>-The mechanical soft alternate meal included ground baked fish, tri-colored pasta, and soft mashed zucchini.</li> </ul> <p>Observation of Resident #3's lunch meal service from 12:05pm to 12:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The Food Service Director (FSD) served Resident #3 a plate with ground fish, tri-colored pasta, mashed zucchini, wheat roll, and a dish of cherry cobbler.</li> <li>-The wheat roll served to Resident #3 was a whole roll and not a wheat roll slurry.</li> <li>-While a surveyor alerted the FSD about the wheat roll on Resident #3's plate, Resident #3 took a bite of the roll.</li> <li>-Resident #3 did not appear to have difficulty swallowing the bite of the roll.</li> <li>-The FSD entered the kitchen and returned to the dining room with a cup and poured white liquid over the wheat roll on Resident #3's plate.</li> <li>-Resident #3 did not consume any more of the roll.</li> <li>-Resident #3 consumed 25% of the ground fish, zucchini, and cherry cobbler.</li> <li>-Resident #3 did not cough during the lunch meal service.</li> </ul> <p>Interview with a cook on 12/20/23 at 12:53pm revealed:</p> <ul style="list-style-type: none"> <li>-She served Resident #3 her breakfast plate this morning, 12/20/23.</li> <li>-She accidentally served Resident #3 a regular consistency plate this morning instead of mechanical soft texture plate.</li> <li>-She was aware Resident #3 was on a</li> </ul>	D 310	<i>See attached</i>	

*Jonya Headen-Lee Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 11</p> <p>mechanical soft diet because the residents' diets were posted in the kitchen.</p> <p>-There was a diet extension sheet kitchen staff were to follow for preparation of modified texture diets.</p> <p>-She plated Resident #3's lunch plate today, 12/20/23, and the wheat roll on her plate was an oversight.</p> <p>-The bread slurry for mechanical soft diets was milk and thickener added to bread to make it soft.</p> <p>-Resident #3 could choke on food items served on a regular consistency plate.</p> <p>Interview with the FSD on 12/20/23 at 1:11pm revealed:</p> <p>-The residents' diets were posted and there was a diet extension sheet that showed what residents on a modified texture diet should receive at meals.</p> <p>-He plated the breakfast meals this morning, 12/20/23.</p> <p>-He was not aware Resident #3 received a regular plate with toast and a sausage patty at breakfast.</p> <p>-Resident #3 was on a mechanical soft diet, so she should have received pureed sausage and bread slurry this morning according to the diet spreadsheet.</p> <p>-He served Resident #3 her plate at lunch today, 12/20/23, and she received a wheat roll without the slurry, so he added the slurry after it was served.</p> <p>-The purpose of the slurry was to moisten the bread for residents with swallowing difficulties.</p> <p>-Resident #3 could have choked on food items served on the regular consistency plate at breakfast.</p> <p>Interview with the Administrator on 12/20/23 at 1:28pm revealed:</p>	D 310	<i>See attached</i>	

*Jonya Headen-lee Executive Director 1/19/24*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>12/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING ARBOR OF APEX</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SPRING ARBOR COURT APEX, NC 27502</b>		
(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 12</p> <ul style="list-style-type: none"> <li>-It was important for residents to receive the diet ordered by their primary care provider (PCP).</li> <li>-The residents' diets were posted in the kitchen so staff could determine each resident's diet ordered by their PCP.</li> <li>-There was a binder with information on modified diets and instructions on how to prepare the food items.</li> <li>-The FSD was responsible for ensuring residents received the proper diet.</li> <li>-She was not aware Resident #3 received a regular diet plate at breakfast and a wheat roll without the slurry at lunch.</li> <li>-Resident #3 was at risk for aspiration and could have choked on food items served on the regular consistency plate and the roll served at the lunch meal.</li> </ul> <p>Interview with Resident #3's primary care physician (PCP) on 12/20/23 at 9:19pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 had a history of dysphagia (dysphagia is difficulty swallowing).</li> <li>-Resident #3 had no history of aspiration.</li> <li>-Resident #3 should be served a mechanical soft diet at meals and her meat should always be chopped.</li> <li>-Resident #3 was at risk for aspiration and should not be served a regular diet.</li> <li>- She ordered a speech therapy evaluation after staff members reported Resident #3 having difficulty swallowing during meals.</li> </ul> <p>Based on observations, interviews, and record review, Resident #3 was not interviewable.</p>	D 310	<i>See attached</i>	

*Sonya Headen-fee, Executive Director 1/19/24*

Spring Arbor of Apex

HAL -092-223

Wake County

*It is Spring Arbor of Apex's policy and standard practice to comply with all North Carolina Adult Care rules and state regulations.*

**10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings**

(a) Adult care homes shall

(5) be maintained in an uncluttered, clean, and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities.

**Plan of Correction**

Immediately upon these survey findings the Executive Director, Assistant Resident Care Coordinator, and the Regional Nurse secured all personal care products in Memory Care (SCU) and then conducted an In-Service for all team members on the North Carolina Adult Care Rules and Regulations rule for maintaining and providing a secure area for personal hygiene products while not in use. A thorough inventory of each resident's apartment was completed in the SCU by the Cottage Care Coordinator. An additional In-Service was held by the Regional Nurse and Executive Director at a Med Tech/SIC Workshop on 1/11/24.

**Prevention of Re-occurrence**

New cabinet locks were installed in each residents' bathroom to safely secure personal hygiene products by the Maintenance Director. Re-education was provided to the SCU families on non-hazard products. Ongoing Monthly All Staff meetings conducted by the ED will address safety measures including any hazards as addressed within this rule.

**Monitoring Responsibility & Frequency**

The Maintenance Director, Cottage Care Coordinator, Assistant Resident Care Coordinator and/or Executive Director(ED) will be responsible for weekly environmental rounds in the special care unit to assure compliance with this rule. These checks will be documented and maintained in a log.

This log will be reviewed randomly by the Regional Nurse and/or Regional Director of Operations upon their site visits.

**Completion Date: 1/11/24**

*It is Spring Arbor of Apex's policy and standard practice to comply with all North Carolina Adult Care rules and state regulations.*

#### **10A NCAC 13F .0904(e)(4) Nutrition and Food Service**

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.

#### **Plan of Correction**

Directly after being made aware of this interruption in our Standard practice a mandatory In-Service re-training for all cooks and servers was conducted on 12/20/23 by the Executive Director and the Food Service Director. The In-Service incorporated re-education of the North Carolina Adult Care Rules and Regulations on Therapeutic Diets. The Food Service Director organized a comprehensive audit of all Diet Orders in the Community.

#### **Prevention of Re-occurrence**

Additional ongoing In-Service trainings have been scheduled for all team members on therapeutic diets. Place holders provided with color coded system to identify therapeutic diets. All dietary staff have been trained and educated on the color-coded diet board.

#### **Monitoring Responsibility & Frequency**

To ensure ongoing compliance in this rule area, the Food Service Director/designee will maintain a diet board with the resident's picture and color-coded diet. The Executive Director/designee will check for compliance at least weekly. The Regional Nurse will review color-coded diet board to assure compliance during on-site visits to the community.

**Completion Date: 12/31/23**

*It is Spring Arbor of Apex's policy and standard practice to comply with all North Carolina Adult Care rules and state regulations.*

**10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations**

10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations

(a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.

**Plan of Correction**

Immediately upon these survey findings that two residents did not have their TB results available in their medical records the Interim Resident Care Coordinator (RCC) requested/obtained a TB Gold order for the two identified residents.. A thorough and complete medical record audit was completed to assure that all residents were in compliance with this rule. Our Spring Arbor Immunization Record has been added to the admission package.

**Prevention of Re-occurrence**

To ensure ongoing compliance, the Resident Care Coordinator, Assistant Resident Care Coordinator, and/or the Cottage Care Coordinator will document verification of compliance checks using a compliance tracking system which will be maintained through a sharing file website (SharePoint). The Executive Director and/or the Regional Nurse will review all Immunization Records prior to the admission of a resident.

**Monitoring Responsibility & Frequency**

The compliance tracker will be audited weekly by the Assistant Resident Care Coordinator, Resident Care Coordinator, Cottage Care Coordinator and/or Executive Director. The Regional Nurse will review the compliance tracker at least monthly to assure compliance in this rule area.

**Completion Date: 12/20/23**

Plan of Correction submitted by:



Tonya Headen-Lee, ED/CDP

Date:

