	of Health Service Re		1		1		
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:			R 12/20/2023	
		HAL092223	B. WING				
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SPRING	ARBOR OF APEX	APEX, N	C 27502				
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D 000	Initial Comments		D 000				
		ensure Section conducted an Ip survey on December 19-20,					
D 079	10A NCAC 13F .03 Furnishings	06(a)(5) Housekeeping and	D 079				
	Furnishings (a) Adult care hom (5) be maintained i orderly manner, fre hazards;	06 Housekeeping and es shall in an uncluttered, clean and e of all obstructions and ly to new and existing					
	failed to maintain a including, body was	et as evidenced by: ions and interviews, the facility n environment free of hazards sh, personal hygiene items and ne special care unit (SCU).					
	The findings are:						
	12/19/23 revealed t	ty's census report dated there were 16 residents sial care unit (SCU).					
	on 12/19/23 at 8:44 -There was a bottle bottle of liquid hair styling gel on the ba	e of liquid hair conditioner, a shampoo, and a tube of hair athroom vanity. e of roll-on anti-perspirant on					
	-There was a bottle the bathroom vanit -There was pump b the bathroom vanit	and a tube of body lotion on y. pottle of liquid hand soap on					
	ealth Service Regulation	9. DER/SUPPLIER REPRESENTATIVE'S SIG	SNATURE	TITLE		(X6) DATE	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL092223	B. WING		R 12/20/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SPRING	ARBOR OF APEX	901 SPRI APEX, NC	NG ARBOR C 27502	OURT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 079	Continued From pa	ge 1	D 079			
	vanity.	of toothpaste on the bathroom				
	-There were no stat	ff present in room #308.				
	on 12/19/23 at 8:52					
	bathroom vanity.	oes of toothpaste on the of body wash on the				
	bathroom vanity. -There were three p	oump bottles of liquid hand				
		om vanity. of liquid hair shampoo, and an of dry shampoo on the				
	bathroom vanity. -There was a bottle	of roll-on anti-perspirant on				
	the bathroom vanity -There were no stat	/. ff present in room #307.				
	on the SCU 12/19/2 -There was an oper	dent room #305 at 10:26am 23 at 10:26am revealed: n jar of petroleum jelly on the				
	bathroom vanity. -There was a large hair shampoo on th	bottle and a small bottle of e bathroom vanity.				
	-There were two bo lotion on the bathro	ttles of moisturizing body om vanity.				
		bottle of liquid hand soap and nd sanitizer on the bathroom				
	-There was a tube o vanity.	of toothpaste on the bathroom				
	-There were no stat	ff present in room #305.				
	on 12/19/23 at 10:2					
	the bathroom vanity	of roll-on anti-perspirant on /. moisturizing cream on the				
	bathroom vanity.					

EKVV11

If continuation sheet 2 of 13

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED			
	HAL092223	B. WING			R 20/2023			
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE					
	901 SPRI	NG ARBOR C	OURT					
APEX, NC 27502								
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE			
Continued From pa	ge 2	D 079						
on the bathroom va There were two tub bathroom vanity. There was a pump a pump bottle of have vanity. There was a bottle moisturizing body lo There were no stat Interview with the S (SCUC) on 12/19/2 Personal care item shampoos, lotions a bins labeled with the residents' reach. She would have st SCU residents' personal care item scut of reach were bathroom where all kept. Staff were to keep tems out of reach were supervised. Sometimes she for personal care items -Fortunately, we do that would try to drive interview with a secon 12/19/23 at 2:55p The SCU residents supposed to be out	anity. bes of toothpaste on the bottle of liquid hand soap and nd sanitizer on the bathroom of body wash and a bottle of otion on the bathroom vanity. ff present in room #302. Epecial Care Unit Coordinator 3 at 10:22am revealed: as such as bodywash, and soaps were to be kept in e residents' name out of the aff remove and secure the sonal care items. rsonal care aide (PCA) in the t 2:45pm revealed: nts had a labeled bin in their personal care items were the resident's personal care when they were not rgot to secure the residents' not have current residents nk these items. cond PCA on the SCU om revealed: s' personal care items were of the residents' reach when							
	OF DEFICIENCIES F CORRECTION ROVIDER OR SUPPLIER RBOR OF APEX SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From patheter -There was an aero on the bathroom vality. -There was a pump a pump bottle of hat vanity. -There was a pump a pump bottle of hat vanity. -There was a bottle moisturizing body lo -There were no star (SCUC) on 12/19/2 -Personal care item shampoos, lotions a bins labeled with the residents' reach. -She would have st SCU residents' personal care item shampoos, lotions a bins labeled with the residents' reach. -She would have st SCU residents' personal care item shampoos, lotions a bins labeled with the residents' reach. -She would have st SCU residents' personal care items -All the SCU resident bathroom where all kept. -Staff were to keep items out of reach to supervised. -Sometimes she for personal care items -Fortunately, we do that would try to drive that would try to drive -The SCU residents -The SCU residents	IDENTIFICATION NUMBER: HAL092223 ROVIDER OR SUPPLIER STREET AL RBOR OF APEX 901 SPRI APEX, NO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 There was an aerosol spray can of dry shampoo on the bathroom vanity. There was a pump bottle of liquid hand soap and a pump bottle of hand sanitizer on the bathroom vanity. There was a bottle of body wash and a bottle of moisturizing body lotion on the bathroom vanity. There were no staff present in room #302. Interview with the Special Care Unit Coordinator (SCUC) on 12/19/23 at 10:22am revealed: .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. She would have staff remove and secure the SCU residents' personal care items. Interview with a personal care aide (PCA) in the SCU on 12/19/23 at 2:45pm revealed: .All the SCU residents had a labeled bin in their bathroom where all personal care items were kept. Staff were to keep the resident's personal care items out of reach when they were not	OF DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: B. WING MAL092223 STREET ADDRESS, CITY, S 901 SPRING ARBOR OF APEX, NC 27502 RBOR OF APEX 901 SPRING ARBOR OF APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 D 079 There was an aerosol spray can of dry shampoo on the bathroom vanity. D 079 There was a pump bottle of liquid hand soap and a pump bottle of hand sanitizer on the bathroom vanity. D 079 There was a pump bottle of liquid hand soap and a pump bottle of hand sanitizer on the bathroom vanity. D 079 There was a bottle of body wash and a bottle of moisturizing body lotion on the bathroom vanity. There was a bottle of body wash and a bottle of moisturizing body lotion on the bathroom vanity. There were no staff present in room #302. Interview with the Special Care Unit Coordinator (SCUC) on 12/19/23 at 10:22am revealed: -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. ScU residents had a labeled bin in their bathroom where all personal care items were kept. Sometimes she forgot to secure the residents' personal care items. -Staff were to keep the resident's personal care tems out of reach when they were not supervised. Soure items were kept.<	OP DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: HAL092223 B. WING REOR OF APEX 901 SPRING ARBOR COURT APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S TATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 D 079 -There was an aerosol spray can of dry shampoo on the bathroom vanity. D 079 -There was a pump bottle of liquid hand soap and a pump bottle of body wash and a bottle of moisturzing body lotion on the bathroom vanity. D 079 -There was a bottle of body wash and a bottle of moisturzing body lotion on the bathroom vanity. D 079 -There was a bottle of body wash, and a bottle of moisturzing body lotion on the bathroom vanity. South as a bottle of body wash, shampoos, lotions and soaps were to be kept in bins labeled with the residents' name out of the residents' reach. South as a labeled bin in their bathroom where all personal care items were kept. -Staff were to keep the resident's personal care tems out of reach when they were not supervised. Sometimes she forgot to secure the residents' personal care items. -Fortunately, we do not have current residents that would try to drink these items. Sometimes she forgot to secure the residents' personal care	of PEPCIENCIES F CORRECTION (M) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER: (A2) MULTIPIE CONSTRUCTION A BUILDING: HAL092223 (A3) DATA A BUILDING: HAL092223 SOUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RBOR OF APEX 901 SPRING ARBOR COURT APEX, NC 27502 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTFYING INFORMATION) ID REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTFYING INFORMATION) ID REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTFYING INFORMATION) Continued From page 2 D 079 Continued From page 2 D 079 There was an aerosol spray can of dry shampoo net be abtroom vanity. D 079 There was a pump bottle of liquid hand soap and a pump bottle of hand sanitizer on the bathroom vanity. D 079 There was a bottle of body wash and a bottle of moisturizing body lotion on the bathroom vanity. D 079 There was a bottle of body mash and a bottle of moisturizing body lotion on the bathroom vanity. D 079 There was a bottle of body wash and a bottle of moisturizing body lotion on the bathroom vanity. D 079 There was a bottle of body mash and a bottle of moisturizing body lotion on the bathroom vanity. D 079 There was a bottle of body mash and a bottle of moisturizing body lotion on the bathroom vanity. D 079 She would have staff re			

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	ECONSTRUCTION		E SURVEY PLETED		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)		
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D 079	Continued From pa	ge 3	D 079					
	be placed in labeled locked cabinet in the the resident was no -She said the PCA' the residents' person Interview with the D Education (DQE) of revealed: -The residents of the access to personal supervised. -The SCU residents these type items we -Each SCU residents these type items we -Each SCU residents cabinet with a mage personal care items -She was not award been left unsecured Interview with the A 10:55am revealed: -Personal care items not to be left in the unsupervised. -The medication aid responsible for rem care items in the Su -There was a locket residents' bathroom personal care items -She was not award were left out in the	s' personal care items were to d bins and secured in the he residents' bathroom when of supervised. s sometimes forgot to secure onal care items. Director of Quality and in 12/20/23 at 10:50am he SCU should not have care items when not s could potentially be harmed if ere ingested or misused. it's room had a bathroom netic lock for secure storage of s. e that personal care items had d in the SCU residents' rooms. ddministrator on 12/20/23 at hs for the SCU residents were SCU residents' rooms when des (MAs) and the PCAs were ioving and securing personal CU. d cabinet in each of the SCU n for storage of the residents' s. e that personal care items SCU residents' rooms.						
	-She was not award were left out in the -She was concerne	e that personal care items						

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETE DATE
D 234	Continued From pa	ge 4	D 234			
D 234	10A NCAC 13F .07 Medical Exam & Im	03(a) Tuberculosis Test, munizatio	D 234			
	Examination & Imm (a) Upon admission resident shall be test in compliance with by the Commission specified in 10A NC subsequent amend the rule are availab the Department of H Tuberculosis Contro Center, Raleigh, NC This Rule is not me The findings are: 1. Review of Reside 08/31/23 revealed of diabetes, sick sinus stage 3 chronic kidu ischemic attack, oc hypertension, and a	n to an adult care home, each sted for tuberculosis disease the control measures adopted for Health Services as CAC 41A .0205 including ments and editions. Copies of le at no charge by contacting Health and Human Services, of Program, 1902 Mail Service orth Carolina 27699-1902.				
		erred from a sister facility and				
	-There was docume (TB) skin test was p	#3's record revealed: entation that a Tuberculosis performed on 02/22/22. ead as negative, but no date				
	test was performed -There was docume skin test was read a	entation that a second TB skin on 03/04/22. entation that the second TB as negative on the same date (03/04/22) instead of being				

Division of Health Service Regulation STATE FORM

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
SPRING	ARBOR OF APEX	901 SPR APEX, N		OURT		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETI DATE
D 234	Continued From pa	ge 5	D 234			
	read 48 to 72 hours	after administration.				
	Coordinator (ARCC	ssistant Resident Care) on 12/20/23 at 9:45am t know why the TB documents e not complete.	\$			
	revealed she was n	QE) on 12/20/23 at 9:55am ot sure why Resident #3's first test dates were incorrect or				
	10:53am revealed in Resident #3's TB sl	dministrator on 12/20/23 at t was an oversight on kin test when she was other one of our facilities.				
		vith the Assistant Resident ARCC) on 12/20/23 at 9:45am.				
		/ith the Director of Quality and n 12/20/23 at 10:05am.				
	Refer to interview w 12/20/23 at 10:30ar	/ith the Administrator on n.				
	08/16/23 revealed o	ent #4's current FL-2 dated liagnoses included coronary kinson's Disease and				
		#4's Resident Register mitted to the facility from 6/03/22.				
	was a one step TB and read as negativ	#4's record revealed there test administered 07/26/23 ve on 07/28/23, there was no second step being complete.				

Division	of Health Service Re	equlation			FORM	IAPPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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		HAL092223	B. WING		R 12/20/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
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		APEX, N	C 27502			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 234	Continued From pa	age 6	D 234			
	revealed: -Resident #4 transf Arbor facility and it TB tests were com Interview with the A 10:30am revealed: -She thought the se Resident #4 may have Refer to interview w Care Coordinator (A Refer to interview w Education (DQE) o	dministrator on 12/20/23 at econd step TB test for ave been misplaced. vith the Assistant Resident ARCC) on 12/20/23 at 9:45am vith the Director of Quality and n 12/20/23 at 10:05am. vith the Administrator on				
ivision of H	Coordinator (ARCC revealed: -The Special Care Care Coordinator (I responsible for ens up to date including -She completed a r 2023 to make sure resident records. -She attempted to g a weekly basis but chart. -Residents were ex test completed upo -It was the respons	Assistant Resident Care C) on 12/20/23 at 9:45am Coordinator (SCC), Resident RCC), and herself were suring all resident records were g a 2-step Tuberculosis test. record review in mid-October, everything was up to date in go through resident records or had not been through every expected to have a 2 step TB on admission to the facility. biblility of the DQE for making had a 2 step TB test Imission.				

Division of Health Service Regulation STATE FORM

If continuation sheet 7 of 13

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		HAL092223	B. WING			R 20/2023
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
PRING	ARBOR OF APEX	901 SPR APEX, N	ING ARBOR C C 27502	OURT		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
D 234	Continued From pa	nge 7	D 234			
	revealed: -The Administrator, responsible for ens up to date including -Admission paperw	ork for each resident had to TB test and the facility				
	10:30am revealed: -The DQE, RCC ar ensuring all resider including a 2-step T -Admission paperw a first step TB test second step. -The facility staff co	administrator on 12/20/23 at ad herself were responsible for at records were up to date FB test. York for each resident included and the DQE completed the completed a compliance tracker at record reviews, including TB				
D 310	10A NCAC 13F .09 Service	04(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Di(4) All therapeuticsupplements and the	04 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional hickened liquids, shall be by the resident's physician.				
	Based on observat reviews, the facility diets as ordered for	et as evidenced by: ions, interviews, and record failed to serve therapeutic r 1 of 3 sampled residents (#3) order for a mechanical soft diet				
	The findings are:					

STATEMEN	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		COM	E SURVEY PLETED
		HAL092223	B. WING		R 12/20/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
SPRING	ARBOR OF APEX	901 SPRII APEX, NC	NG ARBOR C 27502	OURT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
	04/18/23 revealed of ischemic attack (TI/ disease, type 2 diate hypertension. Review of Resident dated 09/13/23 reve therapy evaluation a Review of Resident dated 09/18/23 reve -Resident #3 was e on 09/18/23. -The speech therap food during the eva	#3's speech therapy note				
	food or liquid is acc person's lungs). Review of Resident 09/20/23 revealed a	piration (aspiration is when identally inhaled and enters a #3's signed diet order dated an order for a regular diet with ture modification.				
	menu revealed the was to consist of jui	y's fall/winter 2023 weekly breakfast meal on 12/20/23 ice of choice, fruit of choice, usage links, and English				
	spreadsheet for the 12/20/23 revealed t breakfast meal sho chopped strawberri sausage puree, and	y's fall/winter 2023-2024 diet breakfast meal service on he mechanical soft diet uld consist of juice of choice, es (frozen), cereal of choice, d English muffin slurry (a slurry d and thickener added to				

	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE				
SPRING ARBOR OF APEX 901 SPRING ARBOR COURT APEX, NC 27502								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE		
D 310	Continued From pa	ge 9	D 310					
	revealed: -A list of residents in diet order was post -Resident #3's diet -A notebook with re with Resident #3's of regular diet with me modification. Observation of Res service on 12/20/23 revealed: -The cook served F contained one slice sausage patty, a bo watermelon. -The sausage was not prepared as a b -Resident #3 picked sausage patty toget several times and s her plate. -Resident #3 consu watermelon and 25 -Resident #3 did no meal service. Review of the faciliti weekly menu revea -The lunch meal on country fried steak, mashed potatoes, F and cherry cobbler. -The alternate mea fish, tri-colored past Review of the faciliti	was listed as mechanical soft. sidents' current diet orders diet order dated 09/20/23 for echanical soft texture ident #3's breakfast meal from 8:12am to 8:28am Resident #3 a plate that of toast, one whole round owl of oatmeal, and diced not pureed, and the toast was bread slurry. d up the slice of toast and ther and took a bite, chewed spit the toast and sausage on med 2 pieces of diced % of the oatmeal. the cough during the breakfast by's fall/winter 2023-2024 led: 12/20/23 was to consist of cream gravy, sour cream Brussel sprouts, wheat roll,						

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION	COM	E SURVEY PLETED R			
		HAL092223	B. WING			20/2023			
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE					
SPRING ARBOR OF APEX 901 SPRING ARBOR COURT APEX, NC 27502									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE			
D 310	Continued From pa	age 10	D 310						
	consist of a three-or cream gravy, sour mashed Brussel sp cherry cobbler. -The mechanical se ground baked fish, mashed zucchini. Observation of Res from 12:05pm to 12 -The Food Service Resident #3 a plate pasta, mashed zucc cherry cobbler. -The wheat roll ser whole roll and not a -While a surveyor a wheat roll on Reside took a bite of the ro -Resident #3 did no swallowing the bite -The FSD entered dining room with a over the wheat roll -Resident #3 did no swallowing the bite -The FSD entered dining room with a over the wheat roll -Resident #3 did no roll. -Resident #3 did no service. Interview with a coor revealed: -She served Reside morning, 12/20/23. -She accidentally s consistency plate the	Director (FSD) served e with ground fish, tri-colored echini, wheat roll, and a dish of ved to Resident #3 was a a wheat roll slurry. alerted the FSD about the lent #3's plate, Resident #3 oll. of appear to have difficulty of the roll. the kitchen and returned to the cup and poured white liquid on Resident #3's plate. of consume any more of the umed 25% of the ground fish, y cobbler. of cough during the lunch meal ok on 12/20/23 at 12:53pm ent #3 her breakfast plate this erved Resident #3 a regular his morning instead of							

STATE FORM

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: HAL092223 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SPRING ARBOR OF APEX 901 SPRING ARBOR COURT APEX, NC 27502 PREFIX SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY D 310 Continued From page 11 D 310 D 310 mechanical soft diet because the residents' diets were to follow for preparation of modified texture diets. D 310 - There was a diet extension sheet kitchen staff were to follow for preparation of modified texture diets. D 310 - The bread slurry for mechanical soft diets was milk and thickener added to bread to make it soft. - Resident #3 could choke on food items served on a regular consistency plate. Interview with the FSD on 12/20/23 at 1:11pm revealed: - The residents' diets were posted and there was a diet extension sheet that showed what resident son a modified texture diet should receive at meals. - He plated the breakfast meals this morning, 12/20/23. He was not aware Resident #3 received a regular plate with toast and a sausage patty at breakfast. - 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. - 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	COMPLETED R 12/20/2023 (X5) COMPLET DATE
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served. -The purpose of the slurry was to moisten the bread for residents with swallowing difficulties. -Resident #3 could have choked on food items served on the regular consistency plate at breakfast.	
Interview with the Administrator on 12/20/23 at 1:28pm revealed:	
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			COM	COMPLETED R 12/20/2023	
		HAL092223					
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
	ARBOR OF APEX	901 SPRI	NG ARBOR C	OURT			
SPRING		APEX, N	C 27502				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 310	Continued From page 12		D 310				
	 -It was important fo ordered by their prin -The residents' diet so staff could deter ordered by their PC -There was a binde diets and instruction items. -The FSD was resp received the proper -She was not aware regular diet plate at without the slurry at -Resident #3 was a have choked on foc consistency plate a meal. Interview with Resid physician (PCP) on -Resident #3 had a (dysphagia is difficu- -Resident #3 had n -Resident #3 had n -Resident #3 had n -Resident #3 was a not be served a reg - She ordered a spe staff members repo difficulty swallowing Based on observati 	r residents to receive the diet mary care provider (PCP). s were posted in the kitchen mine each resident's diet P. r with information on modified ns on how to prepare the food ponsible for ensuring residents diet. e Resident #3 received a breakfast and a wheat roll t lunch. t risk for aspiration and could od items served on the regular nd the roll served at the lunch dent #3's primary care 12/20/23 at 9:19pm revealed: history of dysphagia ulty swallowing). o history of aspiration. d be served a mechanical soft er meat should always be t risk for aspiration and should jular diet. eech therapy evaluation after orted Resident #3 having					