PRINTED: 12/22/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					(X3) DATE SURVEY COMPLETED	
		HAL009025	B. WNG		R-C 12/08/2023	
ME OF PROV	IDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
EST BLADE	EN ASSISTED LIVING		ADEN STREET NBORO, NC 28320			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
D 000 Ini	itial Comments		D 000			
fo		sure Section conducted a complaint investigation on 023.				
)A NCAC 13F .0904 ervice	l(d)(4) Nutrition and Food	D 306	D 306 10A NCAC 13F .090 Nutrition and Food Service		
(d (4) Food Requirements) Water shall be se	A Nutrition and Food Service nts in Adult Care Homes: rved to each resident at n to other beverages.		The Dietary Manager Resident Care Coordinat with all dietary staf conducted an in- instructing dietary staff to water to every resident meals every day.	or met f and -service provide	
Ba fa re Ui ot	ased on observation iled to ensure that v sidents in the assis	not met as evidenced by: ns and interviews, the facility water was served to ted living and Special Care each meal in addition to		The Dietary Manager, R Care Coordinator, and M Care Director monitor service daily to ensure com with the requirement to water to each resident a meal, in addition to beverages.	Aemory food pliance serve at each	
as 12 -T di Al -T ar -T th -N du	ssisted living (AL) d 2:01pm to 1:04pm r There were two pers stributed meal trays L dining room. The residents were s and coffee during the There was a pitcher we wait station area	sonal care aides (PCAs) who s to residents seated in the served tea, lemonade, milk, e lunch meal service. of water on the counter in in the AL dining room. d or offered to residents		These steps were complete to January 24, 2024.	ed prior	

STATE FORM

Haministy to

Jina B Nielow

Received and Acknowledged 01/25/24 by NURSE CONSULTANT

PRINTED: 12/22/2023 FORM APPROVED

_

	of Health Service Regu	ation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	DNSTRUCTION	(X3) DATE S	JRVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL009025	B. WING	······································	R-/	C 8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
WEST BL	ADEN ASSISTED LIVING		DEN STREET			
	· · · · ·	BLADEN	IBORO, NC 28320		<u></u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 306	Continued From page	e 1	D 306			
	Special Care Unit (SC from 7:30 am -8:15ar -There were two pers distributed meal trays SCU dining room. -The residents were s during the breakfast n -There was no water delivered from the kit room. -No water was served during the breakfast n Interview with a PCA revealed: -She served the resid and milk at lunch served -She did not usually of meals. -The kitchen sent out residents' meal trays	ional care aides (PCAs) who is to residents seated in the served milk, coffee, and juice meal service. on the meal cart that was chen to the SCU dining d or offered to residents meal service. on 12/07/23 at 12:32pm lents tea, lemonade, coffee,				
	Observation of the br AL dining room on 12 8:51am revealed: -Three PCAs distribut residents and served with the meal trays. -Residents were offer seated and several of breakfast meal service -Residents were offer meal service. -There was a pitcher the wait station area	reakfast meal service in the 2/08/23 from 8:02am to ted meal trays to the either apple or orange juice red coffee as they were ther times throughout the ce. red milk during the breakfast of water on the counter of in the AL dining room. d or offered to residents				

MTDT11

:

.

.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COM	(X3) DATE SURVEY COMPLETED R-C	
	· · · · · · · · · · · · · · · · · · ·	HAL009025	B. WING		12	/08/2023	
iame of Pi	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
VEST BL/	ADEN ASSISTED LIVING		ADEN STREET IBORO, NC 28320				
(X4) ID		ATEMENT OF DEFICIENCIES	DI	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
D 306	Continued From page	e 2	D 306				
	Interview with a seco 8:40am revealed:	nd PCA on 12/08/23 at					
		able for the breakfast meal					
		inge juice, apple juice,					
	coffee, water, and mi						
		sident either orange or apple					
		y wanted coffee and milk. If the residents wanted it but					
		n resident a glass of water at					
	meals.						
	Interview with a resid revealed:	lent on 12/08/23 at 9:05am					
	morning, 12/08/23.	water at breakfast this					
	breakfast and tea at						
	at meals.	asked if she wanted water					
	Interview with the kito at 9:14am revealed:	chen supervisor on 12/08/23					
	-Water should be ser	ved at each meal					
		her of water and placed it at					
	the wait station at ea	ch meal.					
		nstructed to serve residents					
	water at each meal.	orgot to serve water at the					
		23 and breakfast meal on					
	Interview with the Sp	ecial Care Coordinator					
	(SCC) on 12/08/23 at						
	•	Care Unit (SCU) were					
	trays in the SCU dini	ng the residents their meal					
		ent to the SCU on the food					
	carts.						
	-Water should be ser	ved to the residents at each					
	meal.						

MTDT11

PRINTED: 12/22/2023 FORM APPROVED

(EACH DEFICIENCY REGULATORY OR L continued From page PCAs had been instr esident at meals. Atterview with the Res RCC) on 12/08/23 at PCAs were responsil esident's meal trays i Vater should have b t all three meals. PCAs had been instr aree meals. She was unsure why unch meal on 12/07/2 2/08/23.	714 BLA BLADEN ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .sc IDENTIFYING INFORMATION) 3 3 ructed to serve water to each sident Care Coordinator			BE COMPLETE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ontinued From page PCAs had been instr esident at meals. Atterview with the Res RCC) on 12/08/23 at PCAs were responsil esident's meal trays in Vater should have but all three meals. PCAs had been instr inree meals. She was unsure why unch meal on 12/07/2 2/08/23.	STREET AL 714 BLA BLADEN ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .sc IDENTIFYING INFORMATION) 3 3 Functed to serve water to each sident Care Coordinator t 9:44am revealed: ble for distributing the in the AL dining room. Heen offered to the residents Functed to offer water at all y water was not served at the	DDRESS, CITY, STATE DEN STREET BORO, NC 28320 ID PREFIX TAG	E, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	12/08/2023 3E (X5) COMPLETE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ontinued From page PCAs had been instr esident at meals. Atterview with the Res RCC) on 12/08/23 at PCAs were responsil esident's meal trays in Vater should have but all three meals. PCAs had been instr inree meals. She was unsure why unch meal on 12/07/2 2/08/23.	714 BLA BLADEN ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	DEN STREET BORO, NC 28320 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE COMPLETE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L ontinued From page PCAs had been instr esident at meals. Atterview with the Res RCC) on 12/08/23 at PCAs were responsil esident's meal trays i Vater should have b t all three meals. PCAs had been instr aree meals. She was unsure why unch meal on 12/07/2 2/08/23.	BLADEN ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .sc IDENTIFYING INFORMATION) a 3 ructed to serve water to each sident Care Coordinator t 9:44am revealed: ble for distributing the in the AL dining room. een offered to the residents ructed to offer water at all y water was not served at the	BORO, NC 28320	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE COMPLETE
(EACH DEFICIENCY REGULATORY OR L continued From page PCAs had been instr esident at meals. Atterview with the Res RCC) on 12/08/23 at PCAs were responsil esident's meal trays i Vater should have b t all three meals. PCAs had been instr aree meals. She was unsure why unch meal on 12/07/2 2/08/23.	Y MUST BE PRECEDED BY FULL .sc IDENTIFYING INFORMATION) a 3 ructed to serve water to each sident Care Coordinator t 9:44am revealed: ble for distributing the in the AL dining room. ween offered to the residents ructed to offer water at all y water was not served at the	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE COMPLETE
PCAs had been instrestident at meals. Atterview with the Reserview with the Reservice with the Reservice of the RCC) on 12/08/23 at PCAs were responsible tail three meals. PCAs were responsible tail three meals. PCAs had been instructed been instructed been instructed been instructed been was unsure why anch meal on 12/07/2 2/08/23.	ructed to serve water to each sident Care Coordinator t 9:44am revealed: ble for distributing the in the AL dining room. reen offered to the residents ructed to offer water at all	D 306		
esident at meals. Atterview with the Res RCC) on 12/08/23 at PCAs were responsil esident's meal trays Vater should have b t all three meals. PCAs had been instr aree meals. She was unsure why unch meal on 12/07/2 2/08/23.	sident Care Coordinator t 9:44am revealed: ble for distributing the in the AL dining room. een offered to the residents ructed to offer water at all			
RCC) on 12/08/23 at PCAs were responsil esident's meal trays i Nater should have b t all three meals. PCAs had been instr aree meals. She was unsure why unch meal on 12/07/2 2/08/23.	t 9:44am revealed: ble for distributing the in the AL dining room. een offered to the residents ructed to offer water at all v water was not served at the			
2/08/23 at 10:36am Residents in AL and erved water at each He was unsure why t rater at meals. The residents should	SCU should have been meal. the PCAs did not serve have received a glass of			
e H ra Fl ra	rved water at each e was unsure why iter at meals. he residents should	he residents should have received a glass of tter with their meal tray at each meal.	rved water at each meal. e was unsure why the PCAs did not serve iter at meals. he residents should have received a glass of iter with their meal tray at each meal.	rved water at each meal. e was unsure why the PCAs did not serve iter at meals. he residents should have received a glass of iter with their meal tray at each meal.

MTDT11