	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION (X .DING:		(3) DATE SURVEY COMPLETED	
			B. WING				
	ROVIDER OR SUPPLIER	HAL014004	ADDRESS, CITY, STATE,		02	2/07/2024	
HE SHAI	RE CENTER	LENOIR	, NC 28645				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 000	Initial Comments		D 000				
	The Adult Care Licer annual survey on Fe	sure Section conducted an bruary 6-7, 2024.					
D 296	10A NCAC 13F .090 Service	4(c)(7) Nutrition And Food	D 296				
	 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. 						
	reviews the facility fa therapeutic diet men service staff for 2 of 2	as evidenced by: n, interviews and record iled to have a matching u for the guidance of food 2 sampled residents (#1 and cian ordered pureed diet.					
	The findings are:						
	1. Review of Resider 01/22/24 revealed: -Diagnoses included -An order for a puree						
		eutic diet list posted in the sident #1 received a pureed					
		tchen on 02/06/24 at 9:45am o therapeutic diet menu d diet.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			07/0004
	ROVIDER OR SUPPLIER	HAL014004	ADDRESS, CITY, STATE		02/07/2024	
	RE CENTER	1450 SH	IAIRE CENTER DRI , NC 28645			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 296	Continued From pag	e 1	D 296			
		th the Food Service Director t 9:45am and 1:34pm.				
	Refer to interview wit on 02/06/24 at 2:03p	th the facility contracted RD m.				
	Refer to telephone interview with the DM at the sister facility on 02/07/24 at 10:50am.					
	Refer to interview wit 02/07/24 at 2:10pm.	Refer to interview with the Administrator on 02/07/24 at 2:10pm.				
	2. Review of Resider 01/22/24 revealed: -Diagnoses included -An order for a regula					
	Review of Resident #	#6's subsequent physician 4 revealed a change to a				
		eutic diet list posted in the sident #6 received a pureed				
	-	tchen on 02/06/24 at 9:45am to therapeutic diet menu d diet.				
		th the Food Service Director t 9:45am and 1:34pm.				
	Refer to interview wit on 02/06/24 at 2:03p	th the facility contracted RD m.				
	Refer to telephone in sister facility on 02/0	terview with the DM at the 7/24 at 10:50am.				
	Refer to interview wit	th the Administrator on				

F CORRECTION	IDENTIFICATION NUMBER:	X/CLIA (X2) MULTIPLE CONSTRUCTION BER: A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL014004	B. WING		02/07/2024	
OVIDER OR SUPPLIER					
RECENTER			VE		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 2	D 296			
02/07/24 at 2:10pm.					
02/06/24 at 9:45am a -The Dietary Manage next door designed th and contracted with t who reviewed and ap -The facility did not u pureed therapeutic di -The facility pureed a on the mechanical so -The FSD and the kit new employees on he -The cooks "just know and which foods did u Interview with the fac 02/06/24 at 2:03pm r -She provided consul request. -She approved the m years ago, including -She was not aware to mechanical soft menu	and 1:34pm revealed: rr (DM) at the sister facility the menus several years ago the Registered Dietitian (RD) oproved the menus. se a menu to prepare tets. If the foods that were listed off menu. chen supervisors trained all ow to puree foods. w" what foods pureed well not puree well. ility contracted RD on evealed: Itation to the facility upon enus for the facility several a pureed menu. the facility was using the u as guidance for the pureed				
facility on 02/07/24 at -She and the FSD de 2019 and the consult -They had a regular r menu and a pureed r	t 10:50am revealed: signed the current menus in ing RD approved them. nenu, a mechanical soft nenu available.				
-They used the mech the puree menu beca	anical soft menu rather than use" we just know what				
	SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page 02/07/24 at 2:10pm. Interview with the For 02/06/24 at 9:45am at -The Dietary Manage next door designed th and contracted with t who reviewed and ap -The facility did not u pureed therapeutic di -The facility pureed at on the mechanical so -The FSD and the kit new employees on he -The cooks "just know and which foods did u Interview with the fac 02/06/24 at 2:03pm r -She provided consul request. -She approved the m years ago, including a -She was not aware to mechanical soft ment menu. Telephone interview y facility on 02/07/24 at -She and the FSD de 2019 and the consult -They had a regular r menu and a pureed r -The mechanical soft guidance for serving -They used the mechan the puree menu beca pureed well and what	OVIDER OR SUPPLIER STREET A RE CENTER 1450 SH LENOIR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 02/07/24 at 2:10pm. Interview with the Food Service Director (FSD) on 02/06/24 at 9:45am and 1:34pm revealed: The Dietary Manager (DM) at the sister facility next door designed the menus several years ago and contracted with the Registered Dietitian (RD) who reviewed and approved the menus. The facility did not use a menu to prepare pureed therapeutic diets. The facility pureed all the foods that were listed on the mechanical soft menu. The FSD and the kitchen supervisors trained all new employees on how to puree foods. The cooks "just know" what foods pureed well and which foods did not puree well. Interview with the facility contracted RD on 02/06/24 at 2:03pm revealed: She provided consultation to the facility upon request. She was not aware the facility was using the mechanical soft menu as guidance for the pureed	OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE RECENTER 1450 SHAIRE CENTER DRI LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 2 D 296 02/07/24 at 2:10pm. Interview with the Food Service Director (FSD) on 02/06/24 at 9:45am and 1:34pm revealed: -The Dietary Manager (DM) at the sister facility next door designed the menus several years ago and contracted with the Registered Dietitian (RD) who reviewed and approved the menus. -The facility did not use a menu to prepare pured therapeutic diets. -The facility pureed all the foods that were listed on the mechanical soft menu. -The FSD and the kitchen supervisors trained all new employees on how to puree foods. -The cooks "just know" what foods pureed well and which foods did not puree well. Interview with the facility contracted RD on 02/06/24 at 2:03pm revealed: -She provided consultation to the facility several years ago, including a pureed menu. -She was not aware the facility was using the mechanical soft menu as guidance for the pureed menu. Telephone interview with the DM at the sister facility on 02/07/24 at 10:50am revealed: -She and the FSD designed the current menus in 2019 and the consulting RD approved them. -They had a regular menu, a mechanical soft menu and a pureed menu available. -The mechanical soft menu was used as guidance for serving a pureed diet. -The weather mechanical soft menu was used as guidance for serving a pureed diet. -The weather mechanical soft menu was used as guidance for serving a pureed diet.	OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NEE CENTER 1450 SHAIRE CENTER DRIVE LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ADDRESS) CLAY, STATE, ZIP CODE D PROVIDER'S PLAN OF (EACH CORRECTIVE ADDRESS) CLAY, STATE, ZIP CODE NUMBER'S PARENT OF DEFICIENCIES (EACH CORRECTIVE ADDRESS) CLAY, STATE, ZIP CODE D PREFIX D PREFIX Continued From page 2 D 296 D 296 02/07/24 at 2:10pm. Interview with the Food Service Director (FSD) on 02/06/24 at 9:45am and 1:34pm revealed: Continued From page 2 D 296 -The Dietary Manager (DM) at the sister facility next door designed the menus several years ago and contracted with the Registered Direttian (RD) who reviewed and approved the menus. - - The facility did not use a menu to prepare pureed therapeutic diets. -The facility pureed all the foods that were listed on the mechanical soft menu. - - The fSD and the kitchen supervisors trained all new employees on how to puree foods. -The cooks 'just know' what foods pureed well and which foods did not puree well. - - - - - - She approved the menus for the facility several years ago, including a pureed menu. -She and the FSD designed the current menus in 2019 and the consulting RD approved them. - - - - - - - - - - - - - - - - - - -	OUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 1450 SHAIRE CENTER 1450 SHAIRE CENTER DRIVE LENOR, NC 28645 IE CENTER ID RECH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 2 D 296 D 296 02/06/24 at 9:45am and 1:34pm revealed: -The Diatary Manager (DM) at the sister facility next door designed the menus. -The facility door dues a menu to prepare pureed tharapeutic diets. -The facility door use a menu to prepare pureed therapeutic diets. -The facility ourse foods. -The cooks "just know" what foods pureed well and which foods did not puree well. Interview with the facility contracted RD on 02/06/24 at 0:30pm revealed: -She aproved the menus as upper lend. -She aproved the menus as upproved them. -She ware the facility was using the mechanical soft menu as guidance for the pureed menu. Telephone interview with the DM at the sister facility on 02/07/24 at 10:50am revealed: -She and the FSD designed the current menus in 2019 and the consulting RD approved them. -They used the mechanical soft menu and approved diet. -The mechanical soft menu and approved diet. -The mechanical soft menu was used as guidance for serving a pureed diet. -The used menu as approved diet. -They used the mechanical soft menu rather than the puree menu because" we just know what pureed well and what did not puree well".

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL014004	B. WING		02	2/07/2024
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
THE SHAI	RE CENTER		IAIRE CENTER DRI ^N , NC 28645	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 296	Continued From pag	e 3	D 296			
	and the FSD designed liked, including a pur	ne consulting RD, the DM ed menus that the residents eed menu. eed menus were being used				
D 310	10A NCAC 13F .090 Service	4(e)(4) Nutrition and Food	D 310			
	(e) Therapeutic Diet(4) All therapeutic di supplements and thic	4 Nutrition and Food Service s in Adult Care Homes: ets, including nutritional ckened liquids, shall be y the resident's physician.				
	reviews the facility fa	as evidenced by: ns, interviews and record iled to ensure 2 of 2 sampled) were served a physician				
	The findings are:					
	1. Review of Resider 01/22/24 revealed: -Diagnoses included -An order for a puree					
		eutic diet list posted in the sident #1 received a pureed				
	-	tchen on 02/06/24 at 9:45am to therapeutic diet menu d diet.				
	Observation of the lu 02/06/24 at 12:53pm	nch meal service on revealed the meal consisted				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
			B. WING			
	ROVIDER OR SUPPLIER	HAL014004	ADDRESS, CITY, STATE		02	2/07/2024
	RECENTER	1450 SH	AIRE CENTER DRI			
		LENOIR	, NC 28645			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 4	D 310			
	of ham, sweet potato and pineapple fluff fo	es, mixed greens, a biscuit r dessert.				
	service on 02/06/24 a -Resident #1 receive -He occasionally man of food to the front of	lent #1 during the lunch meal at 12:53pm revealed: d a plate of pureed food. hipulated a very small piece his mouth and used a nd place it on the edge of his				
	changed to a pureed	ealed Resident #1 was diet more than a year ago pocketing food in his cheek				
	of chicken Alfredo, ga	nch meal service on revealed the meal consisted arlic bread and a vegetable oli, cauliflower and carrots.				
	service on 02/07/24 a -Resident #1 receive -He occasionally mar food to the front of hi	lent #1 during the lunch meal at 12:30pm revealed: d a plate of pureed food. nipulated a small piece of s mouth and used a spoon the it on the edge of his plate.				
		h the Food Service Director 9:45am and 1:34pm.				
	Refer to observation food on 02/06/24 at 1	of a plate containing pureed I:30pm.				
		h the facility contracted (RD) on 02/06/24 at 2:03pm.				
	Refer to observation 12:45pm.	in the kitchen on 02/07/24 at				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL014004	B. WING		02	2/07/2024
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
THE SHAI	RE CENTER		IAIRE CENTER DRI 1, NC 28645	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From pag	e 5	D 310			
		th the 2 dietary staff who ne vegetable on 02/07/24 at				
	Refer to interview wit 02/07/24 at 2:10pm	th the Administrator on				
	2. Review of Resider 01/22/24 revealed: -Diagnoses included -An order for a regula					
		#6's physician orders dated change to a pureed diet.				
	-	eutic diet list posted in the sident #6 received a pureed				
		tchen on 02/06/24 at 9:45am to therapeutic diet menu d diet.				
		revealed the meal consisted bes, mixed greens, a biscuit				
	service on 02/06/24 a	lent #6 during the lunch meal at 12:53pm revealed d a plate of pureed food.				
	of chicken Alfredo, g	nch meal service on revealed the meal consisted arlic bread and a vegetable oli, cauliflower and carrots.				
	Observation of Resic service on 02/07/24 a alth Service Regulation	lent #6 during the lunch meal at 12:30pm revealed				

STATE FORM

6899

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED	
		HAL014004	B. WING		02	/07/2024	
NAME OF P	ROVIDER OR SUPPLIER	1	DDRESS, CITY, STATE		02		
THE SHAI	RE CENTER		AIRE CENTER DRI , NC 28645	VE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
D 310	Continued From pag	e 6	D 310				
	Resident #6 received	d a plate of pureed food.					
	02/07/24 at 12:30pm -Resident #6 was cha 02/05/24. -Resident #6 had CC and continued to cour meals. -The staff thought sh pureed diet so the pr her to a puree diet 2 coughing during mea Refer to interview wit (FSD) on 02/06/24 at Refer to observation food on 02/06/24 at	anged to a pureed diet on OVID-19 several years ago ugh, including during her e might cough less with a imary care provider changed days ago to see if it reduced altimes. th the Food Service Director t 9:45am and 1:34pm. of a plate containing pureed					
	12:45pm. Refer to interview wit	in the kitchen on 02/07/24 at th the 2 dietary staff who he vegetable on 02/07/24 at					
	12:45pm.						
	Refer to interview wit 02/07/24 at 2:10pm	th the Administrator on					
	02/06/24 at 9:45am a -The facility did not u -The facility pureed a on the mechanical so	tchen supervisors trained all					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		HAL014004	B. WING		02	2/07/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
THE SHAI	RE CENTER		AIRE CENTER DRI , NC 28645	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 7	D 310			
	and which foods did	he pureed foods were not				
	02/06/24 at 1:30pm r -The pureed ham cor	e containing pureed food on evealed: ntained very small pieces he dark edge of the ham that				
	-The pureed greens					
	02/06/24 at 2:03pm r	ility contracted RD on evealed: Itation to the facility upon				
	years ago, including -She was not aware	enus for the facility several a pureed menu. the facility was using the u as guidance for the pureed				
	-	needed because some foods d were excluded from the				
	they were not it could letting the processor	ually pureed smoothly but if I be that the staff were not run long enough to obtain a or the food processor				
	because it did not pu	ided from the puree menu ree well; another fruit would a pineapple dish was on the				
	regular menu.					
	Observation in the kit 12:45pm revealed: -The chicken Alfredo	tchen on 02/07/24 at and the mixed vegetables				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL014004	B. WING		02	2/07/2024
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
HE SHA	RE CENTER		AIRE CENTER DRI NC 28645	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
D 310	Continued From page	e 8	D 310			
	smooth consistency. -Two dietary staff play vegetable that was se processor and let the 2 minutes. -The broccoli and cau smooth consistency, completely puree. Interview with the 2 d puree the vegetable of revealed: -It was not uncommony have very small piece smooth like the rest of -They thought the pure enough even if it com -They thought a new might make the pure Interview with the Add 2:10pm revealed: -Several years ago thand the FSD designed liked, including a pure -She thought the pure utilized by dietary sta	reed food was smooth tained very small pieces. blade in the food processor ed food smoother. ministrator on 02/07/24 at the consulting RD, the DM ed menus that the residents eed menu. eed menus were being ff. the pureed food was not				