Received via electronic mail 2/23/24

SIMP MAN OF DEPERDENCES (P1) PROVIDENSIJEPH HERCILA (P0) MALTIPEL CONSTRUCTION (P3) DATE SURVEY NUM CONCORRECTION HALBESCH (P1) PROVIDENSIJEPH HERCILA (P3) MALTIPEL CONSTRUCTION (P3) DATE SURVEY NUM CONCORRECTION HALBESCH (P3) WIN	Division of	of Health Service Regu	lation				
Nume of Provider of Supplication The End and the Supplication						()	(
MOUNTAIN VALLEY LIVING CENTER 115 TRAVER POOD WESTFIELD, NC 2003 MOUNTAIN VALLEY LIVING CENTER SUMMARY STATEMENT OF DEPICIENCES FRACHINGCIDENCY MADE IF PRECEDED IN FAILUR. Incomparison of the Comparison of the MADE DIA FRACHINGCIDENCY MADE IF PRECEDED IN FAILUR. Incomparison of the MADE DIA FRACHINGCIDENCY MADE IF PRECEDED IN FAILUR. Incomparison of the MADE DIA Service D 000 PROVIDER'S PLAN OF COMPARISON MADE DIA FRACHINGCIDENCY. COMPARISON OF C			HAL085011	B. WING		02/08/202	24
MOUNTAIN VALLEY LINKS CENTER WESTFIELD, NC 27053 (rxi, 0) metry, tras Summer's traitement of endocreances declaration of the second second second precision of the second second second second precision declaration of the second second precision declaration of the second second second precision declaration of the second second precision declaration declaration declaration declaration precision declaration declaration declaration declaration provide declaration declaration declaration declaration declaration declaration declaration declaration declaration declaration declaration declaration declaration declaration declaration declaration declaratina decl	NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, ST	ATE, ZIP CODE		
This Rule is not met as evidenced by: Dodo Dodo Dodo Administrator/Dietary Manager will complete weekly checks of the facility according to diet orders. 2/9/24 This Rule is not met as evidenced by: Dodo Dodo diministrator/Dietary Manager will complete weekly checks of the facility according to diet orders. 2/9/24 This Rule is not met as evidenced by: Dodo diministrator/Dietary Manager will complete weekly checks of the facility according to diet orders. 2/9/24 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to have matching therapeutic diet menu for for a regular diet with chopped meats (#4). Administrator/Dietary Manager will complete weekly checks of the facility according to diet orders. 2/9/24 The findings are: Observation of the kitchen on 02/07/24 at 10:00am revealed: RCC will provide Dietary Manager and Administrator with a diet list weekly of all residents to ensure diets are being followed according to diet orders. 2/12/24 The findings are: Observation of the kitchen on 02/07/24 at 10:00am revealed: RCC will provide Dietary Manager and Administrator. 2/12/24 The weekly of all codes that of the oresidents with a diet diet of the orders find the orders for a complete weekly checks of the RCC will provide Dietary Manager and Administrator with a diet list weekly of all residents to ensure diets are being followed according to diet orderers. 2/12/24	ΜΟΠΝΤΑΙ		ED 1135 TAYL	OR ROAD			
Prefront Tro IEAD-IDEFICIENCY MUST BE PRECIDED BY FULL Tro Prefront Tro IEAD-IDEFICIENCY OR LECTORY OR LECTOR	WOONTA		WESTFIEL	D, NC 27053			
The Adult Care Licensure Section conducted an annual survey from 02/07/24 to 02/08/24. D 296 10A NCAC 13F .0904(c)(7) Nutrition And Food Service (c) Menus in Adult Care Homes: D 296 10A NCAC 13F .0904(c)(7) Nutrition And Food Service (c) Menus in Adult Care Homes: D 296 10A NCAC 13F .0904 (c)(7) Nutrition And Food Service (c) Menus in Adult Care Homes: D 296 10A NCAC 13F .0904 (c)(7) Nutrition And Food Service (c) Menus in Adult Care Homes: D 296 10F The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. Administrator/Dietary Manager will complete weekly checks of the facility menu to ensure the menu is posted and items from the menu are in the facility menu to ensure the menu is posted and items from the menu are in the facility according to diet orders. 2/9/24 The findings are: Observation of the kitchen on 02/07/24 at 10:00am revealed: RCC will provide Dietary Manager and Administrator with a diet list weekly of all residents to ensure diets are being followed according to diet orders. 2/12/24 .There was an undated therapeutic diet list or 10 residents with diet orders for a chopped meats diet. RCC will provide Dietary Manager and Administrator. 2/12/24 .There was an undated therapeutic diet list or 10 residents with diet orders for a chopped meats diet. There was an undated therapeutic diet list or 10 residents with diet orders for a chopped meats diet. There was an undated therapeutic diet list or 10 residents wi	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE CON	NPLETE
annual survey from 02/07/24 to 02/08/24. D 296 D 296 D A NCAC 13F .0904 (c)(7) Nutrition And Food Service (c) Menus in Adult Care Homes: D 296 D 296 Administrator/Dietary Manager will complete menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. Administrator/Dietary Manager will complete weekly checks of the facility menu to ensure the menu is posted and items from the menu are in the facility according to diet orders. 2/9/24 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to have matching therapeutic diet menus for food service guidance for 2 of 4 sampled residents (#2) and twh oh ad an order for a consistent carbohydrate and chopped meats (#4). Administrator/Dietary Manager will complete weekly checks of the facility according to diet orders. 2/9/24 The findings are: Observation of the kitchen on 02/07/24 at 10:00am revealed: RCC will provide Dietary Manager and Administrator with a diet list weekly of all residents to ensure diets are being followed according to diet order. Any diet orders for a chopped meats diet. 2/12/24 . There was an undated therapeutic diet list or 10 residents with dei orders for a chopped meats diet. RCC will provide Dietary Manager and Administrator. 2/12/24 . New of Resident #2's current FL2 dated Intel® Service Regulation Advinostroper Source S	D 000	Initial Comments		D 000			
Service 10A NCAC 13F. 0904 Nutrition And Food Service staff. 10A NCAC 13F. 0904 Nutrition And Food Service staff. 10A NCAC 13F. 0904 Nutrition And Food Service staff. 10A NCAC 13F. 0904 Nutrition And Food Service staff. 10A NCAC 13F. 0904 Nutrition And Food Service staff. 10A NCAC 13F. 0904 Nutrition And Food Service staff. 10A NCAC 13F. 0904 Nutrition And Food Service staff. 10A NCAC 13F. 0904 Nutrition And Food Service staff. 2/9/24 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility menu to ensure the menu is posted and items from the menu are in the facility according to diet orders. 2/9/24 The findings are: Doservation of the kitchen on 02/07/24 at 10.000m revealed: NCC will provide Dietary Manager and Administrator with a diet list weekly of all residents to ensure diets are being followed according to diet order. Any diet orders that change throughout the week the RCC will notify the Dietary Manager and Administrator. 2/12/24 Number of Health Service Regulation According Regulation According Regulation According Regulation Accordinge Regulation According Regulation According R							
(c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet for guidance of food service staff. 2/9/24 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to have matching therapeutic diet menus for abality failed to have matching therapeutic diet with chopped meats (#2) and who had an order for a consistent carbohydrate and chopped meats diet (#2) and who had an order for a regular diet with chopped meats (#4). Administrator/Dietary Manager will complete weekly checks of the facility menu to ensure the menu is posted and items from the menu are in the facility according to diet orders. 2/9/24 The findings are: Observation of the kitchen on 02/07/24 at 10:00am revealed: RCC will provide Dietary Manager and Administrator with a diet list weekly of all residents to ensure diets are being followed according to diet orders. Any diet orders that change throughout the week the RCC will notify the Dietary Manager and Administrator. 2/12/24 Widen of Health Service Regulation I. Review of Resident #2's current FL2 dated The Regional Director 2/12/32	D 296		4(c)(7) Nutrition And Food	D 296			
Based on observations, record reviews, and interviews, the facility failed to have matching therapeutic diet menus for food service guidance for 2 of 4 sampled residents (#2 and #4) who had an order for a consistent carbohydrate and chopped meats diet (#2) and who had an order for a regular diet with chopped meats (#4). complete weekly checks of the facility menu to ensure the menu is posted and items from the menu are in the facility according to diet orders. 2/12/24 The findings are: RCC will provide Dietary Manager and Administrator with a diet list weekly of all residents to ensure diets are being followed according to diet order. Any diet orders that change throughout the week the RCC will notify the Dietary Manager and Administrator. 2/12/24 Wision of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (x6) DATE Stanigue Proctor Regional Director 2/23/24		(c) Menus in Adult C(7) The facility shall Idiet menu for any res	are Homes: nave a matching therapeutic ident's physician-ordered				
Observation of the kitchen on 02/07/24 at 10:00am revealed: and Administrator with a diet list weekly of all residents to ensure diets are being followed according to diet order. Any diet orders that change throughout the week the RCC will notify the Dietary Manager and Administrator. -There was an undated therapeutic diet list posted in he kitchen with a list of 10 residents with diet orders for a chopped meats diet. and Administrator. 1. Review of Resident #2's current FL2 dated TITLE (X8) DATE Staniqua Proctor Regional Director 2/23/24		Based on observation interviews, the facility therapeutic diet menu for 2 of 4 sampled re- an order for a consist chopped meats diet (ns, record reviews, and failed to have matching us for food service guidance sidents (#2 and #4) who had ent carbohydrate and #2) and who had an order		complete weekly checks of the facility menu to ensure the me posted and items from the me are in the facility according to	e nu is nu	9/24
Division of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Shaniqua Proctor Regional Director 2/23/24		Observation of the kit 10:00am revealed: -There were week-at- clipboard hanging on diet menus. -There was an undate posted in he kitchen	a-glance menus on a the wall, but no therapeutic ed therapeutic diet list with a list of 10 residents		and Administrator with a diet lis weekly of all residents to ensur diets are being followed accord diet order. Any diet orders that change throughout the week th RCC will notify the Dietary Mar	st e ling to e	12/24
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Shiniqua Proctor Regional Director 2/23/24			t #2's current FL2 dated				
Shaniqua Proctor Regional Director 2/23/24			SUPPLIER REPRESENTATIVE'S SIGNATUPE			(X6) DA	TE
			0				
	STATE FORM)	6899			

Reviewed and acknowledged 2/26/24. SG

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED	
			B. WING				
	ROVIDER OR SUPPLIER	HAL085011	B. WING 02/08/2024 EET ADDRESS, CITY, STATE, ZIP CODE				
		1135 TA	YLOR ROAD				
IOUNTAI	N VALLEY LIVING CENT	IER WESTFI	ELD, NC 27053				
(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				
		agnoses included diabetes entia, and hypokalemia.					
		#2's diet order dated 11/20/23 r a consistent carbohydrate eats.					
		's undated therapeutic diet hen revealed Resident #2 hopped meats diet.					
	no therapeutic diet m	's menus revealed there was nenu for a consistent oped meats diet available.					
	the lunch meal servic for regular diets reve rice, stir fry vegetable	's week-at-a-glance menu for ce on Wednesday, 02/07/24, aled chicken teriyaki, fried e blend, wheat dinner roll, c style cheesecake, 2% milk e served.					
	Observation of the lu 02/07/24 between 12 revealed:						
	breaded chicken brea						
		peanut butter cookies.					
	on 02/07/24, it could Resident #2 was sen diet due to no consis	ved the correct therapeutic					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY	
		HAL085011	B. WING		02/08/2024		
	ROVIDER OR SUPPLIER		B. WING 02/08/2024 EET ADDRESS, CITY, STATE, ZIP CODE				
		1135 TA)		,211 00002			
IOUNTAI	N VALLEY LIVING CENT	rer westfi	ELD, NC 27053				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF 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 296	Continued From page	e 2	D 296				
	revealed:						
		cut up her meat for her.					
	-	ouble eating meat the way it					
	was served to her.						
		same meal as everyone					
	else at the facility.	she was supposed to receive					
		drate or special diet or not.					
	Attempted telephone	interview with Resident #2's					
		r (PCP) on 02/07/24 at					
	2:30pm was unsucce						
	Refer to interview wit at 10:10am.	th a kitchen staff on 02/07/24					
	Refer to telephone in Manager (DM) on 02	terview with the Dietary /07/24 at 2:17pm.					
	Refer to interview wit (PCA) on 02/07/24 a	th a personal care aide t 3:42pm.					
	Refer to Interview wit Coordinator (RCC) o	th the Resident Care n 02/07/24 at 3:50pm.					
	Refer to interview wit 02/07/24 at 3:55pm.	th a medication aide (MA) on					
	Refer to interview wit 02/08/24 at 9:40am.	th a second kitchen staff on					
	Refer to interview wit 02/08/24 at 10:05am	th the Administrator on					
	2. Review of Resider	nt #4's current FL2 dated					
	05/29/23 revealed dia						
	prediabetes, hyperlip	idemia, intellectual disability,					
	and hypertensive chr	onic kidney disease.					
	Review of Resident #	#4's diet order dated 11/20/23					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		HAL085011			02	2/08/2024
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, YLOR ROAD	, ZIP CODE		
IOUNTAI	N VALLEY LIVING CENT	ER	ELD, NC 27053			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY 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 page	e 3	D 296			
	revealed an order for meats.	a regular diet with chopped				
	-	's undated therapeutic diet nen revealed Resident #4 hopped meats diet.				
		's menus revealed there was enu for a chopped meats				
	the lunch meal servic for regular diets reve rice, stir fry vegetable	s week-at-a-glance menu for ce on Wednesday, 02/07/24, aled chicken teriyaki, fried e blend, wheat dinner roll, a style cheesecake, 2% milk e served.				
	breaded chicken brea dinner roll, coffee, un peanut butter cookies -Resident #4 consum	2:00pm and 12:34pm rved a cut up piece of ast, cooked broccoli, rice, asweetened iced tea, and two s. ned 100% of her tea, rice, ut butter cookies, and did not				
	on 02/07/24, it could Resident #4 was ser	n of the lunch meal service not be determined if ved the correct therapeutic ed meats diet menu available				
	revealed: -She did not like chic the chicken served a	ent #4 on 02/07/24 at 3:45pm ken or she would have eaten t lunch. meat up for her and she was				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY
		HAL085011	B. WING		02	/08/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	N VALLEY LIVING CENT	1135 TA	LOR ROAD			
	N VALLET LIVING CENT	WESTFI	ELD, NC 27053			
(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 296	Continued From page	e 4	D 296			
	able to eat it how the	y prepared it.				
		interview with Resident #4's r (PCP) on 02/07/24 at essful.				
	Refer to interview wit at 10:10am.	th a kitchen staff on 02/07/24				
	Refer to telephone in Manager (DM) on 02	terview with the Dietary /07/24 at 2:17pm.				
	Refer to interview wit (PCA) on 02/07/24 at	th a personal care aide t 3:42pm.				
	Refer to Interview wit Coordinator (RCC) o	th the Resident Care n 02/07/24 at 3:50pm.				
	Refer to interview wit 02/07/24 at 3:55pm.	th a medication aide (MA) on				
	Refer to interview wit 02/08/24 at 9:40am.	th a second kitchen staff on				
	Refer to interview wit 02/08/24 at 10:05am	th the Administrator on				
	10:10am revealed: -She was responsible helping to serve the r -The only diets serve	ed at the facility were regular,				
		y foods other than meats for opped diets because the rest				
	-The only menu she meals was the week-	had for guidance to prepare				
		neals for residents with				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		HAL085011	B. WING		02	/08/2024
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
IOUNTAI	N VALLEY LIVING CEN	TFR	/LOR ROAD ELD, NC 27053			
(X4) ID PREFIX TAG	(EACH DEFICIEN	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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 296	Continued From pag	e 5	D 296			
	ordered a consistent	of any residents being				
	 2:17pm revealed: -The only diet orders were regular and che- -He was not aware of consistent carbohydi -The RCC would be kitchen staff if a reside -There was a therap kitchen which listed of for chopped meats. -The kitchen did not menus. -He was aware that is have therapeutic diet therapeutic diet offer -He had not asked the therapeutic diet men only therapeutic diet and he knew how to -If a resident was or carbohydrate or other need a corresponding guide him in meal pr 	f any residents having a rate diet orders. responsible for notifying dent's diet order changed. eutic diet list posted in the which residents had an order have any therapeutic diet the kitchen was supposed to t menus to match each red by the facility. The Administrator for us because at the time, the ordered was chopped meats prepare those meals. dered a consistent er therapeutic diet, he would g therapeutic diet menu to eparation. vas responsible for obtaining				
	revealed: -She helped to pass meal times. -There was a list pos	us. on 02/07/24 at 3:42pm plates to the residents at sted in the kitchen as to which ceive a plate containing				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		HAL085011	B. WING		02	/08/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
IOUNTAII	N VALLEY LIVING CENT	rer 🛛	YLOR ROAD ELD, NC 27053			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 6	D 296			
		r special diet types served at egular and chopped meats.				
	Interview with the RC revealed:	CC on 02/07/24 at 3:50pm				
		on aides (MA) were g new diet orders from the ng a copy of the order to the				
	kitchen.	of any residents being				
	meats.	c diet other than chopped				
		gan employment at the ad the chance to audit diet				
	Interview with a MA or revealed:	on 02/07/24 at 3:55pm				
	were to receive chop					
	diet orders other that	r with any residents having n chopped meats or regular.				
	•	second shift and new diet Ily come to the facility during				
		ny diet orders for therapeutic esidents.				
	Interview with a seco at 9:40am revealed:	ond kitchen staff on 02/08/24				
		he kitchen for about two and d many years of dietary and				
	-There was always a back of the kitchen, I	binder on the table in the but she could not remember				
	-She thought she ha	enus had been in the binder. d seen therapeutic diet				
	menus before, but it as low concentrated consistent carbohydr					

TATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		1141 005044					
		HAL085011	B. WING 02/08/				
AME OF Pr	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
IOUNTAII	N VALLEY LIVING CENT	rfr	ELD, NC 27053				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 296	Continued From pag	e 7	D 296				
	-She mostly used the prepare meals. -The diets currently s regular, diabetic, and -The Administrator w or updated diet order -She was not aware were ordered a cons Interview with the Ad 10:05am revealed: -She was not aware therapeutic diet men week-at-a-glance me -The previous evenin therapeutic diet men printed them for the R -The kitchen staff or therapeutic diet men -The kitchen staff pre week-at-a-glance me clipboard in the kitch	e week-at-a-glance menu to served at the facility were d chopped. Tas responsible for giving new rs to the kitchen. that any of the residents istent carbohydrate diet. Iministrator on 02/08/24 at the kitchen needed us in addition to the enu. og on 02/07/24, she found the us on her computer and kitchen. DM had not asked her for us. epared meals based on the enu that was posted on a en. then staff were aware of the ordered therapeutic diets and					
sion of Hos	alth Service Regulation						