

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL099018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/15/2024
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NAME OF PROVIDER OR SUPPLIER PATRIOT LIVING OF YADKINVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE YADKINVILLE, NC 27055
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{D 000}	<p>Initial Comments</p> <p>The Adult Care Licensure Section conducted a follow-up survey from 02/14/24 to 02/15/24.</p>	{D 000}		
D 087	<p>10A NCAC 13F .0306(b)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings</p> <p>(b) Each bedroom shall have the following furnishings in good repair and clean for each resident:</p> <p>(1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following:</p> <p>(A) at least one pillow with clean pillow case;</p> <p>(B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and</p> <p>(C) clean bedspread and other clean coverings as needed;</p> <p>This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide a clean top and bottom sheet for 1 of 5 sampled residents (#3) with bed changed as often as necessary, but at least once a week.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL2 dated 10/17/23 revealed diagnoses included cerebral</p>	D 087		

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D 087	<p>Continued From page 1</p> <p>infarction, hemiplegia following cerebral infarction, left non dominant side, contracture of muscle, and essential hypertension.</p> <p>Review of Resident 3's care plan dated 10/13/23 revealed: -Resident #3 had limited range of motion of his left upper extremities. -Resident #3 needed limited assistance with grooming/personal hygiene and extensive assistance with bathing. -Staff completed his daily housekeeping tasks.</p> <p>Review of Resident #3's Activities of Daily Living (ADL) Log for November 2023 revealed: -There was an entry for bathing/personal hygiene: linen change Monday, Wednesday, and Friday on first shift scheduled for between 7:00am and 6:59pm. -There was an entry for bathing/personal hygiene: linen change as needed. -There was documentation Resident#3 linen was changed 12 of 13 opportunities between 11/01/23 and 11/30/23. -There was documentation Resident #3's linen was not changed on 11/13/23 due to Resident #3 refused. -There was no documentation Resident #3's linen was changed as needed.</p> <p>Review of Resident #3's ADL Log for December 2023 revealed: -There was an entry for bathing/personal hygiene: linen change Monday, Wednesday, and Friday on first shift scheduled for between 7:00am and 6:59pm. -There was an entry for bathing/personal hygiene: linen change as needed. -There was documentation Resident#3 linen was changed 9 of 13 opportunities between 12/01/23</p>	D 087		

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D 087	<p>Continued From page 2</p> <p>and 12/31/23.</p> <p>-There was documentation Resident #3's linen was not changed on 12/13/23, 12/25/23, 12/27/23, and 12/29/23 due to Resident #3 refused.</p> <p>-There was no documentation Resident #3's linen was changed as needed.</p> <p>Review of Resident #3's ADL Log for January 2024 revealed:</p> <p>-There was an entry for bathing/personal hygiene: linen change Monday, Wednesday, and Friday on first shift scheduled for between 7:00am and 6:59pm.</p> <p>-There was an entry for bathing/personal hygiene: linen change as needed.</p> <p>-There was documentation Resident #3 linen was changed 14 of 14 opportunities between 12/01/23 and 12/31/23.</p> <p>-There was no documentation Resident #3's linen was changed as needed.</p> <p>Review of Resident #3's ADL Log for 02/01/24 through 02/14/24 revealed:</p> <p>-There was an entry for bathing/personal hygiene: linen change Monday, Wednesday, and Friday on first shift scheduled for between 7:00am and 6:59pm.</p> <p>-There was an entry for bathing/personal hygiene: linen change as needed.</p> <p>-There was documentation Resident#3 linen was changed 6 of 6 opportunities between 02/01/24 and 02/14/24.</p> <p>-There was no documentation Resident #3's linen was changed as needed.</p> <p>Observation of Resident #3's room on 02/14/24 at 9:15am revealed:</p> <p>-Resident #3 was sitting in his wheelchair in his room in front of his bed.</p>	D 087		

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D 087	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Resident #3's left arm was propped on the arm of his wheelchair and he used his right hand to assist with moving his left arm. -His bed was disheveled and had balled up blankets and clothes at the foot and on the side of the bed along the wall. -There was not a top sheet present on the bed. -Resident #3's bottom fitted sheet was soiled throughout with larger brown stains towards the head of the bed and the black streaks at the foot of the bed. -There were two pillows on the bed; one was covered by a pillow case and the other was not. <p>A second observation of Resident #3's room on 02/15/24 at 9:03am revealed:</p> <ul style="list-style-type: none"> -Resident #3 was sitting in his wheelchair in his room in front of his bed. -Resident #3's sheets had not been changed and there were no clean sheets present in his room. <p>Observation of the linen supply closet on 02/15/24 at 9:28am revealed there was an ample supply of clean linen including top and bottom bed sheets.</p> <p>Interview with Resident #3 on 02/14/24 at 9:15am revealed:</p> <ul style="list-style-type: none"> -Staff had not changed his bed sheets since he had been in the facility; he was admitted to the facility in October 2023. -He had an incontinence episode on his bed sheets, and he had to clean it up himself. -The personal care aides (PCA) walked by his room daily and did not offer to change his bed sheets. -He asked a PCA to change his bed sheets after he had the incontinence episode, but she did not want to change the sheets. -He had limited use of his left arm. 	D 087		

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D 087	<p>Continued From page 4</p> <p>-He liked to do things for himself including transferring to and from his wheelchair, taking his own bed baths, and washing his clothes in his bathroom sink, but he was not able to change his bed sheets or make his bed.</p> <p>A second interview with Resident #3 on 02/15/24 at 3:24pm revealed he used to sleep in his wheelchair, but he had been sleeping in his bed every night for a few months.</p> <p>Telephone interview with a PCA on 01/15/24 at 9:52am revealed:</p> <p>-She documented ADLs including linen changes on the residents' ADL log.</p> <p>-Every time PCAs assisted residents with showers, they were to change their linen.</p> <p>-She worked on 01/14/24, but she did not change Resident #4's bed linen.</p> <p>-She asked Resident #4 if he wanted his bed linen changed and he said that he did not.</p> <p>-She documented she changed Resident #4's linen on 02/14/24, but she did not because she had gotten busy assisting another resident.</p> <p>-She tried to get Resident #4 to allow her to change his bed sheets every day, but he liked to do things on his own and would not allow staff to change his bed sheets regularly.</p> <p>-She did not think he was able to change his own bed sheets.</p> <p>-If Resident #4 refused to have his sheets changed, she typically documented on the ADL log that he refused and there would be a circle around her initials indicating that the sheets were not changed.</p> <p>Interview with a second PCA on 02/15/24 at 10:37am revealed:</p> <p>-PCAs were responsible for changing residents' linen and documenting the changes or refusals</p>	D 087		

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D 087	<p>Continued From page 5</p> <p>on the ADL log.</p> <ul style="list-style-type: none"> -Residents' linens were to be changed 3 to 5 days a week and as needed. -If it was documented on the ADL log that the linen was changed, it should have been changed. -He did not assist Resident #3 with any ADLs; usually one of the other PCAs assisted him. -His initials were documented as having changed Resident #3's bed linen on 02/02/14 and 02/12/14, but he had not changed Resident #3's linen. -He must not have logged his initials out and one of the other PCAs must have documented Resident #3's linen was changed under his initials. -Resident #3 let the PCAs know when his sheets needed to be changed, and he did not refuse to have his sheets changed that he knew of. <p>Interview with a MA on 02/15/24 at 1:58pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 slept in his wheelchair and did not sleep in his bed. -Resident #3 did not want staff to do anything for him. -She just administered him his medication and that was it. -She did not know if he was able to change his own sheets. -She did not know if the PCAs were changing Resident #3's sheets 3 times a week. -No PCA has told her that he would not allow them to change his sheets. <p>Interview with a PCA/MA on 02/15/24 at 11:54am revealed:</p> <ul style="list-style-type: none"> -She did not remember if she had ever changed Resident #3's bed linen. -She did not think he could change his own bed linen due to the limited use of his left arm. 	D 087		

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D 087	<p>Continued From page 6</p> <p>-He did not like anyone to help him. -PCAs changed Resident #3's bed linen every other day if he let them. -If Resident #3 did not allow PCAs to change his bed linen, the PCA should have documented that he refused on his ADL log and chart note.</p> <p>Interview with the Resident Care Coordinator (RCC) on 02/15/24 at 3:03pm revealed: -PCAs were to change all residents' bed linen 3 times a week. -PCAs were to go into the residents' room and look at their bed linen to see if they needed to be changed. -If PCAs documented the residents' linen was changed, then it should have been changed. -She had not seen Resident #3's bed linen.</p> <p>Interview with the Operations Manager (OM) on 02/15/24 at 3:30pm revealed Resident #3's bed linen should have been changed 3 times a week.</p> <p>Interview with the Campus Director (CD) on 02/15/24 at 4:45pm revealed: -He expected Resident #3's linen to be changed 3 times a week and as needed. -He expected PCAs to change his linen especially if they were documenting that the linen had been changed.</p> <p>Attempted telephone interview with the Administrator on 02/15/24 at 4:30pm was unsuccessful.</p>	D 087		
D 255	<p>10A NCAC 13F .0801(c)(1) Resident Assessment</p> <p>10A NCAC 13F .0801Resident Assessment (c) The facility shall assure an assessment of a resident is completed within 10 days following a</p>	D 255		

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D 255	<p>Continued From page 7</p> <p>significant change in the resident's condition using the assessment instrument required in Paragraph (b) of this Rule. For the purposes of this Subchapter, significant change in the resident's condition is determined as follows:</p> <p>(1) Significant change is one or more of the following:</p> <p>(A) deterioration in two or more activities of daily living;</p> <p>(B) change in ability to walk or transfer;</p> <p>(C) change in the ability to use one's hands to grasp small objects;</p> <p>(D) deterioration in behavior or mood to the point where daily problems arise or relationships have become problematic;</p> <p>(E) no response by the resident to the treatment for an identified problem;</p> <p>(F) initial onset of unplanned weight loss or gain of five percent of body weight within a 30-day period or 10 percent weight loss or gain within a six-month period;</p> <p>(G) threat to life such as stroke, heart condition, or metastatic cancer;</p> <p>(H) emergence of a pressure ulcer at Stage II, which is a superficial ulcer presenting an abrasion, blister or shallow crater, or higher;</p> <p>(I) a new diagnosis of a condition likely to affect the resident's physical, mental, or psychosocial well-being such as initial diagnosis of Alzheimer's disease or diabetes;</p> <p>(J) improved behavior, mood or functional health status to the extent that the established plan of care no longer matches what is needed;</p> <p>(K) new onset of impaired decision-making;</p> <p>(L) continence to incontinence or indwelling catheter; or</p> <p>(M) the resident's condition indicates there may be a need to use a restraint and there is no current restraint order for the resident.</p>	D 255		

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D 255	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure an assessment was completed within ten days for 1 of 5 sampled residents (Resident #2) following a significant decline in the resident's ability to perform activities of daily living and who experienced frequent falls.</p> <p>The findings are: Review of Resident #2's current FL-2 dated 12/14/23 revealed: -Diagnoses included dementia, diabetes mellitus, hypertension, muscle weakness, cognitive communication deficit, and permanent tracheostomy. -The resident was semi-ambulatory with the use of a walker, had functional sight limitations, and required assistance with bathing, feeding, and dressing.</p> <p>Review of Resident #2's current care plan dated 04/04/23 revealed: -The resident had no problems with range of motion and strength of his upper extremities and his vision was adequate for daily activities. -The resident ambulated independently with a walker. - He required supervision from staff for eating, toileting, bathing, grooming, and transferring. - He required extensive assistance from staff for dressing. - There was no other care plan completed after 04/04/23.</p>	D 255		

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D 255	<p>Continued From page 9</p> <p>Review of after-visit summary from the local hospital for surgical procedure dated 09/23/23 revealed Resident required a surgical skin graft removal of facial cancer above the resident's right eye.</p> <p>Review of Resident #2's accident/incident reports for 5 unwitnessed falls dated 12/27/23 through 02/13/24 revealed: -On 12/27/23, Resident #2 stumbled and fell in the hallway. -On 12/27/23, Resident #2 required a hospital visit due to a fall into a clothes basket while in the hallway and complained about pain in his ribs. -On 02/03/24, Resident #2 required a hospital visit after he fell in his room and received a skin tear on his head. -On 02/12/24, Resident #2 fell in the restroom with a skin tear to his right hand. -On 02/13/24, Resident #2 required a hospital visit after he fell in the hallway and received a laceration on his head.</p> <p>Review of Resident #2's progress notes dated between 11/16/23 through 2/13/24 revealed: -On 11/16/23, Resident #2 required a hospital visit after he fell and hit his head. -On 11/26/23, Resident #2 required a hospital visit due to twitching, jerking, low vitals, and appearing off baseline. -On 12/06/23, Resident #2 needed increased assistance in getting back into his room and back to his bed. -On 12/08/23, Resident #2 required more assistance with activities of daily living due to unsteady gait, limited vision, and hearing. -On 12/10/23, Resident #2 was having more falls in the past couple of months. -On 12/27/23, Resident #2 required a hospital</p>	D 255		

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D 255	<p>Continued From page 10</p> <p>visit due to a fall and complained about pain in his ribs.</p> <p>-On 01/08/24, Resident #2 fell in the lobby and received tears to old scabs.</p> <p>-On 01/27/24, Resident #2 fell while trying to make it to the restroom and received a skin tear on his head.</p> <p>-On 01/28/24, Resident #2 required a hospital visit after he fell in the dining room and hit his head.</p> <p>-On 01/30/24, Resident #2 required a hospital visit after he fell in the hallway.</p> <p>-On 02/03/24, Resident #2 required a hospital visit after he fell in his room and received a skin tear on his head.</p> <p>-On 02/13/24, Resident #2 required a hospital visit after he fell in the hallway and received a laceration on his head.</p> <p>Observation of Resident #2 on 02/14/24 at 12:35pm revealed:</p> <p>-He used a rollator walker and was unsteady when he walked down the hall into the dining room.</p> <p>-Resident #2 required staff assistance to his chair at the dining table.</p> <p>-Resident #2 had a skin tear on his head.</p> <p>Telephone interview with Resident #2's guardian on 02/15/24 at 4:08pm revealed:</p> <p>-He was aware Resident #2 had increased visits to the hospital due to increased falls.</p> <p>-He noticed Resident #2 had declined since his surgery in September 2023.</p> <p>-He was aware staff assisted Resident #2 more with his eating, transferring, and bathing needs since the September 2023 surgery.</p> <p>-He was aware Resident #2's decline had prompted a Hospice referral but was not aware of when the evaluation was to be conducted.</p>	D 255		

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D 255	<p>Continued From page 11</p> <p>Interview with a personal care aide (PCA) on 02/15/24 at 10:01am revealed:</p> <ul style="list-style-type: none"> -Resident #2 walked around the facility, went to the restroom, and moved in and out of his bed with less assistance prior to his surgery in September 2023. -She was responsible to complete 15-minute checks and activities of daily living (ADL) logs once care was completed for Resident #2 when she assigned to his hall. -Medication aides (MA) documented falls related to Resident #2 on the facility's incident/accident reports. -She was not aware of any updates for Resident #2's care plan. <p>Interview with a second PCA on 02/15/24 at 10:30am revealed:</p> <ul style="list-style-type: none"> -Resident #2 had more falls since his surgery in September 2023. -Resident #2 moved around in his room better, walked around the hallways with little staff assistance, and used the restroom more independently before surgery in September 2023. -Resident #2 required 15-minute checks due to increased falls starting in December 2023. -The scabs on Resident #2's head came from his previous falls. -PCA documented 15-minute checks and personal care service (PCS) logs for Resident #2 once tasks were completed. -The Resident Care Coordinator (RCC) and the Operations Manager (OM) conducted a review of the 15-minute checks, ADL logs, and incident/accident reports weekly and were responsible for updates to the resident's care plan. -He was not aware if the care plans were being updated by the RCC or the OM when a resident 	D 255		

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NAME OF PROVIDER OR SUPPLIER PATRIOT LIVING OF YADKINVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 HARRISON AVENUE YADKINVILLE, NC 27055
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D 255	<p>Continued From page 12</p> <p>had a change in their condition.</p> <ul style="list-style-type: none"> -Resident #2 required more assistance with transferring, toileting, bathing, walking, and dressing since his September 2023 surgery. <p>Interview with a PCA/Medication Aide on 02/15/24 at 11:50am revealed:</p> <ul style="list-style-type: none"> -Resident #2 had at least 11 falls since his surgery in September 2023. -Resident #2 required 15-minute checks due to increased falls since December 2023 falling but his falls started more recently after his September 2023 surgery. -The PCAs completed 15-minute checks and activities of daily living (ADL) logs for residents. -Medication aides (MA) documented incident/falls reports for resident #2. -Resident #2 required more assistance with transferring, bathing, and walking down the hall than previously before his September 2023 cancer surgery. -Resident #2 required extensive assistance with walking because of limited vision. <p>Interview with a MA on 02/15/24 at 1:45pm revealed:</p> <ul style="list-style-type: none"> -She was aware of Resident #2's increased falls. -He required 15-minute checks but she was not aware when Resident #2 was initially placed on the 15-minute checks. -She had noticed at least 5 falls and a decline for Resident #2 since his surgery in September 2023. -Resident #2 had required less assistance from PCA's when he walked to the dining room or went to the restroom before his cancer surgery in September 2023. -Resident #2 required increased assistance when he walked to the dining room and when he went to the restroom since his September 2023 	D 255		

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D 255	<p>Continued From page 13</p> <p>surgery.</p> <p>-PCA completed 15-minute checks and documented any assistance with activities of daily living (ADL) in the ADL logs for Resident #2.</p> <p>-She completed incident/accident reports for falls and reported significant declines to the RCC and OM.</p> <p>-She had not reported any change of condition for Resident #2, but both the RCC and OM were responsible to review the 15-minute checks, ADL logs, and incident/falls reports weekly and were responsible for updates to the resident's care plan.</p> <p>-She was not aware of any communication received from the RCC and OM for a change to Resident #2's care plan related to his decline.</p> <p>Interview with the RCC on 02/15/24 at 2:30pm revealed:</p> <p>-She was aware Resident #2's condition had declined because of increased falls and required additional assistance from PCAs and MAs since his surgery in September 2023.</p> <p>-She was aware care plans would indicate what type of assistance residents required and Resident #2's had not been updated since April 2023 because the care plan had been overlooked.</p> <p>-She and the OM were responsible for reviewing the 15-minute checks, ADL logs, and were responsible for updates to the resident's care plan.</p> <p>-She was aware care plans needed to be changed if a resident had a significant change in condition but she had overlooked completing an assessment and updating the care plan for Resident #2.</p> <p>Interview with the OM on 02/15/24 at 3:28pm revealed:</p>	D 255		

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D 255	<p>Continued From page 14</p> <ul style="list-style-type: none"> -She was aware Resident #2 had a significant change in condition related to multiple falls since his surgery in September 2023. -She notified the Resident #2's Primary Care Physician (PCP) about his multiple falls and increased supervision in December 2023. -She expected the PCAs and the MAs to inform the RCC and the OM of any needs of the residents when performing care. -She expected the RCC to audit progress notes weekly. -The RCC and the OM were responsible for updating and completing the care plans and would be responsible to complete a new care plan for any residents with changes in condition. -She had not completed a new care plan for Resident #2. <p>Telephone interview with Resident #2's PCP on 02/15/24 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -She was aware of Resident #2's increased falls and required increased assistance from the facility staff for his ADL's. -She had recently signed care plans for the facility but could not recall that Resident #2 was one of the plans completed in her workload. -She expected staff to follow her recommended interventions and she had recommended hospice or skilled nursing care for Resident #2 in late January 2024 due to his decline in health. -She expected staff to contact her by text or phone for any concerns or changes in residents' status or condition at the time observed and to document the notification as they normally would. <p>Interview with the Campus Director on 02/15/24 at 4:26pm revealed:</p> <ul style="list-style-type: none"> -He was not aware of Resident #2's recent decline. -He expected a completed care assessment, a 	D 255		

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D 255	<p>Continued From page 15</p> <p>follow-up notification completed to the PCP, and updated care plan by staff for a residents' change in condition.</p> <p>-He expected the RCC and OM to review the 15-minute checks, ADL logs, and incident/accident reports weekly and provide updates to a resident's care plan.</p> <p>-He expected the care plans to be updated within 10 days for any resident with a significant change in condition.</p> <p>Based on observations, record reviews, and interviews, it was determined Resident #2 was not interviewable.</p> <p>Attempted telephone interview with the Administrator on 02/15/24 at 4:30pm was unsuccessful.</p> <p>_____</p> <p>The facility failed to ensure an assessment was completed for Resident #2 within 10 days of the resident experiencing a decline in activities of daily living resulting in the resident needing increased staff assistance with dressing, bathing, walking, and grooming; and he experienced 5 falls in 2 months after having surgery in September 2023 resulting in a laceration to the head along with skin tears to the arms and legs. This failure was detrimental to the health, safety and welfare of residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/15/24 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 30, 2024.</p>	D 255		

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{D 270}	Continued From page 16	{D 270}		
{D 270}	<p>10A NCAC 13F .0901(b) Personal Care and Supervision</p> <p>10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.</p> <p>This Rule is not met as evidenced by: FOLLOW-UP TO TYPE A2 VIOLATION</p> <p>The Type A2 Violation was abated. Non-compliance continues.</p> <p>THIS IS A TYPE B VIOLATION</p> <p>Based on observations, record reviews and interviews, the facility failed to provide supervision for 1 of 5 sampled residents (#4) who was a high fall risk and had four falls in two months resulting in pain and a closed head injury.</p> <p>The findings are:</p> <p>Review of the facility's undated policy on falls revealed: -After a resident's first fall, the resident was to be placed on 30-minute checks and the medication aide (MA)/Supervisor was to notify the resident's primary care provider (PCP) directly after the fall occurred. -After a resident's second fall, the resident was to remain on 30-minute checks and the MA/Supervisor was to notify the resident's PCP directly after the fall occurred; the Resident Care</p>	{D 270}		

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{D 270}	<p>Continued From page 17</p> <p>Coordinator (RCC) and Operations Manager (OM) should discuss physical therapy (PT)/occupational therapy (OT) potential for the resident.</p> <p>-After a resident's third fall, the resident was to be placed on 15-minute checks and the MA/Supervisor was to notify the resident's PCP directly after the fall occurred; The RCC or OM would discuss the potential need for a higher level of care for the resident and/or other plans of care for the resident.</p> <p>Review of Resident #4's current FL2 dated 12/14/23 revealed:</p> <p>-Diagnoses included muscle weakness, weakness of limb, static encephalopathy, lacunar infarction, cerebral infarction, peripheral vascular disease, and chronic pain syndrome.</p> <p>-Resident #4 was constantly disoriented and semi-ambulatory.</p> <p>-He required personal care assistance with bathing, feeding, and dressing.</p> <p>Review of Resident #4's care plan dated 04/04/23 revealed:</p> <p>-Resident had a history of vascular dementia.</p> <p>-He needed limited assistance with toileting, ambulation/locomotion, and transferring.</p> <p>Observation of Resident #4 at various times on 02/14/24 revealed:</p> <p>-Resident #4 ambulated independently through the hallways with his walker.</p> <p>-Resident #4 ambulated to and from the dining hall for the lunch meal and transferred independently to and from his chair in the dining hall.</p> <p>-Resident #4 did not receive any assistance from staff or supervision with ambulation.</p>	{D 270}		

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{D 270}	<p>Continued From page 18</p> <p>Observation of Resident #4 at various times on 02/15/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 ambulated through the hallways with his walker. -Resident #4 leaned forward into his walker as he ambulated and walked with a slight limp. -Resident #4 transferred independently. -Resident #4 did not receive any assistance from staff or supervision with ambulation. <p>a. Review of Resident #4's progress note dated 12/21/23 revealed:</p> <ul style="list-style-type: none"> -Resident #4 hit the door with his walker which resulted in him falling back and hitting his bottom. -There was no other information documented and no documentation of fall prevention intervention implemented after the fall on 12/21/23. <p>Attempted telephone interview with the MA who documented Resident #4's 12/21/23 progress note on 02/15/24 at 10:21am was unsuccessful.</p> <p>Review of Resident #4's incident/accident reports revealed there was no incident/accident report dated 12/21/23 available for review.</p> <p>Review of Resident #4's increased supervision check sheets revealed there were no 15 or 30-minute check sheets for 12/21/23 available for review.</p> <p>b. Review of Resident #4's progress note dated 01/07/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 went to sit in a chair on the patio and misjudged. -He fell and hit his head on the table. -Resident #4's vital signs were checked, and he was sent out to the local hospital. <p>Interview with the MA who documented Resident</p>	{D 270}		

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{D 270}	<p>Continued From page 19</p> <p>#4's 01/07/24 progress note on 02/15/24 at 1:58pm revealed:</p> <ul style="list-style-type: none"> -When Resident #4 fell on 01/07/24, he had gone out onto the patio to smoke, and when he went to sit down, he slid down between the patio table and the chair. -The chair slid back, Resident #4 fell on his bottom, and hit his head on the table. -Another resident came in and told her that Resident #4 had fallen and she went to check on him. -She sent Resident #4 out to the local hospital for assessment. -When Resident #4 returned to the facility, he was placed on 15-minute checks and should have been on the increased safety checks for 24 hours.. -The 15-minute checks should have been documented on the 15-minute check log and kept in a binder. -After Resident #4's fall on 01/07/24 staff made sure he used his walker, that his pants were not dragging the ground, and that his shoes were tied. -She did not know of any other interventions put in place for Resident #4 after his fall on 01/07/24. <p>Review of Resident #4's incident/accident report dated 01/07/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 had an unwitnessed fall on the back patio. -He fell while trying to sit in a chair and hit his bottom and his head while he was falling. -There were no visible marks. -Resident #4's vital signs were taken. -Resident #4 was taken to the emergency room and returned on 01/08/24. <p>Review of Resident #4's triage note dated 01/07/24 revealed:</p>	{D 270}		

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{D 270}	<p>Continued From page 20</p> <ul style="list-style-type: none"> -Resident #4 went to sit down in a chair and missed it. -He hit his head on a table and was on his way to the local hospital. -There were orders to notify the PCP upon his return to the facility. <p>Review of Resident #4's hospital emergency room after visit summary dated 01/07/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 was seen in the emergency room due to a fall. -Resident #4 had a diagnosis of a closed head injury. <p>Review of Resident #4's increased supervision check sheets revealed there were no 15 or 30-minute check sheets for 01/07/24 available for review.</p> <p>c. Review of Resident #4's progress note dated 01/15/24 at 11:48am revealed:</p> <ul style="list-style-type: none"> -Resident #4 urinated on his bedroom floor and slipped in it and fell. -He landed on his hip and back and was a little sore, but nothing seemed to be broken. <p>Review of Resident #4's progress note dated 01/15/24 at 6:51pm revealed:</p> <ul style="list-style-type: none"> -Resident #4 was saying that his back, right hip and both legs and knees hurt badly. -An incident/accident report was completed and Resident #4's PCP was contacted. <p>Attempted telephone interview with the MA who documented Resident #4's 01/15/24 progress notes on 02/15/24 at 9:28am was unsuccessful.</p> <p>Review of Resident #4's incident/accident report for 01/15/24 revealed:</p>	{D 270}		

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{D 270}	<p>Continued From page 21</p> <ul style="list-style-type: none"> -Resident #4 had an unwitnessed fall in his bedroom. -Resident #4 stated that he urinated on his bedroom floor, and then slipped on the urine and fell. -Resident #4 landed on his hip and hurt his back, hip, legs, and knees. -Resident #4 had pain in his lower back, right hip, both legs (knees) where he had previous injuries/surgeries. -Resident #4's vital signs were taken. -Resident #4 was not taken to the emergency room. <p>Review of Resident #4's triage note dated 01/15/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 slipped and fell and hurt his lower back and hip; he complained of pain in both legs and knees. -Resident #4 had a history of injury to his back and hip, and he stated they were previously broken. -Resident #4 was alert and his vital signs were good. -Staff were to continue to monitor Resident #4 and facility staff requested x-rays for Resident #4's injured areas. -There were orders for x-rays to Resident #4's right hip and bilateral knee. <p>Review of Resident #4's increased supervision check sheets revealed there were no 15 or 30-minute check sheets for 01/15/24 available for review.</p> <p>d. Review of Resident #4's progress note dated 01/16/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 fell coming back from the smoking patio. -He did not have any complaints of injuries. 	{D 270}		

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{D 270}	<p>Continued From page 22</p> <p>Interview with the MA who documented Resident #4's 01/16/24 progress note on 02/15/24 at 1:58pm revealed:</p> <ul style="list-style-type: none"> -Resident #4 tripped and fell as he was coming in the door from the outside patio. -When Resident #4 fell on 01/16/24, he should have been placed on 30-minute checks because he did not have any injuries. -MAs and PCAs were responsible for completing the 30-minute checks and the PCAs were responsible for documenting that the checks had been completed. -After Resident #4's fall on 01/16/24 staff made sure he used his walker, that his pants were not dragging the ground, and that his shoes were tied. -Sometimes Resident #4 needed physical assistance with walking and transfers. <p>Review of Resident #4's incident/accident report dated 01/16/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 had an unwitnessed fall coming in the facility from the outside patio. -Resident #4 tripped and fell on his back. -Resident #4's vital signs were taken. -There was documentation Resident #4 continued to be on 15-minute checks. <p>Review of Resident #4's triage note dated 01/16/24 revealed:</p> <ul style="list-style-type: none"> -Resident #4 fell coming in from the back patio. -He landed on his back and stated he did not hit his head. -Resident #4's vital signs were taken, and he had no complaints of pain. -There were orders to continue to monitor Resident #4 per facility fall protocol and notify the PCP with any acute changes or complaints of pain. 	{D 270}		

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{D 270}	<p>Continued From page 23</p> <p>Review of Resident #4's increased supervision check sheets revealed there were no 15 or 30-minute check sheets for 01/16/24 available for review.</p> <p>Interview with Resident #4 on 02/15/24 at 11:06am revealed: -He had falls in January 2024, but he did not know how many. -He remembered going to the hospital after one his falls with a hurt hip. -He had fallen multiple times because of his leg was hurting. -He did not remember staff checking on him frequently after his falls.</p> <p>Interview with a personal care aide (PCA)/MA on 02/15/24 at 11:54am revealed: -She thought Resident #4 had increased supervision after his falls, but she did not know if he was on 15 or 30-minute checks. -If Resident #4 had been on 15 or 30-minute checks after his falls, they would have been documented on the 15 or 30-minute check logs for the corresponding dates. -She did not know if there were any other interventions put in place after Resident #4's falls to help prevent future falls.</p> <p>Interview with the RCC on 02/15/24 at 3:03pm revealed: -Staff were instructed to increase supervision for Resident #4 with 15-minute checks after each fall. -Staff should have documented 15-minute checks were conducted on the 15-minute check log. -Residents who were on 15-minute checks were provided increased supervision for a minimum of 24 hours.</p>	{D 270}		

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{D 270}	<p>Continued From page 24</p> <ul style="list-style-type: none"> -She spoke to Resident #4's PCP in January about him receiving physical therapy and the PCP stated she would try to make a referral to a physical therapy provider. <p>Interview with the OM on 02/15/24 at 3:30pm revealed:</p> <ul style="list-style-type: none"> -She gave packets for 15-minute checks or 30-minute checks to PCAs to document increased supervision for residents after falls. -PCAs were to return the documentation of 15 or 30-minute checks to her the next day. -She did not know if Resident #4 had increased supervision after his falls. -There should have been 15-minute checks for Resident #4 after each of his falls. -The 15-minute checks should have been for 24 hours, but they could have been continued for a longer time if Resident #4 continued to fall. -She thought Resident #4 fell because of the way he walked with his walker; he walked on top of the walker, but staff tried to work with him. -Resident #4 was not able to receive physical therapy due to his insurance. -Staff assisted him with ambulation if they knew his was going outside to smoke. -There were no other interventions in place for Resident #4 after his falls. <p>Interview with Resident #4's PCP on 02/15/24 at 3:39pm revealed:</p> <ul style="list-style-type: none"> -She was aware of Resident #4's falls in December 2023 and January 2024. -Resident #4 had a history of cerebral vascular accident (CVA), left side weakness, unsteady gait, and he was a high fall risk. -She thought she had ordered physical therapy and occupational therapy for Resident #4. -If he was not receiving therapies, it could have been due to issues with his insurance. 	{D 270}		

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{D 270}	<p>Continued From page 25</p> <p>-The facility was conducting 15-minute or 30-minute checks for their high fall risk residents, clearing pathways, clearing out clutter from their rooms, and she would have ordered physical therapy or occupational therapy.</p> <p>-She could not think of anything the facility could have done differently for Resident #4.</p> <p>Interview with the Campus Director (CD) on 02/15/24 at 4:45pm revealed:</p> <p>-He did not know about Resident #4's falls or if there were any interventions put in place for Resident #4 after his falls.</p> <p>-He expected for staff to follow the facility's fall policy for Resident #4 after his falls.</p> <p>Attempted telephone interview with the Administrator on 02/15/24 at 4:30pm was unsuccessful.</p> <p>_____</p> <p>The facility failed to ensure supervision for 1 of 5 residents related to a resident who had 4 unwitnessed falls in two months resulting a closed head injury and pain to his back, hip, legs, and knees (#4). This failure was detrimental to the health, safety and welfare of residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/14/24 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 30, 2024.</p>	{D 270}		
{D 273}	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care</p>	{D 273}		

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{D 273}	<p>Continued From page 26</p> <p>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure health care referral and follow up for 1 of 5 sampled resident (#2) related to a physician's order for a physical therapy (PT)/occupational therapy (OT) evaluation and treatment.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 12/14/23 revealed diagnoses included dementia, diabetes mellitus, hypertension, cellulitis of lower left limb, Gerd, muscle weakness, cognitive communication deficit, permanent trach, allergic rhinitis, and hyperlipidemia.</p> <p>Review of after-visit summary from the local hospital for surgical procedure dated 09/23/23 revealed Resident required a surgical skin graft removal of facial cancer.</p> <p>Review of Resident #2's Primary Care Provider's (PCP) progress note dated 12/05/23 revealed: -The visit on 12/05/23 was a follow-up patient visit and related to Resident #2's repeated falls history and unsteady gait. -Physical therapy (PT)/occupational therapy (OT) services were ordered to evaluate and treat Resident #2's repeated falls and unsteady gait.</p> <p>Review of Resident #2's care plan revealed: -A significant change in condition care plan was not completed since April 2023. --The resident ambulated independently with a walker, required supervision from staff for eating,</p>	{D 273}		

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{D 273}	<p>Continued From page 27</p> <p>toileting, bathing, grooming, and transferring, and required extensive assistance from staff for dressing.</p> <p>Review of the Operation Manager's (OM) email documentation note dated 12/06/23 revealed the OM requested progress notes from the PCP for the 12/05/23 PCP visit with Resident #2 related to the PT/OT services referral.</p> <p>Review of the OM's email documentation note dated 02/15/24 revealed there was no documented follow-up until 02/15/24 for follow-up on requested progress notes from the PCP for the 12/05/23 PCP visit with Resident #2 related to the PT/OT services referral.</p> <p>Review of Resident #2's accident/incident reports dated between 12/01/23 through 02/13/24 revealed: -Resident #2 had 5 unwitnessed falls. -Resident #2 had an increased number of injuries with lacerations to his head and skin tears to his arms.</p> <p>Review of Resident #2's progress notes dated between 12/27/2023 through 2/13/24 revealed: -Resident # 2 had 7 falls as follows: -On 12/27/23, Resident #2 required a hospital visit due to a fall and complained about pain in his ribs. -On 01/08/24, Resident #2 fell in the lobby and received tears to old scabs. -On 01/27/24, Resident #2 fell while trying to make it to his restroom with a skin tear on his head. -On 01/28/24, Resident #2 required a hospital visit after he fell in the dining room and hit his head. -On 01/30/24, Resident #2 required a hospital</p>	{D 273}		

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{D 273}	<p>Continued From page 28</p> <p>visit after he fell in the hallway.</p> <p>-On 02/03/24, Resident #2 required a hospital visit after he fell in his room and had a skin tear on his head.</p> <p>-On 02/13/24, Resident #2 required a hospital visit after he fell in the hallway and received a laceration on his head.</p> <p>Review of Resident #2's hospital discharge summary dated 02/13/24 revealed Resident #2 received a medical evaluation on 02/14/24 from a hospital physician at the facility on 02/14/24 for laceration of his head due to a fall at the facility on 02/13/24.</p> <p>Observation of Resident #2 on 02/14/24 at 12:35pm revealed:</p> <p>-He used a rollator and was unsteady in ambulation when he walked down the hall into the dining room.</p> <p>-Resident #2 required staff assistance to walk to his chair at the dining table.</p> <p>-Resident #2 had a skin tear on his head.</p> <p>Based on observations, record reviews, and interviews, it was determined Resident #2 was not interviewable.</p> <p>Telephone interview with Resident #2's PT on 02/14/24 at 3:55pm revealed:</p> <p>-Resident #2 was discharged from home health services for PT/OT therapy on 08/31/23.</p> <p>-The facility had not provided a referral for PT/OT services since the discharge on 08/31/23.</p> <p>Telephone interview with Resident #2's guardian on 02/15/24 at 4:08pm revealed:</p> <p>-He was aware Resident #2 had increased falls.</p> <p>-He was aware staff assisted Resident #2 more with his eating, transferring, walking, and bathing</p>	{D 273}		

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{D 273}	<p>Continued From page 29</p> <p>needs since the September 2023 surgery. -He was not aware of any recent assistance from a physical or occupational therapist for Resident #2 recently but Resident #2 had received home health therapy previously in August 2023.</p> <p>Interview with a personal care aide (PCA) on 02/15/24 at 10:01am revealed she was not aware if Resident #2 had received any PT/OT therapy recently.</p> <p>Interview with a second PCA on 02/15/24 at 10:30am revealed: -Resident #2 had declined with more falls since September 2023. (Since you are using this reference date-you may need to add the surgery information -Resident #2's head scabs came from his previous falls related to his decline within the last couple months. -He was not aware of additional interventions for Resident #2 recently including PT/OT therapy.</p> <p>Second interview with the second PCA on 02/15/24 at 2:05pm revealed Resident #2 required more assistance with transferring and walking since September 2023.</p> <p>Interview with a third PCA/Medication Aide (MA) on 02/15/24 at 11:50am revealed: -Resident #2 had declined with more falls since September 2023. -She was not aware of any updates for additional interventions for Resident #2 recently for falls including PT/OT therapy.</p> <p>A second interview with the third PCA/MA on 02/15/24 at 2:10pm revealed Resident #2 required more assistance with transferring and walking down the hall since September 2023.</p>	{D 273}		

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{D 273}	<p>Continued From page 30</p> <p>Interview with a MA on 02/15/24 at 1:45pm revealed: -She was aware of Resident #2's increased falls and an increased decline for Resident #2 since September 2023. -She was not aware of any updates or any additional interventions recently for PT/OT therapy for Resident #2.</p> <p>Interview with the Resident Care Coordinator (RCC) on 02/15/24 at 2:30pm revealed: -She was aware Resident #2's increased falls. -She was aware of the PCP's 12/05/23 progress note for a PT/OT referral but the OM is responsible for scheduling and following up on PCP referrals.</p> <p>Interview with Operation Manager (OM) on 02/15/24 at 3:28pm revealed: -She was aware Resident #2 had a significant change and increased falls since his September 2023 surgery. -She was responsible for ensuring the PCP's progress notes were audited and referrals for home health therapy services including PT/OT were scheduled for residents. -She was aware of the PCP's 12/05/23 order for a referral for PT/OT but had forgotten to follow up with the PCP and the home health agency. -She had followed up with the PCP through email communication on 12/06/23 but the OM provided no follow-up until 02/15/24 for further communication with the PCP.</p> <p>Telephone interview with the Resident #2's PCP on 02/15/24 at 3:45pm revealed: -She was the PCP for Resident #2 who resided in the facility. -She was aware of Resident #2's increased falls</p>	{D 273}		

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{D 273}	<p>Continued From page 31</p> <p>and need for increased assistance from facility staff.</p> <p>-She expected the facility to follow her recommended interventions and she had ordered PT/OT home health therapy services for Resident #2 on 12/05/23.</p> <p>-She expected a detrimental outcome for Resident #2 with a decline in health and having risks for falls if the facility did not follow through with a referral for PT/OT home health services.</p> <p>Interview with the Campus Director on 02/15/24 at 4:26pm revealed:</p> <p>-He was not aware of Resident #2's decline in health and increased falls.</p> <p>-He did not know about Resident #2's falls or the referral for PT/OT after the PCP visit on 12/05/23 until today on 02/15/24.</p> <p>-He expected staff to follow the PCP's recommendations for a PT/OT referral in a timely manner.</p> <p>-He expected the PCP's progress notes be audited daily and referrals to be scheduled promptly.</p> <p>-He expected the PCP orders for any referrals to be scheduled within a timely manner for the care of the residents.</p> <p>Attempted telephone interview with the Administrator on 02/15/24 at 4:30pm was unsuccessful.</p>	{D 273}		
{D 310}	<p>10A NCAC 13F .0904(e)(4) Nutrition and Food Service</p> <p>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</p>	{D 310}		

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{D 310}	<p>Continued From page 32</p> <p>served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to serve therapeutic diets as ordered by the physician for 3 of 5 sampled residents (#1, #2, and #3) with therapeutic diet orders for No Concentrated Sweets (NCS) diet, no added salt, and mechanical altered diet (.#2), no added table salt (#3) and a NCS diet, no added table salt, and 2% milk or less at every meal (#1).</p> <p>The findings are:</p> <ol style="list-style-type: none"> Review of Resident #2's current FL-2 dated 12/14/23 revealed diagnoses included dementia, GERD, diabetes mellitus, hypertension, muscle weakness, cognitive communication deficit, and permanent tracheostomy. <p>Review of Resident #2's diet order sheet dated 12/14/23 revealed an order for a NCS diet with special instruction for no added table salt, mechanical altered, and no regular eggs.</p> <p>Review of the NCS menu and the Mechanical Altered menu for the lunch meal service on 02/14/24 revealed Resident #2 was to be served spaghetti noodles with meat sauce, soft vegetable of the day, Italian bread, animal crackers, margarine, diet beverage of choice, water, and 2% milk.</p> <p>Observation of the beverages available for service to residents for the lunch meal on 02/14/24 at 12:35pm revealed water, tea, and 2% milk were available on the beverage cart.</p> <p>Observation of Resident #2's lunch meal service</p>	{D 310}		

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{D 310}	<p>Continued From page 33</p> <p>on 02/14/24 between 12:36pm and 1:40pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 was served spaghetti noodles with meat sauce, tossed salad with salad dressing, pear halves, animal crackers, and water. -Resident #2 ate 90% of his meal and did not eat his tossed salad. -Resident #2 was not supposed to have been served a tossed salad. <p>Review of the NCS menu and the Mechanical Altered menu for the breakfast meal service on 02/15/24 revealed Resident #2 was to be served cereal of choice, scrambled eggs, pureed hash browns, pureed bread, margarine, diet jelly, 2% milk, and juice of choice.</p> <p>Observation of Resident #2's breakfast meal service on 02/15/24 between 7:35am and 8:10am revealed:</p> <ul style="list-style-type: none"> -Resident #2 was served cereal with 2% milk, scrambled eggs, hash browns, a slice of bread, water, and coffee. -Resident #2 should have been pureed hash browns and pureed bread. -Resident #2 ate 90% of his meal. -Resident #2 was not supposed to have been served regular hash browns and toast according the facility's therapeutic diet menu. <p>Based on observations, record reviews, and interviews, it was determined Resident #2 was not interviewable.</p> <p>Telephone interview with Resident #2's guardian on 02/15/24 at 4:08pm revealed he was not aware of any dietary restrictions except for NCS.</p> <p>Interview with a dietary staff on 02/15/24 at 8:05am revealed:</p>	{D 310}		

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{D 310}	<p>Continued From page 34</p> <p>-He was not aware of and not following the NCS therapeutic menu or the mechanical altered diet menu for Resident #2.</p> <p>-He was not aware of where to reference the therapeutic menus.</p> <p>-He was not aware Resident #2 should have been served pureed hash browns and pureed bread on 02/15/24 for the breakfast meal according to the mechanical altered therapeutic menu.</p> <p>-He used the regular menu and referenced the therapeutic diet list located in the kitchen as he was trained by the Dietary Manager (DM).</p> <p>Interview with a second dietary staff on 02/15/24 at 8:15am revealed:</p> <p>-He was aware Resident #2 was on a NCS with no added table salt diet that included mechanical altered restrictions.</p> <p>-He used the regular menu and referenced the therapeutic diet list located in the kitchen.</p> <p>-He was not aware Resident #2 should have been served soft vegetables instead of tossed salad on 02/14/24 for the lunch meal according to mechanical altered therapeutic menu.</p> <p>-He was not aware Resident #2 should have been served pureed hash browns and pureed bread instead of regular hash browns and toast on 02/15/24 for the breakfast meal according to the mechanical altered therapeutic menu.</p> <p>-The dietary staff plated the meals for residents and the facility staff were responsible for serving meals.</p> <p>-He and the other cooks were responsible for ensuring diets are served as ordered by the physician.</p> <p>Interview with a personal care aide (PCA) on 02/15/23 at 10:00am revealed:</p> <p>-He was aware Resident #2 was on a mechanical diet that included NCS with no added table salt</p>	{D 310}		

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(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 35</p> <p>from the therapeutic diet list in the kitchen.</p> <p>-He was not aware of the therapeutic menus that referenced specific restrictions for Resident #2.</p> <p>-He was not aware Resident #2 should have been served soft vegetables instead of tossed salad on 02/14/24 for the lunch meal according to mechanical altered therapeutic menu.</p> <p>-He was not aware Resident #2 should have been served pureed hash browns and pureed bread instead of regular hash browns and toast on 02/15/24 for the breakfast meal according to the mechanical altered therapeutic menu.</p> <p>Interview with a second personal care aide (PCA) on 02/15/23 at 10:30am revealed:</p> <p>-She was aware Resident #2 was on a ground diet that included NCS with no added table salt from the therapeutic diet list in the kitchen.</p> <p>-She was not aware of the therapeutic menus specific to Resident #2.</p> <p>-He was not aware Resident #2 should have been served soft vegetables instead of tossed salad on 02/14/24 for the lunch meal according to mechanical altered therapeutic menu.</p> <p>Interview with the DM on 02/15/24 at 8:30am revealed:</p> <p>-The facility staff were responsible for serving the residents meal plates according to the therapeutic diet list located in the kitchen.</p> <p>-He expected the therapeutic menu to be used by dietary staff for all residents' dietary needs.</p> <p>-Resident #2's meals on 02/14/24 and 02/15/24 should have been served according to the instructions on the menu and according to the physician's orders.</p> <p>-He was not aware dietary staff and facility staff served Resident #2 tossed salad instead of a soft vegetable on 02/14/24 for the lunch meal according to the mechanical altered therapeutic</p>	{D 310}		

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{D 310}	<p>Continued From page 36</p> <p>menu.</p> <p>-He was not aware dietary staff and facility staff served Resident #2 regular hash browns and toast instead of pureed hash browns and pureed bread on 02/15/24 for the breakfast meal according to the mechanical altered therapeutic menu.</p> <p>Interview with the RCC on 02/15/24 at 2:30pm revealed:</p> <p>-She expected staff to serve Resident #2 according to his diet orders for mechanical altered.</p> <p>-She expected staff to read the therapeutic diet list in the kitchen to serve residents' meals.</p> <p>-The Operations Manager reviewed residents' dietary orders and shared details with the DM to ensure residents diets were served as ordered.</p> <p>Interview with the OM on 11/02/23 at 3:25pm revealed:</p> <p>-She was not aware Resident #2 had not been served soft vegetables instead of tossed salad on 02/14/24 for the lunch meal.</p> <p>-She was not aware Resident #2 had not been served pureed hash browns and pureed bread instead of regular hash browns and toast on 02/15/24 for the breakfast meal.</p> <p>-Resident #2 should have been served her meals on 02/14/24 AND 02/15/24 meal as directed on the therapeutic diet list posted in the kitchen.</p> <p>-She provided the diet list to the DM and expected residents to be served diets as ordered by their primary care provider (PCP).</p> <p>Telephone interview with the Resident #2's PCP on 02/15/24 at 3:45pm revealed:</p> <p>-She expected the facility to serve diets as ordered for all residents.</p> <p>-She expected a possible choking hazard for</p>	{D 310}		

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{D 310}	<p>Continued From page 37</p> <p>Resident #2 if the facility failed to follow his diet for mechanical altered restrictions.</p> <p>Interview with the Campus Director on 02/15/24 at 4:26pm revealed: -He expected staff to serve diets as ordered by the residents' PCP. -He expected staff to use the therapeutic diet list and the therapeutic menus to serve residents according to their respective physicians' orders.</p> <p>Attempted telephone interview with the Administrator on 02/15/24 at 4:30pm was unsuccessful.</p> <p>2. Review of Resident #3's current FL-2 dated 10/17/23 revealed diagnoses included essential hypertension.</p> <p>Review of Resident #3's diet order sheet dated 12/14/23 revealed an order for a regular diet with special instruction for no added table salt.</p> <p>Review of the regular menu with no added table salt for the lunch meal service on 02/14/24 revealed Resident #3 was to be served spaghetti noodles with meat sauce, tossed salad with dressing, Italian bread, animal crackers, margarine, beverage of choice, water, and 2% milk.</p> <p>Observation of the beverages available for service to residents for the lunch meal on 02/14/24 at 12:35pm revealed water, tea, and 2% milk were available on the beverage cart.</p> <p>Observation of Resident #3's lunch meal service on 02/14/24 between 12:36pm and 1:40pm revealed: -Resident #3 was served spaghetti noodles with</p>	{D 310}		

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{D 310}	<p>Continued From page 38</p> <p>meat sauce, tossed salad with salad dressing, pear halves, animal crackers, and water.</p> <p>-Staff provided Resident #3 with salt and pepper packets at the table.</p> <p>-Staff provided no direction to Resident #3 on his no added table salt diet.</p> <p>-Resident #3 ate 100% of his meal and added salt to his meal.</p> <p>-Resident #3 was not supposed to have salt provided at the table.</p> <p>Review of the regular menu with no added table salt for the breakfast meal service on 02/15/24 revealed Resident #3 was to be served cereal of choice, egg of choice, hash browns, toast, margarine, jelly, water, 2% milk, and juice of choice.</p> <p>Observation of Resident #3's breakfast meal service on 02/15/24 between 7:35am and 8:10am revealed:</p> <p>-Resident #3 was served cereal with 2% milk, scrambled eggs, hash browns, toast, water, and milk.</p> <p>-Staff provided Resident #3 with salt and pepper packets at the table.</p> <p>-Staff provided no direction to Resident #3 on his no added table salt diet.</p> <p>-Resident #3 ate 90% of his meal and added salt to his meal.</p> <p>-Resident #3 was not supposed to have salt provided at the table.</p> <p>Interview with Resident #3 on 02/15/24 at 12:22pm revealed:</p> <p>-He was not aware he was on any type of diet.</p> <p>-He could get salt and pepper packets if he asked for them, but staff provided him with the salt packets without his request.</p> <p>-He had not been told by staff he should not have</p>	{D 310}		

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{D 310}	<p>Continued From page 39</p> <p>table salt.</p> <p>Interview with a dietary staff on 02/15/24 at 8:15am revealed:</p> <ul style="list-style-type: none"> -He was aware Resident #3 was on a regular diet with no added table salt diet. -He used the regular menu and referenced the therapeutic diet list located in the kitchen. -The dietary staff plated the meals for residents and the facility staff were responsible for serving meals including condiments to the residents. -Staff should have looked at the therapeutic diet list to know Resident #3 should not be served packets of salt. -Dietary staff was not adding salt to Resident #3 meals. -Staff should not have provided packets of salt for Resident #3 and should have told Resident #3 of his diet orders when he requested salt. <p>Interview with a personal care aide (PCA) on 02/15/23 at 10:00am revealed:</p> <ul style="list-style-type: none"> -He was not aware Resident #3 was on a regular diet with no added table salt. -He was aware of the therapeutic diet list located in the kitchen. -He provided salt packets to Resident #3 for the lunch meal on 02/14/24 and for the breakfast meal on 02/15/24 after requested by Resident #3. -He had not told Resident #3 of his diet order for no added salt before he provided the salt packets. <p>Interview with a second personal care aide (PCA) on 02/15/23 at 11:50am revealed:</p> <ul style="list-style-type: none"> -She was aware Resident #3 was on a regular diet with no added table salt. -She was aware of the therapeutic diet list located in the kitchen. -She provided Resident #3 with packets of salt 	{D 310}		

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{D 310}	<p>Continued From page 40</p> <p>when he requested to have salt with his meal due to she</p> <p>Interview with the Dietary Manager (DM) on 02/15/24 at 8:30am revealed: -The facility staff were responsible for serving the plates as well as condiments including salt. -The facility staff should have reviewed the therapeutic diet list to know that Resident #3 was to have no added table salt.</p> <p>Interview with the Resident Care Coordinator (RCC) on 02/15/24 at 2:30pm revealed: -She was aware of Resident #3's regular diet with no added table salt. -She was not aware staff had provided Resident #3 with packets of salt and was not aware the packets of salt were requested by Resident #3. -The Operations Manager (OM) reviewed residents' dietary orders and shared details with the DM to ensure residents diets are to be served as ordered. -She expected staff to serve Resident #3 according to his diet orders for a regular diet with no added table salt.</p> <p>Interview with the OM on 11/02/23 at 3:25pm revealed: -She expected facility staff and dietary staff to serve resident diets as ordered by their primary care provider (PCP). -She was aware of Resident #3's regular diet with no added table salt. -She was not aware Resident #3 had been served packets of salt and was not aware the packets of salt were request by Resident #3. -Resident #3 should not have been provided with packets of salt with his meal as directed on the therapeutic diet list posted in the kitchen. -She expected to be notified by staff when a</p>	{D 310}		

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{D 310}	<p>Continued From page 41</p> <p>resident refused their orders so the PCP should be contacted for recommendations.</p> <p>Telephone interview with the Resident #3's PCP on 02/15/24 at 3:45pm revealed: -She expected the facility to serve diets as ordered for all residents. -She expected a possible blood pressure issue for Resident #3 if the facility failed to follow his diet order for no added table salt.</p> <p>Interview with the Campus Director on 02/15/24 at 4:26pm revealed: -He was not aware Resident #3 had requested packets of salt for his meals and staff served the packets of salt at his meals. -He expected staff to serve diets as ordered by the residents PCP. -He expected staff to use the therapeutic diet list and the therapeutic menus to serve residents according to their orders.</p> <p>Attempted telephone interview with the Administrator on 02/15/24 at 4:30pm was unsuccessful.</p> <p>3. Review of Resident #1's current FL2 dated 01/09/23 revealed diagnoses included hyperlipidemia, chronic renal insufficiency, and hyponatremia.</p> <p>Review of Resident #1's diet order sheet dated 01/09/23 revealed an order for a NCS diet with special instruction for no added table salt, seconds on green vegetables, and 2% milk or less at every meal.</p> <p>Review of the facility's therapeutic diet list dated 12/18/23 revealed Resident #1 was to be served a NCS diet with no added table salt, seconds on</p>	{D 310}		

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{D 310}	<p>Continued From page 42</p> <p>green vegetables, and 2% milk or less with every meal.</p> <p>Review of the NCS menu for the lunch meal service on 02/14/24 revealed Resident #1 was to be served spaghetti noodles with meat sauce, tossed salad with dressing, Italian bread, animal crackers, margarine, diet beverage of choice, water, and 2% milk.</p> <p>Observation of the beverages available for service to residents for the lunch meal on 02/14/24 at 12:35pm revealed water, tea, and 2% milk were available on the beverage cart.</p> <p>Observation of Resident #1's lunch meal service on 02/14/24 between 12:36pm and 1:40pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 was served macaroni mix, 2 servings of salad with salad dressing, pear halves, animal crackers, and water. -Resident at 100% of her meal. -Resident #1 should have been served 2% milk with her lunch meal, but no milk was offered or served to Resident #1. <p>Review of the NCS menu for the breakfast meal service on 02/15/24 revealed Resident #1 was to be served cereal of choice, egg of choice, hash browns, toast, margarine, diet jelly, 2% milk, and juice of choice.</p> <p>Observation of Resident #1's breakfast meal service on 02/15/24 between 7:35am and 8:10am revealed:</p> <ul style="list-style-type: none"> -Resident #1 was served cereal with 2% milk, scrambled eggs, hash browns, a slice of bread, a packet of Splenda, butter, and water. -Resident #1 ate 90% of her meal. -Resident #1 should have been served 2% milk 	{D 310}		

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{D 310}	<p>Continued From page 43</p> <p>with her lunch meal, but no milk was offered or served to Resident #1 other than the amount poured into her cereal at the breakfast meal.</p> <p>Interview with Resident #1 on 02/15/24 at 12:22pm revealed: -She was not served milk with her lunch meal on 02/14/24 and was not offered milk. -She could get milk if she asked for it, and staff only served her milk when she asked for it. -She was served milk for breakfast when cereal was served.</p> <p>Interview with a dietary staff on 02/15/24 at 8:05am revealed: -He was not aware of Resident #1 was to be served milk with every meal. -He was not aware of or where to reference the therapeutic menus. -He used the regular menu and referenced the therapeutic diet list located in the kitchen as trained by the Dietary Manager (DM).</p> <p>Interview with a second dietary staff on 02/15/24 at 8:15am revealed: -He was aware Resident #1 was to be served milk with every meal. -He used the regular menu and referenced the therapeutic diet list located in the kitchen. -The dietary staff plated the meals for residents and the facility staff were responsible for serving meals which included beverages such as tea, unsweetened tea, water, juice, and milk. -Staff should have looked at the therapeutic diet list to know Resident #1 was to be served milk with each meal.</p> <p>Interview with a personal care aide (PCA) on 02/15/23 at 10:30am revealed: -He was aware Resident #1 was to be served</p>	{D 310}		

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{D 310}	<p>Continued From page 44</p> <p>milk at every meal. -He was aware of the therapeutic diet list located in the kitchen. -Staff asked Resident #1 if she wanted milk and she usually said no.</p> <p>Interview with a second personal care aide (PCA) on 02/15/23 at 10:30am revealed: -She was aware Resident #1 was to be served milk at every meal by the therapeutic diet list located in the kitchen. -She had offered milk to Resident #2 before and resident refused, so she stopped pouring the milk in advance of the meal service. -Resident #1 told her if she did not want the milk, and she did not want staff to bring it to her because she did not want it to go to waste.</p> <p>Interview with the DM on 02/15/24 at 8:30am revealed: -The facility staff was responsible for serving the plates and for serving beverages. -The facility staff and the dietary staff should have reviewed the therapeutic diet list to know Resident #1 was to be served 2% milk with each meal.</p> <p>Interview with the Resident Care Coordinator (RCC) on 02/15/24 at 2:30pm revealed: -She expected staff to serve Resident #1 according to her diet orders for 2% milk with each meal. -Staff offered Resident #1 milk and she refused it, so staff did not place the milk on the table for her. -She reached out to Resident #1's PCP regarding Resident #1's refusal of the the milk but had not received further instruction.</p> <p>Interview with the Operations Manager (OM) on 11/02/23 at 3:25pm revealed:</p>	{D 310}		

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{D 310}	<p>Continued From page 45</p> <ul style="list-style-type: none"> -She expected facility staff and dietary staff to serve resident diets as ordered by their PCP. -Resident #1 should have been served milk with her meal as directed on the therapeutic diet list posted in the kitchen. -She was not aware Resident #1 had not been served milk with each meal and had not been notified the resident had refused. -She expected to be notified by staff when a resident refused their orders so the PCP could be contacted for recommendations. <p>Telephone interview with the Resident #2's PCP on 02/15/24 at 3:45pm revealed she expected the facility to serve diets as ordered for all residents.</p> <p>Interview with the Campus Director on 02/15/24 at 4:26pm revealed:</p> <ul style="list-style-type: none"> -He was not aware Resident #1 was not served milk at every meal. -He was not aware Resident #1 had refused milk with any meal recently. -He expected staff to serve diets as ordered by the residents PCP. -He expected staff to use the therapeutic diet list and the therapeutic menus to serve residents according to their orders. <p>Attempted telephone interview with the Administrator on 02/15/24 at 4:30pm was unsuccessful.</p>	{D 310}		