	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL014004	B. WING_			
	ROVIDER OR SUPPLIER				02/0	7/2024
			DDRESS, CITY, ST AIRE CENTER	•		
THE SHAI	RECENTER		NC 28645			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licer annual survey on Fe	nsure Section conducted an bruary 6-7, 2024.				
D 296	10A NCAC 13F .090 Service	4(c)(7) Nutrition And Food	D 296	This Plan of Correction is subm address deficiencies cited unde		02/16/2
	 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. 			This is to state that we do not co this recommendation as stated to practice. Upon finding stated de On February 8, 2024 (2) new ty processor blades were ordered put into use on February 27, 202 proper consistency of puree foo On February 9, 2024 menus were updated by Food Service Director (consultation with Certified Dietary (CDM) at sister facility and Regi Dietician (RD) to include extensi	for deficient ficiencies. Des of and were 24 to ensure ds. e revised and FSD) under Manager stered	
	reviews the facility fa therapeutic diet men service staff for 2 of 2	as evidenced by: n, interviews and record iled to have a matching u for the guidance of food 2 sampled residents (#1 and cian ordered pureed diet.		mechanical soft and puree thera and their textures. On February 12, 2024, Food Se Director (FSD) and Director of N (DON) audited and reviewed cur residents' therapeutic diets to er accuracy. All therapeutic diets v	rvice lurses rrent asure	
	01/22/24 revealed: -Diagnoses included -An order for a puree Review of the therap kitchen revealed Res			to be complete and accurate. On February 16, 2024 all dietary nursing staff were inserviced and educated by Speech Language (SLP), Certified Dietary Manage and Director of Nurses (DON). T discussed were dietary cards; de therapeutic diets; textures of mo	d re- Pathologist r (CDM) opics efinition of dified diets;	
		tchen on 02/06/24 at 9:45am o therapeutic diet menu d diet.		importance of therapeutic diets a textures; and proper preparation therapeutic diets and their textur Rationale and preparation of thic liquids were also reviewed. Trair included proper preparation of the diets and their textures.	of es. kened ing	
		SUPPLIER REPRESENTATIVE'S SIGNATURE	ļ	ستد Administrator		(6) DATE 5/2024
TEFORM			6899	T2IU11		ion sheet 1 of 9

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		HAL014004	B. WING		02/0	7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE, ZIP CODE		
	IRE CENTER	1450 SH	AIRE CENTER	DRIVE		
		LENOIR	, NC 28645			
(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 CORF (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
D 296	Continued From pag	e 1	D 296			<u> </u>
	Refer to interview with the Food Service Director (FSD) on 02/06/24 at 9:45am and 1:34pm. Refer to interview with the facility contracted RD on 02/06/24 at 2:03pm. Refer to telephone interview with the DM at the sister facility on 02/07/24 at 10:50am. Refer to interview with the Administrator on 02/07/24 at 2:10pm.			All therapeutic diets and their be prepared accurately, timely according to food service regu	and lations and	
				state regulations. The FSD ar conduct random reviews of the diets and their textures on a w for a period of 4 weeks, then e	erapeutic eekly basis every other	
				week for a period of 4 weeks a for a period of 1 month. The F will compile documentation an findings to the Administrator for	SD and DON d report or a period of	
	2. Review of Resider 01/22/24 revealed: -Diagnoses included -An order for a regula			three months. The Administra assess and modify the action p needed to ensure continued co	olan as	
	Review of Resident # orders dated 02/05/2 pureed diet.	6's subsequent physician 4 revealed a change to a				
	Review of the therap kitchen revealed Res diet.	eutic diet list posted in the ident #6 received a pureed				
		chen on 02/06/24 at 9:45am o therapeutic diet menu d diet.				
		h the Food Service Director 9:45am and 1:34pm.				
	Refer to interview with on 02/06/24 at 2:03pt	n the facility contracted RD m.				
	Refer to telephone in sister facility on 02/07	erview with the DM at the 7/24 at 10:50am.				
	Refer to interview with	n the Administrator on				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY
········	,,,,	HAL014004	B. WING		02	/07/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	IRE CENTER	1450 SH	AIRE CENTER DRI	VE		
THE SHA	IRECENTER	LENOIR	, NC 28645			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE
D 296	Continued From pag	e2	D 296			
	02/07/24 at 2:10pm.					
i	Interview with the Fo	od Service Director (FSD) on				
	02/06/24 at 9:45am	and 1:34pm revealed:				
	-The Dietary Manage	er (DM) at the sister facility				
	next door designed t	he menus several years ago				
	and contracted with t	he Registered Dietitian (RD)				
	who reviewed and ap	oproved the menus.				
		se a menu to prepare				
	pureed therapeutic diets. -The facility pureed all the foods that were listed					
	on the mechanical soft menu.					
	-The FSD and the kitchen supervisors trained all					
	new employees on how to puree foods.					
	-The cooks "just know	w" what foods pureed well				
	and which foods did	not puree well.				
	Interview with the fac	ility contracted RD on				
1	02/06/24 at 2:03pm r					
	request.	Itation to the facility upon				
	•	enus for the facility several				
	years ago, including					
ĺ		he facility was using the				
	mechanical soft meni	as guidance for the pureed				
	menu.					
	Telephone interview	with the DM at the sister				1
	facility on 02/07/24 at	10:50am revealed:				
	-She and the FSD de	signed the current menus in				
	2019 and the consult	ing RD approved them.				}
	- They had a regular m	nenu, a mechanical soft				
	menu and a pureed n	ienu available.	1			ľ
	-The mechanical soft guidance for serving a					l
		a pureed diet. anical soft menu rather than				:
	the puree menu beca	use" we just know what				
	pureed well and what	did not puree well".				
-	Interview with the Adr	ninistrator on 02/07/24 at				}

STATE FORM

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	·	HAL014004	B. WING	02/0)7/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1450 SH	AIRE CENTER	DRIVE		
INC SHA	RECENTER	LENOIR	, NC 28645			
(X4) ID		STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLET
D 296	Continued From page	je 3	D 296		·	-
	2:10pm revealed:					
	-Several years ago t	the consulting RD, the DM				ļ
	and the FSD design	ed menus that the residents				
	liked, including a pu	reed menu.				
		reed menus were being used				
	for guidance.					
D 310	10A NCAC 13F .090	4(e)(4) Nutrition and Food	D 310			
	Service		20.0	This Plan of Correction is submi address deficiencies cited under	tted to Tag #D310	02/16/
	10A NCAC 13F .090	4 Nutrition and Food Service		This is to state that we do not co	nour with	
		ts in Adult Care Homes:		this recommendation as stated f	or deficient	
	(4) All therapeutic d	iets, including nutritional		practice. Upon finding stated de	ficiencies.	
1	supplements and thi	ckened liquids, shall be				
	served as ordered by	y the resident's physician.		On February 8, 2024 (2) new typ	pes of	
				processor blades were ordered	and were	
	This Rule is not met	as evidenced by:		put into use on February 27, 202 proper consistency of puree foor	4 to ensure	
	Based on observation	ons, interviews and record			13.	
		ailed to ensure 2 of 2 sampled		On February 9, 2024 menus were	e revised and	
) were served a physician		updated by Food Service Director (FSD) under	
	ordered pureed diet.			consultation with Certified Dietary	Manager	
				(CDM) at sister facility and Regis Dietician (RD) to include extensi	stered	
	The findings are:			mechanical soft and puree thera	peutic diets	
	1. Review of Resider	nt #1's current FL2 dated		and their textures.	-	
	01/22/24 revealed:			On February 12, 2024, Food Ser	avice	
	-Diagnoses included	dementia.	1	Director (FSD) and Director of N		
	-An order for a puree			(DON) audited and reviewed cur		
				residents' therapeutic diets to en		
	Review of the therap	eutic diet list posted in the	1	accuracy. All therapeutic diets w	ere found	
	kitchen revealed Res	sident #1 received a pureed		to be complete and accurate.		
	diet.	-				
				On February 16, 2024 all dietary	and	
		tchen on 02/06/24 at 9:45am		nursing staff were inserviced and	I re-	
	available for a puree	no therapeutic diet menu		educated by Speech Therapist P		
	available for a puree	u ulet.		(SLP), Certified Dietary Manager and Director of Nurses (DON).		
	Observation of the lu	inch meal service on		Director of Nurses (DON).		
	02/06/24 at 12:53pm	revealed the meal consisted			l	

T2IU11

6899

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL014004	B. WING		02/0	7/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A		ATE, ZIP CODE		
THE SHA	RECENTER	1450 SH	AIRE CENTER	DRIVE		
		LENOIR	NC 28645			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLE DATE
D 310	of ham, sweet potate and pineapple fluff fr Observation of Resi service on 02/06/24 -Resident #1 receive -He occasionally ma of food to the front o spoon to remove it a plate. Interview with a mee 02/06/24 at 1:00 rev changed to a pureed because he started p instead of chewing it Observation of the to 02/07/24 at 12:30pm of chicken Alfredo, g mix containing brocc Observation of Resid service on 02/07/24 a -Resident #1 receive -He occasionally ma food to the front of hi to remove it and place	bes, mixed greens, a biscuit or dessert. dent #1 during the lunch meal at 12:53pm revealed: ed a plate of pureed food. inipulated a very small piece f his mouth and used a and place it on the edge of his dication aide (MA) on ealed Resident #1 was i diet more than a year ago bocketing food in his cheek	D 310	Topics discussed were dietary definition of therapeutic diets; modified diets; importance of t diets and their textures; and pr preparation of therapeutic diet textures. Rationale and prepa thickened liquids were also rea training included proper prepa therapeutic diets and their text All therapeutic diets and their text be prepared accurately, timely according to food service regu state regulations. The FSD an conduct random reviews of the diets and their textures on a we for a period of 4 weeks, then e week for a period of 4 weeks a for a period of 1 month. The F will compile documentation and findings to the Administrator fo three months. The Administrator assess and modify the action p needed to ensure continued co	textures of herapeutic roper s and their ration of viewed. aration of ures. extures will and lations and d DON will rapeutic eekly basis very other nd monthly SD and DON d report r a period of tor will blan as	
	(FSD) on 02/06/24 at	t 9:45am and 1:34pm. of a plate containing pureed				
	Refer to interview wit Registered Dietitian (h the facility contracted (RD) on 02/06/24 at 2:03pm.				
	Refer to observation 12:45pm. h Service Regulation	in the kitchen on 02/07/24 at				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		HAL014004	B. WING		02	2/07/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE SHAL	IRE CENTER	1450 SH	AIRE CENTER DRI	VE		
		LENOIR	, NC 28645			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	EAPPROPRIATE	COMPLET DATE
D 310	Continued From page	e 5	D 310		<u> </u>	
	Refer to interview with the 2 dietary staff who attempted to puree the vegetable on 02/07/24 at 12:45pm.					
	Refer to interview with 02/07/24 at 2:10pm	h the Administrator on				
	2. Review of Residen 01/22/24 revealed: -Diagnoses included -An order for a regula	t #6's current FL2 dated dementia. Ir consistency diet.				
	Review of Resident# 02/05/24 revealed a c	6's physician orders dated change to a pureed diet.				
	Review of the therape kitchen revealed Resi diet.	eutic diet list posted in the ident #6 received a pureed				
	Observation of the kit revealed there was no available for a pureed	chen on 02/06/24 at 9:45am o therapeutic diet menu I diet.				
	Observation of the lur 02/06/24 at 12:53pm of of ham, sweet potatoe and pineapple fluff for	revealed the meal consisted es, mixed greens, a biscuit				
	service on 02/06/24 a	ent #6 during the lunch meal t 12:53pm revealed a plate of pureed food.				
	of chicken Alfredo, ga	ich meal service on revealed the meal consisted rlic bread and a vegetable li, cauliflower and carrots.				
	Observation of Reside service on 02/07/24 at	ent #6 during the lunch meal				

STATE FORM

T2IU11

6899

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL014004				10710004
		- Z			02	/07/2024
			ADDRESS, CITY, STATE			
THE SHAI	IRE CENTER		, NC 28645			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	(EACH DEFICIENC REGULATORY OF	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	COMPLE
D 310	Continued From pag	e 6	D 310		· · · · · · · · · · · · · · · · · · ·	
	Resident #6 received a plate of pureed food.					
	02/07/24 at 12:30pm					
	-Resident #6 was changed to a pureed diet on 02/05/24. -Resident #6 had COVID-19 several years ago					
	and continued to cour meals.	igh, including during her				
	-The staff thought she might cough less with a pureed diet so the primary care provider changed					
	her to a puree diet 2 coughing during mea	days ago to see if it reduced				
		h the Food Service Director 19:45am and 1:34pm.				
	Refer to observation food on 02/06/24 at 1	of a plate containing pureed :30pm.				
	Refer to interview will Registered Dietitian (h the facility contracted RD) on 02/06/24 at 2:03pm.				
	Refer to observation 12:45pm.	in the kitchen on 02/07/24 at				
	Refer to interview wit attempted to puree th 12:45pm.	h the 2 dietary staff who le vegetable on 02/07/24 at				
	Refer to interview with 02/07/24 at 2:10pm	n the Administrator on				
	02/06/24 at 9:45am a	od Service Director (FSD) on nd 1:34pm revealed:				
	-The facility pureed a	se a pureed diet menu. Il the foods that were listed				
	on the mechanical so					
	new employees how	then supervisors trained all				

STATE FORM

6899

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMF	SURVEY
·		HAL014004	B. WING		02	07/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
THE SHA	IRE CENTER		AIRE CENTER DRI	VE		
	0.000		, NC 28645			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
D 310	Continued From page	ge 7	D 310	₩- <u>-</u>		
	and which foods did -She did not realize	-The cooks "just know" what foods pureed well and which foods did not puree well. -She did not realize the pureed foods were not pureeing to a smooth consistency.				
	Observation of a plate containing pureed food on 02/06/24 at 1:30pm revealed: -The pureed ham contained very small pieces that appeared to be the dark edge of the ham that did not puree well.					
1	-The pureed greens					
	02/06/24 at 2:03pm	cility contracted RD on revealed: ultation to the facility upon				
	-She approved the n years ago, including	nenus for the facility several a pureed menu. the facility was using the				
	mechanical soft mer menu.	nu as guidance for the pureed				
	did not puree well ar pureed menu.	needed because some foods nd were excluded from the				
	they were not it could letting the processor smooth consistency	sually pureed smoothly but if d be that the staff were not run long enough to obtain a or the food processor				
	because it did not pu	uded from the puree menu iree well; another fruit would				
	be substituted when regular menu.	a pineapple dish was on the				
	12:45pm revealed:	tchen on 02/07/24 at				
	12:45pm revealed:	and the mixed vegetables				,

STATE FORM

. •

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL014004	B. WING			/07/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
		1450 SH	AIRE CENTER DRI	VE		
I HE SHA	IRE CENTER	LENOIR	, NC 28645			
(X4) ID		STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O		(X5)
PREFIX TAG	(EACH DEFICIEN REGULATORY O	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE
D 310	Continued From page	ge 8	D 310			
	smooth consistency -Two dietary staff pl vegetable that was processor and let th 2 minutes. -The broccoli and ca smooth consistency completely puree. Interview with the 2 puree the vegetable revealed: -It was not uncomme have very small piec smooth like the rest -They thought the pure enough even if it cor -They thought the pure Interview with the Ad 2:10pm revealed: -Several years ago t and the FSD designed liked, including a pur -She thought the pure utilized by dietary sta	aced some of the mixed served at lunch in the food e processor operate for about auliflower pureed to a uniform r, but the carrot did not dietary staff who attempted to e on 02/07/24 at 12:45pm on for the pureed food to ces that did not become of the food. ureed food was smooth tained very small pieces. r blade in the food processor eed food smoother. Iministrator on 02/07/24 at the consulting RD, the DM ed menus that the residents reed menu. reed menus were being				
	processing to the pro	oper consistency.				

• ·

STATE FORM