STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION		E SURVEY PLETED
				A. BUILDING:		R
		HAL041089	B. WING			20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
RICHLAN	ID SQUARE		WNDALE DRIV BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 000	Initial Comments		D 000			
		ensure Section conducted an up survey on 03/19/24 through				
D 296	10A NCAC 13F .09 Service	004(c)(7) Nutrition And Food	D 296			
	<ul><li>(c) Menus in Adult</li><li>(7) The facility sha</li><li>diet menu for any r</li></ul>	04 Nutrition And Food Service Care Homes: Il have a matching therapeutic esident's physician-ordered guidance of food service staff.				
	Based on observat interviews, the facil therapeutic diet me for 1 of 5 sampled	et as evidenced by: ions, record reviews, and lity failed to have matching enus for food service guidance residents (#2) who had a for a heart healthy/low sodium				
	The findings are:					
	01/24/24 revealed: -Diagnoses include hyperthyroidism, hy disease stage 3.	t #2's current FL2 dated ed hypercholesterolemia, ypertension and chronic kidney er for a regular diet.				
	02/06/24 revealed:	t #2's diet order sheet dated the facility included regular, no				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL041089			R 03/20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ID SQUARE		WNDALE DRIV SBORO, NC 27			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF		(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETI DATE
D 296	Continued From pa	ge 1	D 296			
	consistent carbohyd soft (MS) diets and foods mechanical s -Resident #2 had ar	to concentrated sweets (NCS drate (CC), and mechanical modifications included finger oft, and pureed. n order for a regular 2's hospital discharge				
	summary dated 02/ -Resident was hosp	08/24 revealed: bitalized due to heart failure. rge instructions for a heart				
		#2's physician's orders dated here was an order for a heart diet.				
		#2's physician's orders dated here was an order for a heart diet.				
		y's undated therapeutic diet tchen revealed Resident #2 regular diet.				
	spreadsheet reveal	y's therapeutic menu ed there was no menu t healthy/low sodium diet.				
	sheet for the lunch diets, revealed ham beans, a biscuit, ap	y's therapeutic menu spread meal on 01/19/24, for regular & potatoes au gratin, green ple dump cake, whipped and tea were to be served.				
	03/19/24 between 1 revealed: -Resident #2 was s	lunch meal service on 2:00pm and 12:36pm erved ham and potatoes au , a roll, banana cream pie,				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 03/20/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
RICHLAI	ND SQUARE		WNDALE DRIV BORO, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 296	Continued From pa	ge 2	D 296			
	-Resident #2 consu	med 50% of the meal.				
	on 01/03/24, it could Resident #2 was se	on of the lunch meal service d not be determined if erved the correct therapeutic healthy/low sodium diet menu aff guidance.	4			
	interviews, it was de	Based on observations, record reviews, and interviews, it was determined that Resident #2 was not interviewable.				
	03/20/24 at 8:59am -The Resident Care Director of Clinical S responsible for upda for the kitchen. -He served Resider listed to receive a rediet list. -He did not know Red order for a heart he	e Coordinator (RCC) and the Service (DCS) were ating the therapeutic diet list at #2 a regular diet as she was egular diet on the therapeutic esident #2 had a physician's althy/low sodium diet. nus available for a heart				
	revealed: -She and the RCC with the therapeutic diet residents and when resident's diet. -The facility offered pureed diets. -She did not know a physician's order fo diet and had not tological	r a heart healthy/low sodium d Resident #2's primary care the facility did not offer a	1			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		R	
		HAL041089	B. WING			20/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ND SQUARE		WNDALE DRIV BORO, NC 27			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 296	Continued From pa	ige 3	D 296			
		e diet order sheet did not Ithy/low sodium diet.				
	3:30pm revealed:	v with the RCC on 03/20/24 at				
		regular, NAS, NCS, finger /IS diets and had menus for al				
	-She knew Resident #2 returned to the facility from a hospital visit in February 2024 with orders for a heart healthy/low sodium diet. -She told Resident #2's PCP that the facility did					
	not serve a hearth l	healthy/low sodium diet and osed to change Resident #2's				
	orders on 02/19/24 healthy/low sodium	have menus for a heart				
	Interview with Resid	dent #2's PCP on 03/20/24 at				
		facility to Resident #2 to serve sodium diet due to heart				
	-She wrote an orde	r on 02/19/24 and 03/11/24 for erved a heart healthy/low				
	offer a heart health	notified that the facility did not y/low sodium diet nor had nealthy/low sodium diet.				
	03/20/24 at 2:36pm					
	healthy/low sodium	have menus for a heart diet. offer a heart healthy/low				
		CC should have followed up				

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
and plan	OF CORRECTION	IDENTIFICATION NUMBER:			COM	PLETED
		HAL041089	B. WING			२ 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	ND SQUARE	3823 LAW	NDALE DRIV	Έ		
RIGHLAI			BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 296	Continued From pa	age 4	D 296			
		PCP to let her know the facility t healthy/low sodium diet.				
D 299	10A NCAC 13F .09 Service	04(d)(3) Nutrition And Food	D 299			
	(d) Food Requirem (3) Daily menus for on the U.S. Departr guidelines for Amer hereby incorporated subsequent amend guidelines can be for https://dietaryguide	04 Nutrition And Food Service ents in Adult Care Homes: regular diets shall be based ment of Agriculture Dietary ricans 2020-2025, which are d by reference including lments and editions. These ound at lines.gov/sites/default/files/202 elines_for_Americans-2020-20				
	Based on observati interviews, the facil ounces of milk or o were served three t Special Care Unit (	et as evidenced by: ions, record reviews, and ity failed to ensure that 8 ther equivalent dairy products times daily to residents in the SCU).				
	The findings are:					
	Review of the facilit census of 45 reside	ty's SCU census revealed a ents.				
	revealed: -Milk was listed to b lunch meal service.	ty's daily menu for 03/20/24 be served for the breakfast and ind beverages were listed to				

Division	of Health Service Re	equilation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL041089	B. WING		R 03/20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	ND SQUARE	3823 LAV	VNDALE DRIV	/E		
		GREENS	BORO, NC 27	7455		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 299	Continued From pa	ge 5	D 299			
	-There were no equ	orning and evening snacks. livalent dairy products listed served on 03/20/24.				
	03/20/24 between 8 -There were 25 resident -There were 9 resident milk, including a resident thickened liquids, a products offered or -There were 6 place residents who had n	breakfast meal service on 3:00am and 8:45am revealed: idents in the dining room. lents who were not served sident with a diet order for nd there were no other dairy served to the 9 residents. the settings prepared for not entered the dining room. and place settings did not				
	revealed: -There were 4 unop servings) in the wal of milk in the reach -There were contain and tea, but there wa available. -There were 82 clear washed after the br -There were 3 dirty into the kitchen to b -There were 3 resid room with an unknow -In order to serve a water, and another there needed to be Interview with a per 03/20/24 at 8:24am	hers of prethickened water vas no prethickened milk an cups in crates that were eakfast meal. cups that had been brought washed. lents still eating in the dining own number of cups. census of 45 residents milk, beverage at any meal setting, at least 135 cups available. sonal care aide (PCA) on				
Division of th	breakfast meal served milk becaus	vice on 03/20/24 were not e they ran out of cups. told to serve the residents who				

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041089		CONSTRUCTION	COM	E SURVEY PLETED R 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
RICHLAN	ND SQUARE		WNDALE DRIV BORO, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLET DATE
D 299	Continued From pa	ge 6	D 299			
	did not receive milk	, any other dairy products.				
	Interview with a second PCA on 03/20/24 at					
	8:35am revealed: -The cups were already on the table when she					
	entered the dining room for the breakfast meal service on 03/20/24.					
		e residents were not served				
		an out of cups for milk.				
	Interview with a thin revealed:	d PCA on 03/20/24 at 1:19pm				
		not served milk for the				
		vice on 03/20/24 because				
	there were not enou	ugn cups for milk. y Manager (DM) a few days				
		enough cups for all residents				
		and another beverage.				
	Interview with the D revealed:	M on 03/20/24 at 8:59am				
		be served milk, water, and				
	juice for the breakfa					
		d to all the residents for the				
		vice on 03/20/24 because				
	there were not enou	s in their pockets, took them to				
		metimes cups were not				
		kitchen when residents were				
	served meals in the					
		t 48 cups every 2 weeks and				
	the cups kept endin					
	yesterday, 03/19/24	t box of cups out of storage or I, and they were still short on				
	cups.	al Nurse and the Executive				
	Director (ED) this m	al Nurse and the Executive norning that he needed more				
	cups.	delivery on 02/10/24 and 4				
	-He received a food gallons of milk were ealth Service Regulation	d delivery on 03/19/24 and 4 e delivered.				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
ND FLAN OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:			
	HAL041089	B. WING		R 03/20/2024	
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RICHLAND SQUARE		WNDALE DRIV BORO, NC 27			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN(	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 299 Continued From pa	ge 7	D 299			
up being wasted. -If he needed more from the store. -He was aware of th 8-ounce cups of mil Interview with the E revealed: -He was not aware for all residents to b breakfast meal until -He expected for m	lot of milk because it ended milk, he would purchase milk he dietary requirements of 3 lk daily or a dairy equivalent. D on 03/20/24 at 2:36pm there were not enough cups be served milk with the this morning, 03/20/24. ilk or an equivalent dairy erved to all residents with each				
D 306 10A NCAC 13F .09 Service	04(d)(4) Nutrition and Food	D 306			
(d) Food Requirem (4) Water shall be s	04 Nutrition and Food Service ents in Adult Care Homes: served to each resident at on to other beverages.				
Based on observati interviews, the facili served in addition to	s not met as evidenced by: ons, record reviews, and ty failed to ensure water was o other beverages to each cial Care Unit (SCU).				
The findings are:					
	y's daily menu for 03/20/24 not listed on the menu to be				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED
		HAL041089	B. WING		R 03/20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RICHLAN	ND SQUARE		WNDALE DRIV BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 306	Continued From pa	ige 8	D 306			
	served.					
	03/20/24 between 8 -There were 25 res -There were 8 resid water. -There were 6 place residents who had and none of the pre- water. Observation of the revealed: -There were 82 clear washed after the br -There were 3 dirty into the kitchen to b -There were 3 resid room with an unkno- -In order to serve a milk, and another b	cups that had been brought				
	03/20/24 at 8:24am the dining room du	rsonal care aide (PCA) on a revealed all 25 residents in ring the breakfast meal service not served water because they				
	8:35am revealed: -The cups were alreentered the dining reservice on 03/20/24	e residents were not served				
	Interview with a thir revealed:	rd PCA on 03/20/24 at 1:19pm				

STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:	·····			
		HAL041089	B. WING			R 03/20/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	ID SQUARE		WNDALE DRIV				
	-		BORO, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 306	Continued From pa	ge 9	D 306				
	-She knew all residents should have been served water with each meal.						
	-All residents were	not served water for the					
	breakfast meal serventies there were not enough	vice on 03/20/24 because					
		y Manager (DM) a few days					
		enough cups for all residents					
	to have water, milk,	, and another beverage.					
		0M on 03/20/24 at 8:59am					
	revealed: -Residents were to	be served water with each					
	meal.						
		ved to all the residents for the vice on 03/20/24 because					
	there were not enou						
	-Residents put cups	s in their pockets, took them to					
		whether when residents were					
		t 48 cups every 2 weeks and					
	the cups kept endin						
		t box of cups out of storage or 4, and they were still short on					
	cups.						
		al Nurse and the Executive norning that he needed more					
	Interview with the E	D on 03/20/24 at 2:36pm					
	revealed: -He was not aware	there were not enough cups					
	for all residents to b	be served water in addition to th the breakfast meal until this					
	5	ater to be served to all					
	ealth Service Regulation						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.				
		HAL041089				R 03/20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
RICHLAN	ND SQUARE		/NDALE DRIV BORO, NC 27			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO		DATE
D 310	Continued From pa	ige 10	D 310			
D 310	10A NCAC 13F .09 Service	04(e)(4) Nutrition and Food	D 310			
	<ul><li>(e) Therapeutic Die</li><li>(4) All therapeutic</li><li>supplements and the</li></ul>	04 Nutrition and Food Service ets in Adult Care Homes: diets, including nutritional nickened liquids, shall be by the resident's physician.				
	Based on observation reviews, the facility diets as ordered by sampled residents	et as evidenced by: ions, interviews, and record failed to serve therapeutic the physician for 2 of 5 (#1 and #4) who had an order d diet (#2) and a regular finger				
	The findings are:					
	02/14/24 revealed: -Diagnoses include					
		t #1's diet order form dated an order for a regular pureed				
		ty's undated therapeutic diet ent #1 was to be served a				
	the breakfast meal Resident #1 was to	peutic menu spreadsheet for service on 03/20/24 revealed be served pureed cereal of s of choice, and pureed biscuit				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í	CONSTRUCTION		E SURVEY PLETED	
		HAL041089	B. WING	. WING		R 03/20/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
RICHLA	ND SQUARE		WNDALE DRIV BORO, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
D 310	Continued From pa	ge 11	D 310				
	03/20/24 revealed: -Resident #1 was sitem, a pureed tan for oatmeal. -The oatmeal had was a some as the oatmeal was as the oatmeal had was a some as the oatmear residents. -Resident #1's plate the Dietary Manage -Resident #1's plate the Dietary Manage -Resident #1's plate oatmeal pureed alooged food items. -Resident #1 consumer and the some and th	b be served a pureed diet. the consistency of a pureed knew it should not be runny. d PCA on 03/20/24 at 1:19pm b be served a pureed diet. ent #1 received regular akfast meal this morning, not pureed and was chunky, vas okay.					

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:           HAL041089		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL041089	B. WING		R 03/20/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
RICHLAN	ND SQUARE		VNDALE DRIV BORO, NC 27			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 310	Continued From page 12		D 310			
	-He pureed Resider but he did not put e -He added more wa processor when he the second time. Interview with Resid Provider (PCP) on 0 -She expected for F pureed diet accordi -Resident #1's fami change to his diet of	ater to the oatmeal in the pureed Resident #1's oatmeal dent #1's Primary Care 03/20/24 at 12:17pm revealed: Resident #1 to be served a ng to the pureed menu. Iy requested there be a order, but until speech therapy diet change, he was to be				
	03/20/24 at 2:36pm Resident #1 to be s	utive Director (ED) on revealed he expected erved according to his pureed rding to the menu for a pureed				
	03/15/23 revealed: -Diagnoses include	d Alzheimer's disease, othyroidism, chronic kidney id osteoporosis.				
	Review of Resident an order for finger f	#4's diet order sheet revealed oods.				
	a finger foods diet f on 03/20/24 reveale	peutic menu spreadsheet for or the breakfast meal service ed Resident #4 was to be hard-boiled egg, and a biscuit on the side.				
		breakfast meal service on 3:00am and 8:45am revealed:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041089		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING		R	
		HAL041089				03/20/2024
IAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
RICHLA	ND SQUARE		VNDALE DRIV			
			BORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE CON THE APPROPRIATE D	
D 310	Continued From page 13		D 310			
	<ul> <li>-Resident #4 was served toast, sausage cut into quarters, and omelet style eggs in 3 to</li> <li>4-inch-long pieces.</li> <li>-Resident #4 tried breaking a piece of the egg off with one hand, but she was unable to.</li> <li>-Resident #4 picked up a piece of the eggs with her thumb and first finger and the egg was hanging over her thumb.</li> <li>-Resident #4 took bites from the egg that hung over her thumb.</li> <li>-Resident #4 consumed 90% of the meal.</li> <li>Observation of the walk in and reach in coolers on 03/20/24 at 8:59am revealed there were no regular eggs available.</li> <li>Based on observations, record reviews, and interviews, it was determined Resident #2 was not interviewable.</li> <li>Interview with the Dietary Manager (DM) on</li> </ul>					
	03/20/24 at 9:07am -He used the therap foods diet to prepar meal. -He knew Resident hard-boiled egg for					
	eggs available to bo -He last ordered reg	s and did not have regular bil. gular eggs in January 2024. ems according to the regular				
	Provider (PCP) on ( she expected Resid	dent #1's Primary Care 03/20/24 at 12:17pm revealed dent #4 to be served finger nd according to the finger				

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R	
	HAL041089	B. WING		03/	20/2024
ROVIDER OR SUPPLIER					
D SQUARE					
		ID PROVIDER'S PLAN OF			
		PREFIX TAG	CROSS-REFERENCED TO TH	HE APPROPRIATE	COMPLET DATE
Continued From page 14		D 310			
03/20/24 at 2:36pm Resident #1 to be s	revealed he expected erved according to her finger				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa Interview with Exec 03/20/24 at 2:36pm Resident #1 to be s foods diet order and	SQUARE       3823 LAY GREENS         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 14         Interview with Executive Director (ED) on 03/20/24 at 2:36pm revealed he expected Resident #1 to be served according to her finger foods diet order and according to the menu for a	SQUARE       3823 LAWNDALE DRIV GREENSBORO, NC 27         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 14       D 310         Interview with Executive Director (ED) on 03/20/24 at 2:36pm revealed he expected Resident #1 to be served according to her finger foods diet order and according to the menu for a	SQUARE       3823 LAWNDALE DRIVE GREENSBORO, NC 27455         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CONCECTIVE ACTION (EACH CORRECTIVE ACTION)         Continued From page 14       D 310       D 310         Interview with Executive Director (ED) on 03/20/24 at 2:36pm revealed he expected Resident #1 to be served according to her finger foods diet order and according to the menu for a       D 310	ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SQUARE       3823 LAWNDALE DRIVE GREENSBORO, NC 27455         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Continued From page 14       D 310         Interview with Executive Director (ED) on 03/20/24 at 2:36pm revealed he expected Resident #1 to be served according to her finger foods diet order and according to the menu for a       D 310