Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL041052	B. WING		10/23	3/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	VIEW AT IRVING PARK	3200 N ELI GREENSB	M STREET ORO, NC 2740	08		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		sure Section conducted an /22/2024 to 10/23/2024.				
D 296	10A NCAC 13F .0904 Service	(c)(7) Nutrition And Food	D 296			
	(c) Menus in Adult Ca (7) The facility shall h diet menu for any res	Nutrition And Food Service are Homes: have a matching therapeutic ident's physician-ordered uidance of food service staff.				
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure there was a matching therapeutic diet menu for 3 of 3 sampled residents (#2, #3, #5) who had physician's orders for a no concentrated sweets diet (NCS) (#2), a finger food diet (#3) and a mechanical soft diet (MS) (#4). The findings are: Observation of the kitchen on 10/22/24 at 10:20am revealed: -There was a bulletin board with residents' diet orders pin to itThere was a daily menu and a week at a glance menuThere was no therapeutic diet menu available for staff to use as guidance while preparing the therapeutic diets.					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL041052	B. WING		10	/23/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE. ZIP CODE	10	12312024
MORNING	VIEW AT IRVING PARK	3200 N E	LM STREET			
			BORO, NC 2740			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 296	Continued From page	: 1	D 296			
	meal on 10/22/24 rev	diet menu for the lunch ealed a choice of chicken ot salad, pizza or a Philly ench fries and beet salad, essert.				
	Review of Resident #2's FL2 dated 01/17/24 revealed diagnoses of hypothyroidism and hyperlipidemia.					
	Review of Resident # revealed an order dat concentrated sweets					
	Review of the facility's therapeutic diet list posted in the kitchen on 10/22/24 revealed Resident #2 was to be served a NCS diet.					
	-Resident #2 was ser	m to 12:15pm revealed: ved a chicken Philly ı fries and a diet ginger ale.				
	served the appropriat	nined if Resident #4 was e NCS diet because there et menu available for staff				
	Refer to the interview at 10:28am.	with the Chef on 10/23/24				
	Refer to the interview (DM) on 10/22/24 at	with the Dietary Manager 10:25am.				
	Refer to the interview 10/23/24 at 10:43am.	with the Administrator on				
	2. Review of Residen revealed:	t #3's FL-2 dated 01/17/24				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL041052	B. WING		10/23/2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ITE, ZIP CODE	
MORNING	MORNINGVIEW AT IRVING PARK 3200 N EL GREENSE			08	
(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 CROSS-REFERENCED TO THE APPROPRICENCY)	D BE COMPLETE
D 296	in the kitchen on 10/2 was to be served a fir Observation of the lur 10/22/24 from 11:30a -Resident #3 was serpizza, French fries, be and iced teaResident #3 ate som and staff provided fee encouraged her to fee -Resident #3 ate 100 French fries and less salad. It could not be determ served the appropriate there was no therapet staff guidance. Refer to the interview at 10:28am. Refer to the interview (DM) on 10/22/24 at 10:43am. 3. Review of Resident revealed: -Diagnoses included on hypertension, and hype	dementia, edema and for a finger foods diet. Is therapeutic diet list posted 2/24 revealed Resident #2 Inger food diet. Inch meal service on Im to 11:50am revealed: Inch wed two slices of cheese Inch et salad, a cookie, water Incompared of her food independently Inding assistance and Inch et death of her pizza and Inch meal service on Im to 11:50am revealed: Inch meal service on Inch meal s	D 296		
	-Diagnoses included of hypertension, and hyp	* ·			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			D. MINIC		
		HAL041052	B. WING		10/23/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
MORNINGVIEW AT IRVING PARK			M STREET	00	
040.45	CLIMMADV CT.		ORO, NC 2740		d orm
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 296	Continued From page	÷ 3	D 296		
	in the kitchen on 10/2	s therapeutic diet list posted 2/24 revealed Resident #4 chanical soft (MS) diet.			
		m to 12:00pm revealed:			
	-Resident #4 was served chicken and rice soup, a Philly chicken sandwich without the bread, French fries, beet salad, carnival cookies, water and iced tea.				
	-Resident #3 ate 100	percent of his meal.			
	It could not be determined if Resident #4 was served the appropriate MS diet because there was no therapeutic diet menu available for staff guidance.				
	Refer to the interview at 10:28am.	with the Chef on 10/23/24			
	Refer to the interview (DM) on 10/22/24 at 1	with the Dietary Manager 10:25am.			
	Refer to the interview 10/23/24 at 10:43am.	with the Administrator on			
	10:28am revealed: -He followed the weel prepared meals for th				
	therapeutic diets inclufoods.	residents who were ordered uding MS, NCS and finger yone the same food from			
	the week at a glance -He had not been give follow when preparing -He had a one-page s	menu. en a therapeutic diet menu g therapeutic meals.			

foods.

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
ANDIEAN	or contribution	IDENTI IOATION NOMBER.	A. BUILDING: _		OOWII L	LILD
		HAL041052	B. WING		10/2	23/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
MODNING	VIEW AT IRVING PARK	3200 N EL	M STREET			
WORNING	IVIEW AT IRVING PARK	GREENSB	ORO, NC 2740	08		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 296	Continued From page	e 4	D 296			
	Interview with the Die 10/22/24 at 10:25am -The facility used a coveekly menusThe staff used a weemeals for the resident dietsThe staff knew to griresidents who were owere no residents wit-Finger foods were areasily pick up with the He had not seen at the company that supmenu, but he could publication of the oversaw the DM he was responsible were served the correspondent on the kitchen for the prepared each therap Based on observation reviews, the facility famatching therapeutic sampled residents (#5 physician's orders for	etary Manager (DM) on revealed: ontract company for the ekly menu to prepare the ts including the therapeutic and up the meats for the redered a MS diet and there hands. In the residents could be either a NCS diet. In the residents could be either a NCS diet. In the residents could be either a NCS diet. In the residents could be either a NCS diet. In the residents could be either a peutic diet menu from the residents and the kitchen. In the residents be et the repeutic diets. In the residents be et the repeutic diet menu. In the residents are the repeutic diet menu. In the residents are the repeutic diet menu. In the residents are there was a diet menu for 3 of 3 and 2, #3, #5) who had are no concentrated sweets ger food diet (#3) and a MS) (#4).				
	10:20am revealed:	board with residents' diet				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL041052	B. WING		10/2	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	VIEW AT IRVING PARK	3200 N ELI GREENSB	VISTREET ORO, NC 2740	18		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	COMPLETE DATE
D 296	Continued From page	e 5	D 296			
	menuThere was no therap	enu and a week at a glance eutic diet menu available for ce while preparing the				
	Review of the regular diet menu for the lunch meal on 10/22/24 revealed a choice of chicken and rice soup or carrot salad, pizza or a Philly chicken sandwich, French fries and beet salad, carnival cookies for dessert.					
	Review of Residen revealed diagnoses o hyperlipidemia.	t #2's FL2 dated 01/17/24 f hypothyroidism and				
	Review of Resident #2's physician's orders revealed an order dated 10/14/24 for a no concentrated sweets (NCS) diet.					
	Review of the facility's therapeutic diet list posted in the kitchen on 10/22/24 revealed Resident #2 was to be served a NCS diet.					
	-Resident #2 was ser	m to 12:15pm revealed: ved a chicken Philly ı fries and a diet ginger ale.				
	served the appropriat	nined if Resident #4 was e NCS diet because there et menu available for staff				
	Refer to the interview at 10:28am.	with the Chef on 10/23/24				
	Refer to the interview (DM) on 10/22/24 at 1	with the Dietary Manager 10:25am.				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND DLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLET	ED		
					1		
		HAL041052	B. WING		10/23/	/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
MODNING	VIEW AT IRVING PARK	3200 N EL	M STREET				
WORMING	VIEW AT INVINO PAIN	GREENSE	ORO, NC 2740	08			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE	(X5) COMPLETE DATE	
D 296	Continued From page	2 6	D 296				
	2. Review of Resident revealed: -Diagnoses included constipationThere was an order of Review of the facility's in the kitchen on 10/2 was to be served a fir Observation of the lur 10/22/24 from 11:30at-Resident #3 was ser pizza, French fries, be and iced teaResident #3 ate som and staff provided fee	dementia, edema and for a finger foods diet. s therapeutic diet list posted 2/24 revealed Resident #2 nger food diet. nch meal service on m to 11:50am revealed: ved two slices of cheese eet salad, a cookie, water e of her food independently eding assistance and					
		ed herself. percent of her pizza and than 25 percent of her beet					
	served the appropriat	nined if Resident #3 was e finger food diet because utic diet menu available for					
	Refer to the interview at 10:28am.	with the Chef on 10/23/24					
	Refer to the interview (DM) on 10/22/24 at 1	with the Dietary Manager 10:25am.					
	Refer to the interview 10/23/24 at 10:43am.	with the Administrator on					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING:		COMIL	LILD
		HAL041052	B. WING		10/2	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MORNING	VIEW AT IRVING PARK	3200 N ELI				
			ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 296	Continued From page	e 7	D 296			
	Review of Residen revealed: -Diagnoses included hypertension, and hypertension and order to the reverse was an order to the reverse w	t #4's FL-2 dated 01/17/24 diabetes type 2, pothyroidism. for a mechanical soft diet.				
	Review of the facility's therapeutic diet list posted in the kitchen on 10/22/24 revealed Resident #4 was to be served mechanical soft (MS) diet.					
	Observation of the lunch meal service on 10/22/24 from 11:50am to 12:00pm revealed: -Resident #4 was served chicken and rice soup, a Philly chicken sandwich without the bread, French fries, beet salad, carnival cookies, water and iced teaResident #3 ate 100 percent of his meal.					
	It could not be determined if Resident #4 was served the appropriate MS diet because there was no therapeutic diet menu available for staff guidance.					
	Refer to the interview at 10:28am.	with the Chef on 10/23/24				
	Refer to the interview (DM) on 10/22/24 at 2	with the Dietary Manager 10:25am.				
	Refer to the interview 10/23/24 at 10:43am.	with the Administrator on				
	10:28am revealed: -He followed the weel prepared meals for th -He knew there were therapeutic diets inclufoods.	k at a glance menu when he e residents. residents who were ordered uding MS, NCS and finger				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _			LETED	
		UAL 044052	B. WING		40/	00/0004	
		HAL041052			1 10/2	23/2024	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE			
MORNING	VIEW AT IRVING PARK		.M STREET BORO, NC 2740	18			
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRE		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
D 296	Continued From page	8	D 296				
	follow when preparing -He had a one-page s guidance for the textu foods. Interview with the Die 10/22/24 at 10:25am	en a therapeutic diet menu g therapeutic meals. sheet that he used as ure for the mechanical soft tary Manager (DM) on revealed:					
	-The facility used a contract company for the weekly menus. -The staff used a weekly menu to prepare the meals for the residents including the therapeutic diets. -The staff knew to grind up the meats for the residents who were ordered a MS diet and there were no residents with a NCS diet. -Finger foods were anything the residents could easily pick up with their hands. -He had not seen a therapeutic diet menu from the company that supplied the week at a glance menu, but he could probably get one. Interview with the Administrator on 10/23/24 at 10:43am revealed: -He oversaw the DM and the kitchen. -He was responsible for ensuring the residents were served the correct therapeutic diets. -He conducted monthly checks of the menu. -There should have been a therapeutic diet menu in the kitchen for the Chef to use when he prepared each therapeutic diet meal.						

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