	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			SURVEY
		HAL041052	B. WING	10	/23/2024
		3200 N E	DDRESS, CITY, ST	ATE, ZIP CODE	
ORNING	VIEW AT IRVING PARK	GREENS	BORO, NC 274	408	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
D 000	Initial Comments		D 000		
		nsure Section conducted an 0/22/2024 to 10/23/2024.			
D 296	10A NCAC 13F .090 Service	4(c)(7) Nutrition And Food	D 296		
	(c) Menus in Adult C(7) The facility shall diet menu for any res	4 Nutrition And Food Service Care Homes: have a matching therapeutic sident's physician-ordered uidance of food service staff.			
	reviews, the facility f matching therapeutic sampled residents (# physician's orders for	ons, interviews, and record ailed to ensure there was a c diet menu for 3 of 3 #2, #3, #5) who had or a no concentrated sweets oger food diet (#3) and a		The ED and FSD will ensure that the cooks whilize the therapeutic Diet Nerro for resident that have a therapeutic Diet order from their Physician. The FSD endlor designee will monitor	6-23-
	The findings are: Observation of the k	itchen on 10/22/24 at		FSD and for designee will monitor the Therapentic duit kinder daily for accuracy.	
	orders pin to it. -There was a daily menu. -There was no thera	n board with residents' diet nenu and a week at a glance peutic diet menu available for nce while preparing the		Υ	
sion of Hea	therapeutic diets.				
ORATORY	matian c	WSUPPLIER REPRESENTATIVE'S SIGNATUR	RE	Executive Director 1	(X6) DATE

Reviewed and acknowledged Shenita Wilson 11/15/2024

TATEMENT	f Health Service Regu of DEFICIENCIES of CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL041052	B. WING		10	/23/2024
	ROVIDER OR SUPPLIER VIEW AT IRVING PARK	3200 N E	ADDRESS, CITY, STATE	, ZIP CODE		
(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	(X5) COMPLET DATE
D 296	 meal on 10/22/24 rev and rice soup or carro chicken sandwich, Fr carnival cookies for d 1. Review of Resident revealed diagnoses of hyperlipidemia. Review of Resident # revealed an order dat concentrated sweets Review of the facility? in the kitchen on 10/2 was to be served a N Observation of the lut 10/22/24 from 11:34a -Resident #2 was ser sandwich with French -Resident #2 ate 100 It could not be determ served the appropriat was no therapeutic di guidance. Refer to the interview at 10:28am. Refer to the interview (DM) on 10/22/24 at 10:43am. 2. Review of Resident 	 diet menu for the lunch ealed a choice of chicken of salad, pizza or a Philly ench fries and beet salad, essert. t #2's FL2 dated 01/17/24 of hypothyroidism and 2's physician's orders ted 10/14/24 for a no (NCS) diet. s therapeutic diet list posted (NCS) diet. s therapeutic diet list posted (2/24 revealed Resident #2 CS diet. nch meal service on im to 12:15pm revealed: ved a chicken Philly n fries and a diet ginger ale. percent of her meal. nined if Resident #4 was the NCS diet because there iet menu available for staff with the Chef on 10/23/24 with the Dietary Manager 10:25am. with the Administrator on 	D 296			
	revealed: alth Service Regulation					-

STATE FORM

TP2I11

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL041052	B. WING		10	/23/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET						
MORNING	VIEW AT IRVING PARK		ELM STREET SBORO, NC 27408			
010.05	SUMMARY ST	CORRECTION	(X5)			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
D 296	Continued From page	e 2	D 296			
	constipation.	dementia, edema and				
	- I here was an order	for a finger foods diet.				
		s therapeutic diet list posted 22/24 revealed Resident #2 nger food diet.				
	-Resident #3 was ser pizza, French fries, b and iced tea. -Resident #3 ate som and staff provided fee encouraged her to fe -Resident #3 ate 100	im to 11:50am revealed: ved two slices of cheese eet salad, a cookie, water ne of her food independently eding assistance and				
	served the appropria	nined if Resident #3 was te finger food diet because autic 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	/ with the Dietary Manager 10:25am.				
	Refer to the interview 10/23/24 at 10:43am	/ with the Administrator on				
	 Review of Resider revealed: Diagnoses included hypertension, and hy 					
		for a mechanical soft diet.				

Division of Health Service Regulation STATE FORM

6899

TP2111

If continuation sheet 3 of 9

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL041052	B. WING		10)/23/2024
			DDRESS, CITY, STATE			
NAME OF PI	ROVIDER OR SUPPLIER					
MORNING	VIEW AT IRVING PARK		BORO, NC 27408			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 296	Continued From page	e 3	D 296			
	in the kitchen on 10/2	's therapeutic diet list posted 22/24 revealed Resident #4 chanical soft (MS) diet.				
	-Resident #4 was ser Philly chicken sandw	am to 12:00pm revealed: rved chicken and rice soup, a rich without the bread, French nival cookies, water and iced				
	served the appropria	nined if Resident #4 was te MS diet because there liet menu available for staff				
	Refer to the interview at 10:28am.	v with the Chef on 10/23/24				
	Refer to the interview (DM) on 10/22/24 at	v with the Dietary Manager 10:25am.				
	Refer to the interview 10/23/24 at 10:43am	v with the Administrator on				
	10:28am revealed: -He followed the wee prepared meals for th -He knew there were therapeutic diets incl foods.	e residents who were ordered uding MS, NCS and finger				
	the week at a glance -He had not been giv follow when preparin -He had a one-page	en a therapeutic diet menu				

Division of Health Service Regulation

STATE FORM

TP2111

If continuation sheet 4 of 9

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL041052	B. WING		1()/23/2024
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
AIVIE OF P	ROVIDER OR SOFFLIER					
IORNING	VIEW AT IRVING PARK		SBORO, NC 27408			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
D 296	Continued From page	e 4	D 296			
	10/22/24 at 10:25am -The facility used a co- weekly menus. -The staff used a wee- meals for the residen- diets. -The staff knew to gri- residents who were or- were no residents with -Finger foods were and easily pick up with the -He had not seen a the the company that sup- menu, but he could p Interview with the Add 10:43am revealed: -He oversaw the DM -He was responsible were served the correc- -He conducted month -There should have br in the kitchen for the prepared each therap Based on observation reviews, the facility far- matching therapeutic sampled residents (# physician's orders for diet (NCS) (#2), a fing- mechanical soft diet of The findings are: Observation of the kit- 10:20am revealed:	entract company for the ekly menu to prepare the ts including the therapeutic and up the meats for the ordered a MS diet and there h a NCS diet. The meats for the model of the residents could eir hands. The mean from the and the residents could eir hands. The mean from the mean from the mean from the mean from the mean from the mean from the state of the menu from the state of the menu from the state of the menu from the state of the menu. The for ensuring the residents eact the state of the menu. The for use when he the state of the menu. The for use when he to use when he to use when he to be the mean for 3 of 3 2, #3, #5) who had the and concentrated sweets ger food diet (#3) and a (MS) (#4).		6		

STATE FORM

6899

TP2|11

If continuation sheet 5 of 9

STATEMENT	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL041052	B. WING		10	/23/2024
	ROVIDER OR SUPPLIER	3200 N E	DDRESS, CITY, STATE, LM STREET BORO, NC 27408	ZIP CODE		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 296	 There was a daily menu. There was no therap staff to use as guidant therapeutic diets. Review of the regular meal on 10/22/24 revand rice soup or carrechicken sandwich, Fr carnival cookies for data the sandwich of the second diagnoses of hyperlipidemia. Review of Resident # revealed an order data concentrated sweets Review of the facility' in the kitchen on 10/2 was to be served a N Observation of the lu 10/22/24 from 11:34a - Resident #2 was ser sandwich with French - Resident #2 ate 1000 It could not be determ served the appropriat was no therapeutic diagnose. Refer to the interview at 10:28am. 	enu and a week at a glance beutic diet menu available for ace while preparing the r diet menu for the lunch realed a choice of chicken ot salad, pizza or a Philly ench fries and beet salad, lessert. It #2's FL2 dated 01/17/24 of hypothyroidism and t2's physician's orders ted 10/14/24 for a no (NCS) diet. Is therapeutic diet list posted 22/24 revealed Resident #2 ICS diet. Inch meal service on am to 12:15pm revealed: rved a chicken Philly in fries and a diet ginger ale, in percent of her meal. Inined if Resident #4 was te NCS diet because there iet menu available for staff with the Chef on 10/23/24	D 296			
	Refer to the interview (DM) on 10/22/24 at alth Service Regulation	v with the Dietary Manager 10:25am.				

STATE FORM

6809

TP2I11

If continuation sheet 6 of 9

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A, BUILDING:	A, BUILDING:		SURVEY PLETED
		HAL041052 B. WING		10	/23/2024	
	ROVIDER OR SUPPLIER	3200 N	ADDRESS, CITY, STATE, ELM STREET SBORO, NC 27408	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
D 296	Continued From page	e 6	D 296			
	Refer to the interview 10/23/24 at 10:43am	v with the Administrator on				
	revealed: -Diagnoses included constipation.	nt #3's FL-2 dated 01/17/24 dementia, edema and for a finger foods diet.				
		's therapeutic diet list posted 22/24 revealed Resident #2 nger food diet.				
	-Resident #3 was set pizza, French fries, b and iced tea. -Resident #3 ate son and staff provided fe encouraged her to fe -Resident #3 ate 100	am to 11:50am revealed: rved two slices of cheese weet salad, a cookie, water ne of her food independently eding assistance and				
	served the appropria	nined if Resident #3 was te finger food diet because eutic diet menu available for				
	Refer to the interviev at 10:28am.	v with the Chef on 10/23/24				
	Refer to the interview (DM) on 10/22/24 at	v with the Dietary Manager 10:25am.				
	Refer to the interview 10/23/24 at 10:43am	v with the Administrator on				

STATE FORM

6899

If continuation sheet 7 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL041052	B. WING		10	/23/2024
IAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE,	ZIP CODE		
	VIEW AT IRVING PARK	3200 N E	LM STREET			
IORNING	VIEW AT IRVING PARK	GREENS	BORO, NC 27408			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A(CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE	(X5) COMPLET DATE
D 296	Continued From page	e 7	D 296			
	Continued From page 7 3. Review of Resident #4's FL-2 dated 01/17/24 revealed: -Diagnoses included diabetes type 2, hypertension, and hypothyroidism. -There was an order 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 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.	v with the Chef on 10/23/24				
	Refer to the interview (DM) on 10/22/24 at	v with the Dietary Manager 10:25am.				
	Refer to the interview 10/23/24 at 10:43am	v with the Administrator on				
	10:28am revealed: -He followed the wee prepared meals for th -He knew there were	ility's Chef on 10/23/24 at k at a glance menu when he residents. residents who were ordered uding MS, NCS and finger				

STATE FORM

TP2|11

	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A, BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL041052	B. WING		10/23/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408						
(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 APPROF DEFICIENCY)	D BE COMPLET	
D 296	the week at a glance -He had not been give follow when preparing -He had a one-page s guidance for the textu foods. Interview with the Die 10/22/24 at 10:25am -The facility used a co weekly menus. -The staff used a wee meals for the resident diets. -The staff knew to gri residents who were of were no residents wit -Finger foods were at easily pick up with the -He had not seen a th the company that sup menu, but he could p Interview with the Adr 10:43am revealed: -He oversaw the DM -He was responsible were served the corre -He conducted month	menu. en a therapeutic diet menu g therapeutic meals. sheet that he used as ure for the mechanical soft tary Manager (DM) on revealed: ontract company for the ekly menu to prepare the ts including the therapeutic and up the meats for the rdered a MS diet and there h a NCS diet. hything the residents could eir hands. herapeutic diet menu from oplied the week at a glance robably get one. ministrator on 10/23/24 at and the kitchen. for ensuring the residents ect therapeutic diets. hy checks of the menu. ween a therapeutic diet menu Chef to use when he	D 296			

TP2I11