

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL067025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/17/2024
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NAME OF PROVIDER OR SUPPLIER
THE LANDINGS OF SWANSBORO

STREET ADDRESS, CITY, STATE, ZIP CODE
**200 SWANSBORO LOOP ROAD
SWANSBORO, NC 28584**

(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
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D 000	Initial Comments	D 000		
	The Adult Care Licensure Section and the Onslow County Department of Social Services conducted an annual survey on 10/16/24 and 10/17/24.			
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service	D 286	Response to cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or the conclusions set forth in the corrective action report; the plan of correction is prepared solely as a matter of compliance with State Law.	
	10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers.			
	This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents were provided non-disposable place settings including plates, forks, knives, spoons, and cups during meal service when eating in their rooms.		ED re-educate the dietary staff on when 10-31-24 serving on disposable place settings is allowed.	
	The findings are: Observation of a resident's breakfast service on 10/16/24 at 9:15am revealed: -The resident was eating breakfast in her room. -The resident's breakfast meal was served on a disposable plate. -The residents drinks were in disposable cups. -The resident was eating with a plastic fork.		ED, RCC and or designee will monitor proper place setting during daily rounds.	12-1-24 and ongoing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Carrianda Murphy TITLE ED

(X6) DATE
12/3/24

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PRINTED: 10/28/2024
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D 286

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D 286

Interview with a resident on 10/16/24 at 3:00pm revealed:

- She ate every meal in her room.
- All meals were served on disposable plates, cups, and utensils.
- She would rather use non-disposable plates, cups, and utensils.
- She had complained to the staff and the Executive Director (ED) but nothing changed.

Observation of the resident's lunch service on 10/16/24 at 2:00pm revealed her lunch was served on a disposable plate, tea in a disposable cup, and plastic utensils.

Interview with a personal care assistant (PCA) on 10/16/24 revealed:

- The resident ate all meals in her room.
- Her meals were served on disposable plates covered in plastic wrap and plastic utensils.

Interview with the kitchen supervisor on 10/16/24 revealed:

- Disposal place settings were used for residents who ate their meals in their rooms.
- She was aware that the resident's food were not supposed to be served on disposable place settings or with plastic utensils.
- There was not enough plates, cups, and utensils for residents that ate in their rooms.

Interview with the ED on 10/17/24 at 2:55pm revealed:

- Disposable place settings were not supposed to be used for residents who ate in their rooms.
- Disposable place settings were only used if a resident was quarantined.
- She did not know that the residents who ate in their rooms were served on disposable place settings with disposable cups and plastic utensils.

Dietary Manager and/or ED will submit an inventory for place settings and utensils and order will be placed for items identified has being short.

12-1-24

Dietary manager will monitor inventory weekly and reorder as needed.

12-1-24 and ongoing

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D 286	Continued From page 2 -The facility had enough non-disposable place settings, cups, and utensils to serve all residents who ate in their rooms.	D 286		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 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.	D 296	<p>A new dietary manager has been hired and has been trained on where to locate the therapeutic menus and the importance of having them available in the kitchen. 11-15-24</p> <p>All dietary staff were re-educated by the ED on the menu requirements and the importance of following the menu based on physician-ordered diets. 10-31-24</p> <p>ED or designee will monitor compliance during daily manager rounds. 12-1-24 and ongoing</p>	
	<p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to have matching therapeutic menus for food service staff guidance for 3 of 5 sampled residents (#1, #3, and #5) with physician orders for therapeutic diets.</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 06/04/24 revealed diagnoses included hypertension, depression, congenital malformation of brain, urinary incontinence, osteoporosis, abnormalities of gait and mobility, gastroesophageal reflux disease, and neoplasm of the breast.</p> <p>Review of Resident #1's diet order dated 06/04/24 revealed a diet order for regular diet, mechanical soft entire meal.</p>			

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D 296	Continued From page 3	D 296		
	Review of the facility's menus on revealed there was no menu for a mechanical soft (MS) diet.			
	Refer to interview with the kitchen supervisor on 10/16/24 at 9:40am.			
	Refer to interview with the Executive Director (ED) on 10/17/24 at 2:55pm.			
	Refer to interview with the Special Operations Director on 10/17/24 at 3:15pm.			
	2. Review of Resident #3's current FL-2 dated 08/14/24 revealed diagnoses included dementia, urinary incontinence, Alzheimer's disease, chronic pain, gastroesophageal reflux disease, and myotonic muscular disease.			
	Review of Resident #3's primary care provider (PCP) new orders note dated 10/16/24 revealed her diet was changed from a pureed to chopped diet.			
	Review of the facility's menus on revealed there was no menu for chopped diet.			
	Refer to interview with the kitchen supervisor on 10/16/24 at 9:40am.			
	Refer to interview with the Executive Director (ED) on 10/17/24 at 2:55pm.			
	Refer to interview with the Special Operations Director on 10/17/24 at 3:15pm.			
	3. Review of Resident #5's current FL-2 dated 06/11/24 revealed diagnoses included hypertension, chronic pain, homonymous bilateral field defects, visual disturbances, dysarthria since			

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D 296	<p>Continued From page 4</p> <p>cerebral infarction, hemiplegia and hemiparesis since cerebral infarction, and dorsalgia.</p> <p>Review of Resident #5's primary care provider (PCP) order sheet dated 08/07/24 revealed his was a mechanical soft with chopped meats.</p> <p>Review of the facility's menus on revealed there was no menu for mechanical soft or chopped diet.</p> <p>Refer to Interview with the kitchen supervisor on 10/16/24 at 9:40am.</p> <p>Refer to interview with the Executive Director (ED) on 10/17/24 at 2:55pm.</p> <p>Refer to interview with the Special Operations Director on 10/17/24 at 3:15pm.</p> <p>Interview with the kitchen supervisor on 10/16/24 at 9:40am revealed: -She had been the kitchen supervisor for three months. -She had not received any formal training since she started in the role of kitchen supervisor. -There was not a therapeutic menu for mechanical soft diets or chopped.</p> <p>Interview with the Executive Director (ED) on 10/17/24 at 2:55pm revealed there was a therapeutic menu online that could be printed.</p> <p>Interview with the Special Operations Director on 10/17/24 at 3:15pm revealed there was a therapeutic menu available online for the kitchen staff to follow.</p>	D 296		

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D 315	Continued From page 5	D 315		
D 315	10A NCAC 13F .0905 (a & b) Activities Program	D 315		
	<p>10A NCAC 13F .0905 Activities Program</p> <p>(a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.</p> <p>(b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure an activities program that promoted active involvement of the residents.</p> <p>The findings are:</p> <p>Review of the facility's undated activities program policy revealed:</p> <ul style="list-style-type: none"> -The facility would have a program of activities designed to promote residents' active involvement with each other, their families and the community. -The facility would prepare a monthly calendar of planned group activities which would be easily readable, posted in a prominent location by the first day of each month and updated when there were changes. -There would be a minimum of 14 hours of a variety of planned group activities each week that included actives to promote socialization, physical interaction, group accomplishment, creative expression, increase knowledge and learning of new skills. -Residents would have the opportunity to 		<p>The facility has hired an Activity Director. ED or designee will ensure she is trained on developing an activity calendar that will promote active involvement by all residents. 12-1-24</p> <p>The activity calendar will be posted by the 1st of each month with a minimum of 14 hours weekly and at least one outing every other month. 12-1-24</p> <p>ED will review the calendar prior to the Activity Director posting it for the residents to ensure all requirements are met. 12-1-24</p> <p>Once the calendar is posted ED, RCC, AD or designee will monitor during daily manager rounds to ensure activities are occurring as scheduled. 12-1-24</p>	

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participate in activities involving one to one interaction and activity by oneself that promote enjoyment, a sense of accomplishment, increase knowledge, learning of new skills and creative expression.; Examples of these activities are crafts, painting, reading, creative writing, buddy walks, card playing, and nature walks.
-Each resident would have the opportunity to participate in at least one outing every other month; Residents that were interested in being involved in the community more frequently would be encouraged to do so.

Observation of the activities calendar posted in the assisted living dining room on 10/16/24 at 3:51pm revealed:
-There was 1 hour of activities scheduled for 10/01/24 through 10/05/24.
-There were 4 hours of activities scheduled for 10/06/24 through 10/12/24 with "family time" on 10/06/24 with no start and end time.
-There were 8 hours of activities scheduled for 10/13/24 through 10/19/24.
-There were 5.5 hours of activities scheduled for 10/20/24 through 10/26/24.
-There was "family time" with no start or end time on the schedule for 10/27/24 with no other activities scheduled through 10/31/24.

Interview with a resident on 10/16/24 at 9:18am revealed:
-The Activities Director (AD) provided activities and outings for the residents and drove the facility's van.
-The AD was fired about a month or so ago, but he was not sure why.
-The residents used to go on outings, such as going out for ice cream but there had not been any outings since the AD left.
-There had not been any scheduled activities that

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he was aware of since the AD left.

Interview with a second resident on 10/16/24 at
10:08am revealed:

- The facility had an AD, but she left about a month ago.
- There had been no activities at the facility since the AD left.
- There had been no outings for the residents since the AD left.

Interview with a third resident on 10/16/24 at
9:20am revealed:

- The Activities Director has been gone for about a month.
- The facility does not have scheduled activities anymore.
- She enjoyed the activities and missed having them.
- She attended all the scheduled activities.

Interview with fourth resident on 10/16/24 at
9:25am revealed:

- The AD was fired a couple of months ago.
- The facility did not provide any scheduled activities for 1-2 months.
- She enjoyed the activities and was bored since they no longer had activities.

Interview with fifth resident on 10/16/24 at 9:35am
revealed:

- The AD had been gone over a month.
- The facility did not provide any scheduled activities.
- She missed having activities because there was nothing else to do.

Interview with sixth resident on 10/16/24 at
9:40am revealed:

- The facility no longer had an AD.

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D 315	<p>Continued From page 8</p> <ul style="list-style-type: none"> -The AD had been gone for a couple of months. -Scheduled activities are no longer provided by the facility. -The previous AD provided her with regularly scheduled activities in her room because she had limited mobility. <p>Interview with a personal care aide (PCA) on 10/17/24 at 3:04pm revealed:</p> <ul style="list-style-type: none"> -The facility did not currently have an AD. -Family members and volunteers provided activities for the residents since the AD had left. -She was not sure who was responsible for the posted activities calendar for the residents. <p>Interview a medication aide (MA) on 10/17/24 at 3:01pm revealed:</p> <ul style="list-style-type: none"> -The facility's AD left in August 2024. -The facility did not currently have an AD. -She thought family members and volunteers provided activities for the residents. -She was not sure who was responsible for posting the monthly activities calendar for the residents. <p>Interview with a second MA on 10/17/24 at 3:05pm revealed:</p> <ul style="list-style-type: none"> -The facility had been without an AD since August 2024. -Volunteers and family members provided activities for the residents since the AD left. -There were no scheduled outings for the residents since the AD left. -She thought volunteers and the residents' family members currently posted the monthly activities schedule. <p>Interview with the Executive Director (ED) on 10/17/24 at 2:58pm revealed:</p> <ul style="list-style-type: none"> -There was no AD employed at the facility and 	D 315		
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D 315	<p>Continued From page 9</p> <p>had not been one for approximately 2 months.</p> <ul style="list-style-type: none"> -The facility relied on family and outside volunteers for resident activities. -There were family members that did not like the activities that were scheduled for October 2024 and erased the calendar within 3-4 days of the calendar being posted. -She did not update the calendar after the families erased the activities. <p>Interview with the Special Operations Director on 10/17/24 at 2:58pm revealed:</p> <ul style="list-style-type: none"> -Activities calendars were provided to the facility by the corporate office each month but could be altered based on activity preferences. -There was currently no AD but they were working to hire someone for the position. -There was a volunteer that provided activities on Wednesday and Fridays each week. <p><i>Amara Murphy</i></p>	D 315		
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