

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/18/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNNYSIDE RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 U.S. HIGHWAY 221 S. FOREST CITY, NC 28043</b>
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(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
D 000	Initial Comments  The Adult Care Licensure Section and the Rutherford County Department of Social Services conducted an annual and follow-up survey on 6/17/15 through 6/18/15.	D 000		
D 074	<p>10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>This Rule is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain in good repair walls, flooring under a commode and ceiling light fixtures for 3 of 20 resident rooms, a common bathroom and the main dining room.</p> <p>The findings are:</p> <p>On 6/17/15 at 9:15AM, observation of Room #3 revealed:</p> <ul style="list-style-type: none"> <li>- A two bulb ceiling light fixture with only 1 incandescent bulb and no light cover.</li> <li>- A wardrobe approximately 5 feet high with a stack of magazines approximately 1 foot high, on which sat a glass ceiling light cover.</li> </ul> <p>On 6/17/15 at 9:25AM, observation of Room #1 revealed:</p> <ul style="list-style-type: none"> <li>- The plaster wall under the window with numerous cracks, crumbling plaster and a section of plaster approximately 8 inches by 10 inches bowing out from the wall.</li> <li>- The bathroom's ceiling light with an</li> </ul>	D 074		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 074	<p>Continued From page 1</p> <p>incandescent bulb and no light cover.</p> <p>On 6/17/15 at 9:30AM, observation of Room #2 revealed:</p> <ul style="list-style-type: none"> <li>- A closet door with a missing door knob.</li> <li>- The bathroom's ceiling light fixture (with no wall switch) had a compact fluorescent bulb screwed into an adapter with an outlet and a pull chain, with the adapter screwed into the ceiling fixture.</li> <li>- The pull chain from the ceiling fixture was approximately 2 inches long and could not be reached by the surveyor and the pull chain from the adapter was approximately 4 inches long and was not readily within arm's reach.</li> <li>- The ceiling light fixture did not have a light cover.</li> <li>- The floor tile around the base of the commode was stained with gaps between adjacent tiles.</li> <li>- The caulk between the commode and the tile was stained brown/black.</li> </ul> <p>On 6/17/15 at 9:55AM, observation of the main dining room revealed a ceiling florescent light fixture with no light cover.</p> <p>On 6/17/15 at 10:00AM, observation of the common bathroom on the second floor at the top of the stairs revealed:</p> <ul style="list-style-type: none"> <li>- A ceiling florescent light fixture with no cover.</li> <li>- Caulking between the tub and tub enclosure was stained black/brown and a black substance was observed along a seam in the tub enclosure panels.</li> <li>- A plastic splash guard on top of the tub's rim was broken away, leaving a rough line of dried adhesive where the splash guard had made contact with the tub and tub enclosure.</li> </ul> <p>On 6/17/15 at 2:25PM, interview with Personal Care Aide A revealed:</p>	D 074		

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D 074	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- If she saw something broken or in need of repair in a resident's room or common area, she was required to report it to the Resident Care Coordinator (RCC).</li> <li>- She was not aware of any broken electric outlets, broken furniture or light fixtures.</li> </ul> <p>On 6/18/15 at 10:30AM interview and environmental tour with the RCC revealed:</p> <ul style="list-style-type: none"> <li>- She was aware of the missing bulb and light cover in the ceiling light fixture in Room #3 and needed the maintenance person to fix it.</li> <li>- She had a pull chain extension for the ceiling light in Room #2's bathroom that was too short to reach so that the chain could be extended for resident reach.</li> <li>- She was aware that there was door knob missing on the closet door in Room #2.</li> <li>- She was aware that the plaster wall in Room #1 required repair.</li> <li>- When the cover for the light fixture in the dining room was recently removed (she could not give a definite date) for cleaning it was broken and required a replacement.</li> <li>- She did not know what happened to the cover for the ceiling light in the second floor bathroom but it required a cover.</li> <li>- The stained caulk and black substance on the tub enclosure required cleaning and the splash guard required repair.</li> <li>- The ceiling light fixtures in the bathrooms for Rooms #1 and #2 would need to be replaced so that they could support a light cover.</li> <li>- She knew the housekeeper cleaned the floor around the commode in Room #2 so the stained tile would have to be replaced and the commode re-caulked.</li> <li>- She expected housekeepers and care staff to report facility problems to her so they could be addressed.</li> </ul>	D 074		

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D 076	<p>10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain in good repair dresser drawers for 3 of 20 resident rooms.</p> <p>The findings are:</p> <p>On 6/17/15 at 9:15AM, observation of a chest of drawers in Room #3 revealed a drawer with both drawer pulls missing.</p> <p>On 6/17/15 at 9:40AM, observation of Room #4 revealed: - A dark brown chest of drawers with a missing drawer front and missing drawer pulls in a small drawer and two large drawers. - A light brown chest of drawers with missing drawer pulls from the bottom drawer and peeling veneer on the sides. - One side of the light brown chest of drawers was resting on an approximately 1 foot length of 2X4 piece of wood. - A black lacquered chest of drawers revealed a missing drawer front, exposing the sharp ends of numerous staples from the sides of the broken drawer.</p> <p>On 6/17/15 at 9:45AM, observation of Room #5 revealed a two drawer bedside table with the drawer pull missing from the bottom drawer.</p>	D 076		

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D 076	<p>Continued From page 4</p> <p>On 6/17/15 at 2:25PM, interview with Personal Care Aide A revealed: - If she saw something broken or in need of repair in a resident's room or common area, she was required to report it to the Resident Care Coordinator (RCC). - She was not aware of any broken furniture.</p> <p>On 6/18/15 at 10:30 interview and environmental tour with the RCC revealed: - She was aware some dresser drawers were missing drawer pulls and that she had a bag of them in her office for replacements. - She thought the resident residing in Room #4 using the black lacquered chest of drawers preferred to have the drawer front removed but she stated the exposed staples remained a safety concern. -She stated the resident using the black lacquered chest of drawers did not hurt himself on the exposed staples. - She would have expected the housekeeper to report as broken the light brown chest of drawers in Room #4 resting on a piece of 2X4 wood. - She expected housekeepers and care staff to report facility problems to her so they could be addressed.</p>	D 076		
D 079	<p>10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing</p>	D 079		

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D 079	<p>Continued From page 5 facilities.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain in safe operating condition 1 of 4 alarmed exit doors on resident corridors (for ease of opening), electrical outlets in 1 of 20 resident rooms and in the sunroom and a surge protector in 1 of 20 resident rooms.</p> <p>The findings are:</p> <p>On 6/17/15 at 9:25AM, observation of Room #1 revealed: - A surge protector into which was plugged a television that was on and the surge protector switch as lit. - The surge protector was observed as partially pulled from an electrical outlet under the window and at the foot of a resident's bed. - The prong for grounding the surge protector was missing from the plug.</p> <p>On 6/17/15 at 9:40AM, observation of Room #4 revealed: - Two electrical outlets near the door frame with no plugs into these outlets. - The top and vertically-positioned outlet box was connected to a lower and horizontally-positioned outlet box by approximately 4 inches of conduit. - An outlet in the vertically-positioned box was observed as cracked with the lower portion of this outlet missing. - The horizontally-positioned box was observed with no face plate in place. - Adjacent to these outlets was observed a plastic basket of laundry.</p>	D 079		

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D 079	<p>Continued From page 6</p> <p>On 6/17/15 at 2:25PM, interview with Personal Care Aide A revealed:</p> <ul style="list-style-type: none"> <li>- If she saw something broken or in need of repair in a resident's room or common area, she was required to report it to the Resident Care Coordinator (RCC).</li> <li>- She was not aware of any broken electric outlets.</li> </ul> <p>On 6/18/15 at 9:30AM, observation of the residential hall (in the vicinity of occupied Rooms #9 and #10), revealed:</p> <ul style="list-style-type: none"> <li>- An exit door at the end of the hallway</li> <li>- This exit door required both hands and additional effort by the surveyor to push open.</li> <li>- The door stuck against the doorframe.</li> </ul> <p>On 6/18/15 at 9:40AM, observation in the sunroom revealed an electrical outlet, into which was plugged a television that was on, with a loose faceplate that was hanging onto to the plug and cord of the television.</p> <p>On 6/18/15 at 10:30AM interview with the RCC during the environmental tour revealed:</p> <ul style="list-style-type: none"> <li>- The surge protector in Room #1 should not have been in use without a grounding plug and would be removed immediately.</li> <li>- The outlets in Room #4 required immediate repair and she would have an electrician attend to them immediately.</li> <li>- The face plate hanging loose on the television in the sunroom should be attached to the outlet and would be fixed immediately.</li> <li>- The exit door in the vicinity of Room's #9 and #10 was not routinely used, but as an exit in the event of an emergency it should swing open without additional effort and it would be adjusted.</li> <li>- She expected housekeepers and care staff to report facility problems to her so they could be</li> </ul>	D 079		

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D 079	Continued From page 7 addressed.	D 079		
D 282	<p>10A NCAC 13F .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes:</p> <p>(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure the kitchen and food storage area was clean and protected from contamination.</p> <p>The findings are:</p> <p>Observations of the kitchen and food storage areas on 06/17/15 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>- The food pantry shelves had a sticky accumulation of dust and debris.</li> <li>- The bottom shelf had numerous rodent droppings.</li> <li>- The white plastic sugar container was covered with spattered brownish spots inside and out. A drinking glass was laying down inside the sugar.</li> <li>- The white plastic flour container was covered with spattered brownish spots inside and out.</li> <li>- The stove hood interior was covered with a heavy build-up of grease, dust and debris.</li> <li>- The sides and interiors of both ovens had a heavy build-up of burnt-on grease and grime.</li> </ul> <p>Interview with the Cook on 06/17/15 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>- She had worked at the facility 4-5 months and only worked as the cook on the weekends.</li> </ul>	D 282		

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D 282	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- She was covering for the food service manager who was out of work this week.</li> <li>- The only training she had was what she had been told by the food service manager.</li> <li>- She did not know when the pantry and stove had last been cleaned.</li> </ul> <p>Review of the Food Establishment inspection report from Division of Public Health Environmental Section dated 01/20/15 revealed a demerit for protection from contamination regarding food contact surfaces not being clean.</p> <p>Review of the posted Kitchen Cleaning schedule revealed:</p> <ul style="list-style-type: none"> <li>- Monday: walls, refrigerator.</li> <li>- Tuesday: cabinet.</li> <li>- Wednesday: pot &amp; pan shelf.</li> <li>- Thursday: Food storage.</li> <li>- Friday: Stove/trashcan.</li> <li>- Saturday: Floors.</li> <li>- Sunday: Dining walls.</li> </ul> <p>Review of the Cook's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- A hire date of 10/25/14.</li> <li>- A copy of the Food Service Orientation Manual signed by the Cook and the RCC, but not dated.</li> </ul> <p>Observations on 06/18/15 at 12:00pm revealed:</p> <ul style="list-style-type: none"> <li>- Pantry shelves had been cleaned.</li> <li>- Flour and sugar canister had been cleaned.</li> <li>- The stove hood interior and ovens remained as above.</li> </ul>	D 282		
D 283	<p>10A NCAC 13F .0904(a)(2) Nutrition and Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care</p>	D 283		

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D 283	<p>Continued From page 9</p> <p>Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility failed to properly thaw frozen meat in a manner to protect from contamination.</p> <p>The findings are:</p> <p>Observations during initial tour of the kitchen area on 06/17/15 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>- A large plastic wrapped packaged tube of ground meat (approximately 2 feet long by 5 inches in diameter) laying in the sink.</li> <li>- Blood had drained from the package into the sink.</li> <li>- The meat was soft to touch.</li> <li>- Surveyor's thermometer revealed temperature of the meat at this time was 68 degrees Fahrenheit. (The facility did not have a working thermometer in the kitchen).</li> </ul> <p>Interview with the Cook on 06/17/15 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>- She had placed the frozen meat in the refrigerator "yesterday" (06/16/15).</li> <li>- This morning she had placed the partially thawed meat into the sink to finish thawing.</li> <li>- She thought it was alright to finish thawing the meat in the sink.</li> <li>- The meat had been in the sink "about an hour."</li> <li>- She had worked at the facility 4-5 months and only worked on the weekends as the cook.</li> <li>- She was covering for the food service manager who was out of work this week.</li> </ul>	D 283		

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D 283	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- The only training she had was what she had been told by the food service manager.</li> <li>- Her plan had been to finish cleaning up from breakfast then pat the meat into hamburgers for lunch.</li> </ul> <p>Review of the Cook's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- A hire date of 10/25/14.</li> <li>- A copy of the Food Service Orientation Manual signed by the Cook and the RCC, but not dated.</li> </ul> <p>Interview with the Resident Care Coordinator (RCC) on 06/17/15 at 9:30am revealed:</p> <ul style="list-style-type: none"> <li>- This was not the proper way to thaw frozen meat.</li> <li>- This improper thawing of the meat probably resulted from "lack of training."</li> <li>- There had been no occurrence of gastrointestinal illnesses to her knowledge.</li> </ul> <hr/> <p>A Plan of Protection was submitted by the facility on 06/17/15 that included:</p> <ul style="list-style-type: none"> <li>- The meat was thrown out immediately.</li> <li>- New meat was purchased for lunch use.</li> <li>- Dietary staff will receive additional training on safe handling of meats to include proper methods for thawing.</li> </ul> <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED AUGUST 02, 2015.</p>	D 283		
D 296	<p>10A NCAC 13F .0904(c)(7) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic</p>	D 296		

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(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
D 296	<p>Continued From page 11</p> <p>diet menu for all physician-ordered therapeutic diets for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain matching therapeutic diet menus in the kitchen for guidance of food service staff for 4 of 4 sampled residents with orders a RCS (Reduced Concentrated Sweets) for Resident's #2, 4, and 5, and low-phosphorus diet for Resident #6.</p> <p>The findings are:</p> <p>Observations in the kitchen on 06/17/15 at 9:10am revealed:</p> <ul style="list-style-type: none"> <li>- A posting of the current list of residents with physician ordered therapeutic diets dated 05/19/15.</li> <li>- Fourteen residents were listed as Reduced Concentrated Sweets (RCS) which included Residents #2, 4, and 5.</li> <li>- Resident #6 was listed as "modified low phosphorus" with specifics for "no dark drinks (soda), biscuits, chocolate, cheese, bologna, limit dairy to 1/2 cup a day and 1.5 liter fluid restriction."</li> </ul> <p>Review of the Spring/Summer 2015, Week-At-A-Glance, Week 3 menu (the only menu available in the kitchen) for Wednesday's lunch revealed:</p> <ul style="list-style-type: none"> <li>- Hamburger on bun.</li> <li>- Relish.</li> <li>- Baked Beans.</li> <li>- Potato Chips.</li> <li>- Strawberry delight.</li> <li>- Tea.</li> </ul>	D 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/18/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNNYSIDE RETIREMENT HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 U.S. HIGHWAY 221 S. FOREST CITY, NC 28043</b>
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D 296	<p>Continued From page 12</p> <p>Review of a posted hand-written menu 06/17/15 revealed:</p> <ul style="list-style-type: none"> <li>- Hamburgers.</li> <li>- Baked beans.</li> <li>- Fries.</li> <li>- Pickle.</li> <li>- Dessert.</li> </ul> <p>Observations of the lunch meal on 06/17/15 at 12 noon revealed all residents received:</p> <ul style="list-style-type: none"> <li>- Hamburger on bun.</li> <li>- Baked Beans.</li> <li>- French Fries.</li> <li>- Peaches (in light syrup).</li> <li>- Tea and water. (Diabetics received unsweetened tea.)</li> </ul> <p>A. Review of Resident #6's record revealed:</p> <ul style="list-style-type: none"> <li>- An FL2 dated 12/16/14 that included a diagnosis of acute chronic renal failure.</li> <li>- A current physician order dated 05/26/15 for a high protein/modified low phosphorus diet with no dark soda, biscuit, bologna, cheese and 1 liter fluid restriction.</li> </ul> <p>Interview with the Cook on 06/17/15 at 9:10am revealed she followed the food list from dialysis for Resident #6 and did not serve the restricted food items (cheese, chocolate, bologna etc.) for the low-phosphorous diet.</p> <p>Interview with the Resident Care Coordinator (RCC) on 06/17/15 at 11:10am revealed kitchen staff followed the specific food restrictions from dialysis for Resident #6.</p> <p>Resident #6 was interviewed on 06/17/15 at 11:20am revealed:</p> <ul style="list-style-type: none"> <li>- The resident was alert and oriented.</li> <li>- She knew and verbalized her food restrictions</li> </ul>	D 296		

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D 296	<p>Continued From page 13</p> <p>and fluid limitations.</p> <ul style="list-style-type: none"> <li>- She stated the facility served appropriate foods to her.</li> </ul> <p>B. Review of Resident #2's record revealed an FL2 dated 05/05/15 that included:</p> <ul style="list-style-type: none"> <li>- Diagnosis of diabetes.</li> <li>- Orders to check finger stick blood sugars (FSBS) four times a day.</li> <li>- A diet order for Reduced Concentrated Sweets (RCS).</li> </ul> <p>Review of the June 2015 FSBS results for Resident #2 revealed a range of 52-412.</p> <p>Interview with Resident #2 on 06/17/15 at 12:30pm revealed the facility provided sugar free desserts and artificial sweeteners.</p> <p>Refer to interview with the Cook on 06/17/15 at 9:10am.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 06/17/15.</p> <p>C. Review of Resident #4's record revealed an FL2 dated 05/12/15 that included:</p> <ul style="list-style-type: none"> <li>- Diagnosis of diabetes.</li> <li>- An order for FSBS four times a day.</li> <li>- A diet order for Reduced Concentrated Sweets.</li> </ul> <p>Review of the FSBS range from June 11 through June 17, 2015 revealed a range of 190-428.</p> <p>Interview with Resident #4 on 06/17/15 at 12:35pm revealed the facility provided sugar free desserts and artificial sweeteners.</p> <p>Refer to interview with the Cook on 06/17/15 at 9:10am.</p>	D 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/18/2015</b>
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D 296	<p>Continued From page 14</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 06/17/15.</p> <p>D. Review of Resident #5's FL2 dated 12/23/14: - Diagnosis of renal insufficiency. - A diet order for RCS.</p> <p>Interview with Resident #5 on 06/17/15 at 12:20pm revealed the facility provided sugar free desserts and artificial sweeteners.</p> <p>Refer to interview with the Cook on 06/17/15 at 9:10am.</p> <p>Refer to interview with the Resident Care Coordinator (RCC) on 06/17/15.</p> <p>Interview with the Cook on 06/17/15 at 9:10am revealed: - She had worked at the facility 4-5 months and only worked weekends as the cook. - She was covering for the food service manager who was out of work this week. - The only training she had was what she had been told by the food service manager, nothing about menus. - She did not know anything about any menus. - She just went by the hand-written menu that was left for her by the food service manager. - She served sugar free desserts and drinks to the diabetics.</p> <p>Review of the Cook's personnel file revealed: - A hire date of 10/25/14. - A copy of the Food Service Orientation Manual signed by the Cook and the RCC, but not dated.</p> <p>Interview with the Resident Care Coordinator (RCC) on 06/17/15 at 11:10am revealed:</p>	D 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/18/2015</b>
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D 296	Continued From page 15  - She believed they had matching therapeutic menus but did not know where they were. - The Week-at-a Glance menus must be all the menus they had. - She had called the food service manager who also did not know where the menus were. - She did not know what kitchen staff used as guidance for therapeutic diets but knew they did not give sugar to the diabetics.	D 296		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service  10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.  This Rule is not met as evidenced by: <b>TYPE B VIOLATION</b>  Based on observations, record reviews and interviews the facility failed to serve therapeutic diets as ordered for 1 of 1 resident (Resident #1) with physician orders for a pureed diet.  The findings are:  Review of Resident #1's record revealed an FL2 dated 12/16/14 with diagnoses that included traumatic brain injury and a diet order for regular/ mashed with ground meat.  Review of a Primary Care Provider (PCP) note dated 05/05/15 revealed: - Chief complaint: dysphagia (difficulty	D 310		

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D 310	<p>Continued From page 16</p> <p>swallowing).</p> <ul style="list-style-type: none"> <li>- "Facility staff report that patient has been having increasing trouble swallowing and request his diet orders to be changed to pureed, as they are afraid he will choke."</li> <li>- Will change diet orders to pureed (nectar). (A pureed diet consist of foods that have a smooth, soft texture, much like fluffy whipped potatoes. Thickening agents may be used to produce the right consistency).</li> </ul> <p>Review of a PCP note dated 05/26/15 revealed resident was tolerating new diet of pureed food better with no recent episodes of dysphagia.</p> <p>Review of the diet list (posted in the kitchen) on 06/17/15 at 9:10am revealed Resident #1 on pureed/nectar diet.</p> <p>Observations of preparation of the lunch meal on 06/17/15 at 11:50am revealed:</p> <ul style="list-style-type: none"> <li>- The Cook placed peaches and baked beans (separately) in the food processor/blender and blended to perfect pureed consistency.</li> <li>- The Cook then placed the hamburger &amp; bun (together) and fries (separately) in the food processor/blender and blended to a ground consistency.</li> <li>- Both the potatoes and bread/meat remained as large pieces and chunks.</li> <li>- The cook plated the food for delivery.</li> </ul> <p>The Cook was questioned by the surveyor at this time (approximately 12:00 noon) regarding the consistency of the potatoes and meat/bread and revealed:</p> <ul style="list-style-type: none"> <li>- The cook stated "No matter how long" the meat, bread and potatoes are left in the food processor, "it will still look like that."</li> <li>- The cook was not able to describe the</li> </ul>	D 310		

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D 310	<p>Continued From page 17</p> <p>consistency for pureed foods.</p> <ul style="list-style-type: none"> <li>- She had no training regarding adding liquids (milk or water) to achieve proper consistency for pureed foods.</li> </ul> <p>Observations on 06/17/15 at 12:10pm revealed:</p> <ul style="list-style-type: none"> <li>- The Resident Care Coordinator (RCC) came into the kitchen and reviewed Resident #1's plated food.</li> <li>- The RCC concurred the food was not pureed appropriately.</li> <li>- The RCC questioned the cook about adding Thickit (a thickening agent) to the meat, bread and potatoes.</li> <li>- The Cook denied knowing anything about thickener.</li> <li>- The RCC sent other staff to search for the thickening agent. Shortly afterwards, staff returned with the thickener that was found in the outside food storage area adjacent to the kitchen.</li> <li>- The RCC proceeded to assist the cook with proper pureeing of the food.</li> <li>- The RCC stated "lack of training" was the cause of the food not being properly pureed.</li> <li>- The RCC stated Resident #1 had never aspirated, however, recently had some difficulty swallowing so an order for a pureed diet had been requested.</li> </ul> <p>Observations of Resident #1 eating lunch on 06/17/15 and breakfast on 06/18/15 revealed the resident ate the pureed food independently with no assistance. Interviews were attempted with Resident #1 during both meals, however, due to speech impairment the resident was difficult to understand.</p> <p>Review of the Cook's personnel file revealed:</p> <ul style="list-style-type: none"> <li>- A hire date of 10/25/14.</li> <li>- A copy of the Food Service Orientation Manual</li> </ul>	D 310		

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D 310	Continued From page 18  signed by the Cook and the RCC, but not dated.  _____	D 310		
D912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to provide care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations regarding food and nutrition.</p> <p>The findings are:</p> <p>A. Based on observations and interviews, the facility failed to properly thaw frozen meat in a</p>	D912		

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D912	<p>Continued From page 19</p> <p>manner to protect from contamination. [Refer to Tag D 283 10A NCAC 13F .0904(a)(2) Nutrition and Food Service. (Type B Violation).]</p> <p>B. Based on observations, record reviews and interviews the facility failed to serve therapeutic diets as ordered for 1 of 1 resident (Resident #1) with physician orders for a pureed diet. [Refer to Tag D 310 10A NCAC 13F .0904 (e)(4) Nutrition and Food Service. (Type B Violation)].</p>	D912		
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