

Disclaimer Statement

The following state meant is to be at the beginning of the POC.

Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
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NAME OF PROVIDER OR SUPPLIER: YANCEY HOUSE
STREET ADDRESS, CITY, STATE, ZIP CODE: 4 COOPER LANE, BURENSVILLE, NC 28714

(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 Yancey County Department of Social Services conducted an annual survey on November 09, 10 and 12, 2015.	D 000		
D 128	10A NCAC 13f .0434(1) Qualifications Of Activity Director 10A NCAC 13f .0404 Qualifications Of Activity Director There shall be a designated adult care home activity director who meets the following qualifications: (1) The activity director (employed on or after August 1, 1991) shall meet a minimum educational requirement by being at least a high school graduate or certified under the GED Program or by passing an alternative examination established by the Department of Health & Human Services. This Rule is not met as evidenced by: Based on interviews the facility failed to have a designated activity director. The findings are: Observations on 11/09/15 from 11:30am to 12:30pm revealed a leaf painting activity with 2 residents, but this activity was not on the activity calendar. Observation on 11/12/15 at 11:00am revealed a group singing in dining room to about 15 residents (which was on the activity calendar). Interview with the facility's Executive Director in training (ED) on 11/12/15 at 3-45pm revealed: -The facility did not have a full time Activity	D 128		

Division of Health Service Regulation

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

Bergia Straney

TITLE

Administrator

DATE

12-29-15

STATE FORM

LUREL11

If continuation sheet 1 of 21

*Reviewed & accepted
01/04/16
R Wilson RW*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
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D 128	Continued From page 1 Director (AD). -The facility had a person who worked about 5 hours every week with resident activities. -The facility had never had an AD with the required qualifications. -In the past, ADs did not want to pay for the required basic activity course and the facility would not pay for the course. -She had just interviewed 8 people for the AD position and had made an offer. -The ED concurred there was not 14 hours of activities each week but may be "5 hours". Confidential interviews with residents and family members revealed: -"I'm not aware of any outings." -"Outings, they are first come first serve." -"I would really like to do more activities if they had them." -"It's a really nice facility but there are no physical activities here, when I come the residents are in there rooms with the lights off or lying on the bed. They just lay around." -"We color a lot. I would like to do other things too. It gets boring." Confidential interviews with a staff throughout the survey revealed: -The facility did not have an activity director. -If the staff had time in the evening they would try to do an activity with them. -"We are responsible to do activities." -"We do not have any activities scheduled but we sometimes do a puzzle or sing maybe twice a week."	D 128	D128 .0404 Qualifications of Activities Director An Activities Director was hired as of 11/23/15 with the agreement of taking the required Basic Activities Course within 9 months of their hire date.	Dec. 27, 2015
D 131	10A NCAC 13F .0408(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis	D 131		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL103005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
(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 131	<p>Continued From page 2</p> <p>(a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27689-1902.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 6 sampled staff (Staff D) was tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff D's personnel file revealed: -A re-hire date of 08/10/15 as Personal Care Aide (PCA). -A copy of a TB test dated 08/25/14 (from former employment at a sister facility). -No documentation of a current TB test was found.</p> <p>Interview with the Executive Director in training (ED) on 11/12/15 at 2:45pm revealed: -Staff D had previously worked at a different facility with the same corporation and had a TB test done on 08/25/14 with negative results on 08/27/14. -She thought Staff D had a TB test since the re-hire date in September, but could not find where it had been recorded or the results documented.</p>	D 131	<p>D131 .0406(a) Test for Tuberculosis</p> <p>Documented TB test was acquired from previous employer dated 2/14/15 and is now located in the employee charts.</p> <p>Facility will acquire new hire TB tests prior to employee being placed on the facilities schedule.</p> <p>TB documentation will be maintained in employee files.</p>	Dec. 27, 2015

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D 292	Continued From page 3	D 292		
D 292	<p>10A NCAC 13F .0904(c)(3) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition and Food Service (c) Menus in Adult Care Home: (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview with residents, the facility failed to document substitutions of items actually served to residents.</p> <p>The findings are:</p> <p>Review of the menu for 11/09/15 for the noon meal revealed residents should receive: -3 ounces (oz) of slow roasted beef brisket. -Creamed corn. -Country cabbage. -Whole wheat bread. -Mandarin oranges in juice.</p> <p>Observation of the noon meal on 11/09/15 revealed residents received: -A bowl of cooked carrots with a small amount of beef. -Creamed corn. -Whipped instant potatoes. -Cornbread. -Fruit cocktail.</p> <p>Review of the menu for 11/10/15 for the noon meal revealed residents should receive: -3 oz. of baked fish with orange ginger. -Rice.</p>	D 292		

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NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
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D 292	Continued From page 4 -Japanese vegetables. -Whole wheat bread. -Tropical fruit. Observation of the noon meal on 11/10/15 revealed residents received: -Fried fish squares. -Mixed vegetables. -Coleslaw. -Rice. -A peach slice, pear slice and a cherry in syrup. Review of the menu for 11/12/15 for the noon meal revealed residents should receive: -3 oz. fried chicken. -Whipped instant potatoes. -Mixed vegetables. -Biscuit. -Coconut cream pudding. Observation of the noon meal on 11/12/15 revealed residents received: -Chicken and dumplings. -Whipped instant potatoes. -Stuffing. -Mixed vegetables. -A roll. -A pink pear for desert. -Seven residents received stewed tomatoes in a bowl. Review of the documentation provided by the Dietary Manager (DM) revealed no food items had been substituted for 08/03/15 through 11/11/15. No other substitutions were documented for each of the three observed meals on 11/09/15, 11/10/15 and 11/12/15. Interview with the DM at 12:30pm on 11/12/15 revealed:	D 292	D292 .0904 (c) (3) nutrition and food service Kitchen staff was informed/reminded of any substitutions must be documented and maintained. Documentation of substitutions are being maintained in a Binder for reference. ED is now reviewing substitution log on a weekly basis.	Dec. 27, 2015

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RAL160005	(X2) MULTIPLE CONSTRUCTION A. BLDG. NO.: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
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D 292	Continued From page 5 -Any substitutions with food items served were documented. -The DM stated chicken and dumplings were being substituted for 3 oz. fried chicken for the lunch meal and documented this substitution on 11/12/15. -The DM did not offer any explanation as to why these substitutions were not documented.	D 292		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observation, record review, and interview of residents, families and staff, the facility failed to provide 14 hours of planned group activities per week that promoted socialization, physical interaction, group accomplishment, creative expression, increased knowledge and the learning of new skills.	D 317		

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NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LAKE BURNSVILLE, NC 28714			
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D 317	<p>Continued From page 5</p> <p>The findings are:</p> <p>Review of the activity calendar posted in the hallway on 11/09/15 at 9:00am revealed the following types of activities posted for the week of 11/09/15 for a total of 17+ hours of activities:</p> <ul style="list-style-type: none"> -Bingo. -Devotions. -Trivia Java. -Ball toss. -Musical mingle. -Resident council -Hand massages. -Three singing groups. <p>Random observations on 11/09/15 during tour revealed activity calendars posted in resident rooms.</p> <p>Observations on 11/09/15 from 11:30am to 12:30pm revealed a leaf painting activity with 2 residents, but this activity was not on the activity calendar.</p> <p>Observation on 11/12/15 at 11:00am revealed a group singing in dining room with about 15 residents (which was on the activity calendar).</p> <p>Observation on 11/12/15 at 10:00am revealed 3 residents in the activity room asking the surveyor if they were having coffee or an activity.</p> <p>Interview with a Medication Aide on 11/12/15 at 10:05am revealed she was not aware of any activity or residents having coffee at this time.</p> <p>There were no observations of activities being conducted on the secure unit throughout the survey.</p>	D 317			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714			
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D 317	<p>Continued From page 7</p> <p>Confidential interviews with residents and family members revealed: -"I'm not aware of any outings." -"Outings, they are first come first serve." -"I would really like to do more activities if they had them." -"It's a really nice facility but there are no physical activities here, when I come the residents are in there rooms with the lights off or lying on the bed. They just lay around." -"We color a lot. I would like to do other things too. It gets boring."</p> <p>Confidential interviews with a staff throughout the survey revealed: -The facility did not have an activity director. -If the staff had time in the evening they would try to do an activity with them. -"We are responsible to do activities." -"We do not have any scheduled activities but we sometimes do a puzzle or sing maybe twice a week."</p> <p>Interview with the facility's Executive Director in training (ED) on 11/12/15 at 3:45pm revealed: -The facility did not have a full time Activity Director (AD). -The facility had a person who worked about 5 hours every week with resident activities. -The facility had never had an AD with the required qualifications. -In the past, ADs did not want to pay for the required basic activity course and the facility would not pay for the course. -She had just interviewed 6 people for the AD position and had made an offer. -"I agree we are not doing 14 hours of activities a week. We may do 5 hours of activities a week."</p>	D 317	<p>D317 .0905 Activities Program</p> <p>With New hire of Activities Director a min of 14 hour per week of approved activities are being provided to facility residents</p> <p>Facility ED will continue to monitor facility activities on a weekly basis to assure activities are appropriate and are at a min of 14 hours weekly</p> <p>Facility staff instructed to encourage resident involvement in weekly activities.</p>	Dec. 27, 2015	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL190005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
(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 319	Continued From page 8	D 319		
D 319	<p>10A NCAC 13F .0905 (f) Activities Program</p> <p>10A NCAC 13F .0905 Activities Program</p> <p>(f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so.</p> <p>This Rule is not met as evidenced by: Based on record review, and interviews with residents and staff the facility failed to provide an opportunity for each resident to participate in at least one outing every other month.</p> <p>The findings are:</p> <p>A review of the activity calendar posted in the hallway for November 2015 revealed "out and about" activity at 9:30am each Friday.</p> <p>Confidential resident interviews throughout the survey revealed:</p> <ul style="list-style-type: none"> -Only 4 or 5 people can ride on the van at a time, it is often full and the seats go to whoever signs up first. -Residents would like to go out on the van but most of the time the van is full and sometimes the van did not run because the driver had to take someone to the doctor. -The van filled up fast and it is "first come first serve" and seemed like the same ones got to go on the van all the time because they signed up first. -"I did not know they had outings." -"I would like to go if they had outings." 	D 319	<p>D319 .0905 Activities Program</p> <p>Out and About form has been posted for availability to facility residents to give the opportunity for sign up. Residents have been provided a survey to determine outings they would enjoy</p> <p>Facility Management will have monthly meetings to determine appropriate outings that will be appealing to residents to encourage outings</p>	Dec. 27, 2015

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NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
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D 319	Continued From page 9 Interview on 11/09/15 at 11:10am with a Medication Aide revealed: -Outings were to medical appointments on Friday. -Two to three residents go on the outings. Interview on with Executive Director in training (ED) on 11/12/15 at 3:45 pm revealed: -The van driver rotated every other Friday between the Assisted Living side of the facility and the Special Care unit. -The van could seat only 4 people. -The rule was whoever signed up first got to go on the van. -The van did not run on some Fridays if the van driver had to take someone to the doctor and no substitute was offered. -The ED was unable to provide information as to when the outings actually took place and who participated.	D 319		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure the rights of all residents were maintained without hindrance regarding being treated with respect and dignity and a reasonable response to a request. The findings are:	D 338	D338 .0909 Residents Rights Residents rights training completed on 11/23/15 by senior ED. Ombudsman provided Residents rights training on _Oct . 23, 2015 Senior ED counseled with ED concerning Residents Rights. Residents are to feel free from disrespect.	Dec. 27, 2015

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714			
(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 338	Continued From page 10 A. Based on observations and interviews, the facility failed to assure residents were treated with respect and dignity. [Refer to Tag 911 10A NCAC 13F G.S. 131D-21 (1) (Type B Violation)]. B. Based on observations, record reviews, and interviews with residents, families and staff, the facility failed to assure all residents received a reasonable response to a request to have some diabetic alternatives available to meet the medical needs for 1 of 1 resident (Resident #1). [Refer to Tag 917 10A NCAC 13F G.S. 131D-21(7)].	D 338	All new admissions are informed of facilities policy of offering diet liberalization. Residents admitting MD will be informed of Diet Liberalization prior to admission. Senior ED will continue to monitor staff to assure residents are treated with dignity and respect.		
D 457	10A NCAC 13F .1308 (c) Special Care Unit Staffing 10A NCAC 13F .1308 Special Care Unit Staffing (c) In units of 16 or more residents and any units that are freestanding facilities, there shall be a care coordinator as required in Paragraph (b) of this Rule in addition to the staff required in Paragraph (a) of this Rule. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to have sufficient staff scheduled on the Special Care Unit (SCU) on first shift for a census of 25 residents for 9 of 10 days in November. The findings are: Review of the facility census for 11/09/15 revealed 25 residents in the SCU.	D 457			

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NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28754			
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D 467	<p>Continued From page 11</p> <p>Per SCU staffing rule, three staff are required (plus one hour of staff time for each additional resident) for first shift in addition to the SCU coordinator for a census of 25 residents.</p> <p>Review of the staffing schedule on first shift for 11/09/15 for 25 residents in the SCU revealed: -The SCU Coordinator. -A Medication Aide (MA). -A Personal Care Aide (PCA). -A trainee.</p> <p>Review of the staffing schedule on first shift for 11/10/15 for 25 residents in the SCU revealed: -The SCU coordinator. -Two PCAs. -A trainee.</p> <p>Observations of staff working on the SCU on 11/09/15 at 9:45am revealed. -The SCU Coordinator. -One MA. -One PCA(with a trainee) for census of 25 residents.</p> <p>Observations of staff working on the SCU on 11/10/15 at 8:15am revealed the SCU coordinator (working as a MA), two PCAs, and a trainee.</p> <p>Review of first shift staff time sheets for November 1 through 8, 2015 on the SCU revealed: -November 1, three staff worked. -November 2, three staff worked. -November 3, three staff worked. -November 5, three staff worked. -November 6, three staff worked. -November 7, three staff worked. -November 8, only two staff worked.</p>	D 467			

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NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 20714			
(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 CIRCLED/REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 467	<p>Continued From page 12</p> <p>Confidential interview with staff on the SCU revealed:</p> <ul style="list-style-type: none"> -"Usually" first shift staff on the SCU consisted of a MA, two PCAs and the SCU coordinator. -When only three staff worked, it was hard if two staff were in a room assisting a resident because the MA could not leave the cart if another resident needed something. -Many days the SCU coordinator worked as a MA or PCA. -Unable to say how many days there was not enough staff. -Residents' needs were always met because staff "work really hard". <p>Interview with the Administrator on 11/12/15 at 11:15am revealed:</p> <ul style="list-style-type: none"> -Census on the SCU had been at or greater than 24 for a while, unsure how long. -She thought the SCU coordinator could count as one of the required staff for each eight residents the SCU census. -The trainee did not count in the staffing numbers. -The facility had struggled with staffing for the past 2 months since former managers had "walked out." <p>Telephone interview with the Senior Director of Operations on 11/12/15 at 11:40am revealed:</p> <ul style="list-style-type: none"> -She was not aware of the staffing issues in the SCU. -No residents would be admitted until additional staff could be hired and trained. <p>Random observations of the SCU on 11/09/15 and 11/10/15 revealed residents were neat, clean, dressed appropriately and received assistance as needed.</p>	D 467	<p>D467 .1308 Special Care Unit Staffing</p> <p>With better understanding of staffing a SCU, The appropriate number of staff have been available to SCU residents. ED will continue to monitor schedule to assure appropriate number of staff are available.</p> <p>Facility continues to hire new staff to assure staff is available when needed for call outs .</p>	Dec. 27, 2015	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BLDG NO: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28754		
(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 457	Continued From page 13 Random confidential family interviews revealed no concerns regarding resident care on the SCU.	D 457		
D911	G.S. 131D-21(1) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents Rights Every resident shall have the following rights: 1. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to assure residents were treated with respect and dignity by speaking to them in a disrespectful manner. The findings are: -Observations on 11/09/15 at 5:00pm revealed: -The Executive Director in training (ED) entered the nurse's station. -A resident pointed her finger at the ED and said to a staff member, "What is wrong with her?.. she is never nice to me." -The staff member did not verbally speak but shook her head "no" and shrugged her shoulders. Confidential interviews with multiple residents and family members during tour and throughout all days of the survey revealed: -One resident became tearful during the interview and stated, "She (ED) always has a quick answer for everything, and she is curt and talks down to you." -One resident, visibly frustrated and upset, stated	D911		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714			
(X4) IC 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	
D911	Continued From page 14 <p>"She [ED] is just not nice to us." -(ED) wanted things to be "perfect all the time and that's just the way it is"... this made them "stay nervous". -"Why can't she [ED] be nice to me, like I see her be nice to some others." -(ED) spoke towards them in a "demeaning manner"...one resident just felt "ripped apart". -Residents felt they were being "judged" and did not feel comfortable talking with [ED] because she was "belittling and sarcastic". -One resident stated ED "ignored" their comments after ED asked about the food and felt they were treated in a "dismissive manner" afterwards. -(ED) was the "authority and that's just the way it is". -(ED) "Is all business and that's good in its own way, but what they need is compassion". -"She [ED] has been rude with me and stern with others." -Family members and friends were afraid of talking to [ED] as she is "so rude" when they have tried to talk to her. -"Can't talk to her about my concerns, so what do you do?" -(ED) threatened discharge of a family member with reasons not consistent with the rule based discharge of residents. -"I don't have any problems" with [ED]. - "She [the ED] works long hours and the laundry department is better now since she has been here." -"I feel comfortable with her and she gets back to you." Interview on 11/10/15 at 12:30pm with ED and the Administrator revealed: -The Administrator stated she was surprised by the comments residents and families had made.</p>	D911	<p>D911 G.S. 131D-21(1)</p> <p>-The ED was counseled regarding the Allegations .</p> <p>-All staff was retrained on resident Rights.</p> <p>-All new staff are trained on resident rights.</p> <p>-Staff will be randomly monitored Regarding resident treatment at Least 3 times by the RCC and SCC And randomly by SED.</p> <p>Residents and family members are Randomly questioned regarding Management treatment.</p>	Dec. 27, 2015	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER'S PROFESSIONAL IDENTIFICATION NUMBER: HAL100003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
(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
D911	Continued From page 15 -The ED stated she felt she treated all residents with respect and dignity and "I respect resident rights as they are very important to me." -The ED stated "In my position sometimes I have to be firm or stern and proceeded to explain issues with 2 residents she had difficulty with. A Plan of Protection was submitted by the facility on 11/10/15 that included: -The ED was counseled regarding the allegations. -All staff will be retrained on Residents' Rights. -Staff will be randomly monitored regarding resident treatment at least 3 times per week. -Residents and family members will be questioned randomly regarding staff treatment. DATE OF CORRECTION FOR THE TYPE B VIOLATION SHALL NOT EXCEED DECEMBER 27, 2015.	D911		
D017	G.S. 131D-21(7) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 7. To receive a reasonable response to his or her requests from the facility administrator and staff. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews with residents, families and staff, the facility failed to assure all residents received a reasonable response to a request to have some diabetic alternatives available to meet the medical needs for 1 of 1 resident (Resident #1). The findings are: Record review of the Resident Register revealed	D917	GS 131D-21 (1) Declaration of Residents Rights Please refer to Resident's Rights D338 Residents rights training completed on 11/23/15 by senior ED.	Dec. 27, 2015

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
(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	
D917	<p>Continued From page 18</p> <p>Resident #1 was admitted to the facility on 09/04/15.</p> <p>Review of Resident #1's current FL2 dated 09/02/15 revealed: -Diagnosis that included diabetes. -A diet order for "diabetic/regular".</p> <p>Review of diet sheet for Resident #1, signed by the facility's Primary Care Provider (PCP) on 09/04/15, revealed an order for a regular diet.</p> <p>Review of Resident #1's Medication Administration Record (MAR) for October 2015 and November 2015 revealed. -Resident #1 had a physician's order for sliding scale insulin (SSI) with finger sticks four times a day. -Resident #1's October 2015 Finger Stick Blood Sugar (FSBS) checks ranged from 49 to 590. -Resident #1's November 01-09, 2015 FSBS checks ranged from 69 to 490. -Review of MAR pass notes for October 2, 2015 at 8:12pm revealed: "Meter was too high to read. MD gave order to give 10 units of Lantus and 14 units of Novolog."</p> <p>Observation of the food pantry, refrigerator and freezer on 11/09/15 at 11:25 am revealed only these foods available for a diabetic diet: -Peaches in lite syrup. -Grapes and bananas. -No sugar free foods, syrups, puddings, jello or artificial sweeteners.</p> <p>Observation of the noon meal on 11/09/15 at 12:22pm revealed: -Resident #1 received cream corn, whipped instant potatoes, a bowl of carrots with a small amount of beef, cornbread, fruit cocktail and</p>	D917	<p>Ombudsman provided Residents rights training on _Oct . 23, 2015</p> <p>Senior ED counseled with ED concerning Residents Rights.</p> <p>Residents are to feel free from disrespect.</p> <p>All new admissions are informed of facilities policy of offering diet liberalization. Residents admitting MD will be informed of Diet Liberalization prior to admission.</p> <p>Senior ED will continue to monitor staff to assure residents are treated with dignity and respect .</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL104005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
(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
D917	<p>Continued From page 17</p> <p>sweet tea for her noon meal.</p> <ul style="list-style-type: none"> - Resident #1 ate most of the cornbread and one bite of fruit cocktail and touched nothing else on her plate nor drank any of her tea. -Staff did not offer Resident #1 an alternate. -Resident #1 stated "I could not eat that." -Two other residents with similar dietary issues revealed they knew they should not eat what was served but they were hungry and ate anyway. <p>Observation of the noon meal on 11/10/15 at 12:25pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 received fried fish, mixed vegetables, coleslaw, rice, cornbread, milk and a small bowl with a peach slice, 1/2 pear and a red cherry. -Resident #1 ate cornbread in her milk for meal and left dining room. -The resident was not asked if she wanted an alternative. <p>Observation of the noon meal on 11/12/15 at 12:20pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 received chicken and dumplings, whipped instant potatoes, stuffing, mixed vegetables, roll and a pink pear and ate four bites and left dining room. -Other residents in dining room (identified as diabetics by Dietary Manager, DM) received chicken and dumplings, whipped instant potatoes, stuffing, mixed vegetables, roll and a pink pear and stewed tomatoes. -Resident #1 did not receive stewed tomatoes. -A Personal Care Assistant (PCA) explained that all diabetic residents received the stewed tomatoes as an alternative to the potatoes. <p>Interview with Resident #1 on 11/10/15 at 9:15am and 12:45pm revealed:</p> <ul style="list-style-type: none"> -"The food doesn't serve me" for what I need. 	D917		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714			
(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	
D917	<p>Continued From page 18</p> <ul style="list-style-type: none"> -The resident had discussed concerns with the DM and the DM was going to "serve foods I can eat" but did not know the date of their conversation. -The resident stated she had also discussed her dietary concerns with the Executive Director in training (ED). -The ED told the resident the facility had to use "the stale menus" and to "just eat what I can". -The resident stated her alternative was to go hungry so her family provided some basic food items (peanut butter/cheese/ bread) if she could not eat what was served "so I don't go hungry." -The resident stated she had discussed her dietary concerns with the facility's PCP (who visited the facility weekly) about some sugar free deserts and starch alternatives to her regular diet as her blood sugars were running very high. -The resident stated "I ate what I could with what was there". <p>Interview with DM on 11/12/15 at 9:05am revealed:</p> <ul style="list-style-type: none"> -She talked with all the residents when they were admitted to discuss likes dislikes and concerns. -She had spoken to Resident #1 regarding her request for some diabetic alternatives. -"We do have 2-4 residents who are diabetic that need a diabetic diet." -Resident #1 was included in a list with 6 other residents who were "provided a diabetic diet." (A list of residents including Resident #1 was provided by DM.) -"Yes, we honor diabetic diets. They receive a protein, a carbohydrate and a fruit." -"We always offer an alternate of grilled cheese, today's alternative is chicken and dumplings or it could be leftovers from the night before." -The DM was "not aware of dietary issues or concerns." 	D917			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714			
(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	
D917	<p>Continued From page 19</p> <p>-The DM ordered sugar free jello, applesauce, unsweetened syrup, bananas and peanut butter when they are available from the food supplier.</p> <p>-The facility did not always get what they ordered when the truck came in.</p> <p>-"I try to switch out vegetables myself for the diabetics, things I know they can eat."</p> <p>-If the supplier did not have diabetic items available the facility tried to blend foods "so residents don't feel like they are not getting something the other residents are getting."</p> <p>-"Our menus come from [city] but ask the ED for sure."</p> <p>-"No I wasn't aware of Resident #1 receiving all those starches. I missed that when I was on the line, I'll have to pay more attention."</p> <p>Interview with PCP on 11/12/15 at 11:00am revealed:</p> <p>-"Yes, I change the diet order when they come in if it is not a regular diet."</p> <p>-"I have voiced my concerns about the diabetic diets to the ED."</p> <p>-"I don't know why they will not serve a diabetic diet."</p> <p>-"I have been told the residents will be discharged if I write an order for something else."</p> <p>-"Yes, there are other diabetic residents who share the same concerns."</p> <p>-"Resident #1 has talked to me about every week regarding her dietary concerns. I go to the [ED's name] every week and talk with her about the diabetic diet requests."</p> <p>Interview with the facility's Protocol Nurse Consultant on 11/12/15 at 3:13pm revealed the facility should "not be providing a diabetic diet" because they don't offer any therapeutic diets.</p> <p>Interview with the ED on 11/12/15 at 3:25pm</p>	D917			

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STATE FORM

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If continuation sheet 20 of 21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL100005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2015
NAME OF PROVIDER OR SUPPLIER YANCEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4 COOPER LANE BURNSVILLE, NC 28714		
(X4) ID PREFIX SUFFIX	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)	ON COMPLETE DATE
D917	Continued From page 20 revealed: -The facility does not provide diabetic diets." -The facility may occasionally purchase sugar free jello and sugar free cake mixes." -The menus came from the facility's food supplier. -I have not talked to the PCP about diabetic diets." -She stated she was aware of Resident #1's requests and then stated "We do the menus that [corporate] provides."	D917		