

Division of Health Service Regulation

PRINTED: 05/19/2017  
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL067004                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____                                              |                    | (X3) DATE SURVEY COMPLETED<br><br>R<br>05/10/2017 |
| NAME OF PROVIDER OR SUPPLIER<br><br>THE ARC COMMUNITY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1241 ONSLOW PINES ROAD<br>JACKSONVILLE, NC 28540 |                                                                                                                 |                    |                                                   |
| (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<br><br>The Adult Care Licensure Section conducted a follow-up survey May 09-10, 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (D 000)                                                                                   |                                                                                                                 |                    |                                                   |
| (D 310)                                               | 10A NCAC 13F .0904(a)(4) Nutrition and Food Service<br><br>10A NCAC 13F .0904 Nutrition and Food Service<br>(e) Therapeutic Diets in Adult Care Homes:<br>(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record review, the facility failed to assure 1 of 1 sampled Residents (Resident #3), with an order to receive nectar thickened liquids as ordered by the primary care physician.<br><br>The findings are:<br><br>Observation of Resident #3 snack on 05/09/17 at 10:40 AM revealed the Resident had a purple looking substance being served to her in a cup and the substance did not appear to be nectar thickened.<br><br>Interview with a Personal Care Aide on 05/09/17 at 10:45 AM revealed:<br>-She did not prepare the beverage being served to Resident #3.<br>-She thought that either the Medication Aide or the Activity Director had prepared the thickened liquids.<br>-Usually only the kitchen staff, Medication Aides, and the Activity Director would be the ones to prepare the thickened liquids. | (D 310)                                                                                   | All staff responsible for the preparation of thickened Liquids have been inserviced concerning the              |                    |                                                   |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

71WS12

If continuation sheet 1 of 4

Reviewed & Accepted By: JH/KM  
6/19/17

## Division of Health Service Regulation

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| (D 310)                                               | Continued From page 1<br><br>Observation of Resident #3's beverages prepared to serve at lunch on 05/09/17 at 12:10 PM revealed:<br>-The water that was prepared for Resident #3 did not appear to be nectar thick consistency and was a very loose consistency like water.<br>-The tea that was prepared for Resident #3 did not appear to be nectar thick consistency and was a very loose consistency like water.<br><br>Interview with a kitchen staff member on 05/09/17 at 12:12 PM revealed:<br>-She had prepared the thickened liquids for Resident #3's lunch.<br>-She followed the directions that were on the back of the thickener container.<br>-She had been trained that the cups she had placed the tea and water in were 8 ounce cups.<br>-She had been trained to place 4 teaspoons of the thickener into 8 ounces of tea or water which was how the directions said to mix it.<br>-She had just received some training a few weeks ago regarding how to prepare thickened liquids.<br>-The training was performed by the facility Licensed Health Professional Support nurse.<br><br>Observation of the kitchen staff member on 05/09/17 at 12:15 PM revealed:<br>-She filled up a glass with water and did not measure how much liquid was placed in the cup.<br>-She placed 4 teaspoons of the thickener out of the container in the water and said that is how she was trained to prepare nectar thick liquids.<br>-The staff member then got a measuring cup and poured the liquid into the measuring cup.<br>-There was 12 ounces of water that was poured out of that cup into the measuring cup.<br><br>Observation of the thickener label on 05/09/17 | (D 310)                                                                                   | proper preparation of these liquids. These individuals are Dietary Staff, Med. Tech's, Activity Director. The constant supervision of this will be from the Resident Care Coord. and Administration.<br><br><i>[Signature]</i> |                          |                                                      |

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| (D 310)                                               | Continued From page 1<br><br>Observation of Resident #3's beverages prepared to serve at lunch on 05/09/17 at 12:10 PM revealed:<br>-The water that was prepared for Resident #3 did not appear to be nectar thick consistency and was a very loose consistency like water.<br>-The tea that was prepared for Resident #3 did not appear to be nectar thick consistency and was a very loose consistency like water.<br><br>Interview with a kitchen staff member on 05/09/17 at 12:12 PM revealed:<br>-She had prepared the thickened liquids for Resident #3's lunch.<br>-She followed the directions that were on the back of the thickener container.<br>-She had been trained that the cups she had placed the tea and water in were 8 ounce cups.<br>-She had been trained to place 4 teaspoons of the thickener into 8 ounces of tea or water which was how the directions said to mix it.<br>-She had just received some training a few weeks ago regarding how to prepare thickened liquids.<br>-The training was performed by the facility Licensed Health Professional Support nurse.<br><br>Observation of the kitchen staff member on 05/09/17 at 12:15 PM revealed:<br>-She filled up a glass with water and did not measure how much liquid was placed in the cup.<br>-She placed 4 teaspoons of the thickener out of the container in the water and said that is how she was trained to prepare nectar thick liquids.<br>-The staff member then got a measuring cup and poured the liquid into the measuring cup.<br>-There was 12 ounces of water that was poured out of that cup into the measuring cup.<br><br>Observation of the thickener label on 05/09/17 | (D 310)                                                                                   | proper preparation of these liquids. These individuals are Dietary Staff, Med. Tech's, Activity Director. The constant supervision of this will be from the Resident Care Coord. and Administration.<br><br><i>[Signature]</i> |                    |                                                   |

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| (D 310)                                               | <p>Continued From page 2</p> <p>revealed for nectar thick consistency for tea and water add 3 ½ to 4 teaspoons for every 4 ounces of beverage used.</p> <p>Interview with the Activity Director on 05/09/17 at 12:20 PM revealed:</p> <ul style="list-style-type: none"> <li>-She had prepared the thickened liquids for the snack served to Resident #3 at 10:30 AM.</li> <li>-She was told the cups that they were using were 8 ounce cups and she was to put 2 big scoops of thickener into the cups using the larger end of the measuring tool that come with the thickener.</li> <li>-She had received training on how to prepare thickened liquids but she could not remember when she got that training.</li> </ul> <p>Observation of the Activity Director on 05/09/17 at 12:22 PM revealed:</p> <ul style="list-style-type: none"> <li>-She got out a cup and added water but did not measure the amount of water she added.</li> <li>-She placed 2 tablespoons of thickener to the cup of water.</li> <li>-She stirred the water but it did not appear to be nectar thick consistency, it was still too thin and appeared to be more like water than nectar thick water.</li> <li>-After she thickened an unknown amount of water, she poured the contents of the cup into a measuring cup and it was slightly below 8 ounces of water appearing to be 7 ounces of water.</li> </ul> <p>Interview with the Dietary Manager on 05/10/17 at 12:00 PM revealed:</p> <ul style="list-style-type: none"> <li>-All the dietary staff had just received a training on 05/01/17 about preparing thickened liquids.</li> <li>-She felt that the staff working on 05/09/17 was nervous and just forgot her training.</li> <li>-She had also placed a sheet on the wall with specific direction on how to mix and prepare thickened liquids that the dietary staff and</li> </ul> | (D 310)                                                                                   |                                                                                                                             |                          |                                                      |

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| {D 310}                                               | <p>Continued From page 3</p> <p>Medication Aides were to use to prepare thickened liquids.</p> <p>-The Activity Director did help sometimes with preparing thickened liquids when they were busy and had been trained a while ago.</p> <p>-She would check into either getting pre thickened liquids or see about getting some additional training for the staff.</p> <p>-She did have documentation that all dietary staff had received training on 05/01/17.</p> <p>Observation of the sign in sheet for training received on 05/01/17 revealed:</p> <p>-That all of the dietary staff had received formal training on preparing thickened liquids.</p> <p>-The sheet did not specify the extent of that training that was completed.</p> <p>Interview with the Director of Nursing on 05/10/17 at 12:25 PM revealed:</p> <p>-The dietary staff were responsible for preparing thickened liquids for meals and snacks.</p> <p>-She did have one Medication Aide who had been trained to prepare thickened liquids.</p> <p>-The Activity Director had also been trained to help with preparing thickened liquids.</p> <p>-The dietary staff had just received a training on thickened liquids on 05/01/17.</p> <p>-She would see if she could get some more training done for the staff.</p> <p>-The Dietary Manager was responsible for the kitchen staff.</p> <p>-She was responsible for making sure that all staff had been properly trained.</p> <p>-She was not aware that staff were not preparing thickened liquids correctly.</p> | {D 310}                                                                                   |                                                                                                                          |  |                                                      |