

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 conducted an annual survey on September 06 and 07, 2017.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure referral and follow-up for 1 of 5 residents (Resident #5) regarding physician notification of fingerstick blood sugar refusals with a progressive sliding scale insulin order. The findings are: Review of Resident #5's FL2 dated 7/19/17 revealed: -Diagnoses included diabetes and dementia. -There were physician orders for Humalog insulin 100 units/mL inject subcutaneously after each meal per sliding scale: 200-270: 2 units; 271-330: 3 units; 331-390: 4 units; 391-400: 5 units. Review of Resident #5's August 2017 Medication Administration Records (MARs) revealed: -Hand written entry for the fingerstick blood sugars (FSBSs) at 9:00am, 2:00pm, and 7:00pm. -For the 9:00am FSBSs, facility staff documented 17 refusals out of 31 opportunities. -For the 2:00pm FSBSs, facility staff documented 3 refusals out of 31 opportunities.	D 273		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 273	Continued From page 1 -For the 7:00pm FSBSs, facility staff documented 1 refusal out of 31 opportunities. Review of Resident #5's September 2017 MARs revealed: -Computer generated entries for FSBSs at 9:00am, 2:00pm, and 7:00pm. -Facility staff had crossed out the computer generated FSBS times and wrote in 8:00am, 12:00 noon, and 5:00pm. -For the 8:00am FSBSs, facility staff documented 4 refusals out of 6 opportunities. -For the 12:00 noon FSBSs, facility staff documented no refusals. -For the 5:00pm FSBSs, facility staff documented 4 refusals out of 6 opportunities. Review of Resident #5's record revealed: -There was no documentation the physician had been contacted about the FSBSs refusals. -Resident #5's Hemoglobin A1C (HbA1C) level was 7.2 on 7/12/17 and 7.1 on 5/5/17 with a range of 5.7 - 6.4 for prediabetes and a range of < 7.0 for glycemic control for adults with diabetes. (The hemoglobin A1c test is an average level of blood sugar over the past 2 to 3 months.) Telephone interview with the primary care nurse practitioner on 9/7/17 at 10:26am revealed: -The facility staff had not notified her that Resident #5 had refused FSBSs. -She first saw Resident #5 on 8/15/17 and then saw him one other time. -She would see Resident #5 on her next visit to the facility and reassess whether to continue the FSBSs and Sliding Scale insulin orders. -She may monitor him by the A1C levels if he continued to be resistant to FSBS checks. Interview with the Resident Care Coordinator on	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 273	Continued From page 2 9/7/17 at 2:55pm revealed: -The facility had no written policy on medication refusals but had a form the medications aides were supposed to fill out to notify the physician of the refusal. -The facility had no documentation they had contacted the primary care nurse practitioner about the refusals but did contact her "today." Review of the Medication Refusal Form revealed the following items to be included: -A date was to be entered for the first, second, and third medication refusal and the reason. -A date was to be entered when the physician was contacted and any new orders. -There was a place for the physician to sign and date. Interview with a Medication Aide on 9/7/17 at 1:40 pm revealed: -The medication aides were supposed to notify their supervisor when a resident refused medications. -The medication aide on duty or the Resident Care Coordinator called the physician to notify him of the refusals. -The primary care nurse practitioner was in the facility to see residents every Monday and should have known from Resident #5's MARs that he was refusing FSBSs. Interview with Resident #5 on 9/7/17 at 11:05 am revealed he could not remember how often he received FSBSs but did not think he had refused but one or two. Telephone interview with Resident #5's responsible person on 9/7/17 at 2:50pm revealed she was not aware Resident #5 refused his FSBSs or any medications.	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 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: Based on observations, record reviews and interviews, the facility failed to assure therapeutic diets were served as ordered for 4 of 7 sampled residents (Residents #2, #4, #7 and #8) with physician orders for pureed diets and mechanical soft diets. The findings are: A. Review of Resident #7's most recent FL2 dated 02/10/17 revealed: -Diagnoses included dementia, dysphagia, diabetes mellitus, hypertension and coronary artery disease. -There was a physician's order for a pureed diet. Review of the therapeutic diet list posted in the kitchen on 09/06/17 revealed Resident #7 was to be served a pureed diet. Review of the pureed diet menu for lunch on 09/06/17 revealed residents on a pureed diet were to be served 1/2 cup of pureed Salisbury steak, 1/2 cup (c.) of pureed steamed rice, 3/8 c. of pureed green beans, 3 1/5 tablespoons (tbsp.) of pureed bread of choice, 1 packet margarine, 4 ounces (oz.) applesauce, 8 oz. chilled water, and 8 oz. beverage of choice.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 4 Interview on 09/06/17 at 9:45 am with the Dietary Manager (DM) revealed: -She was planning to substitute taco meat for the Salisbury steak. -She was planning to substitute peas and carrots for the vegetable. Observation on 09/06/17 from 11:45 am to 1:00 pm of the lunch meal service revealed: -Resident #7 was served milk, water, a pureed brown substance, a pureed orange substance, jello and applesauce. -Resident #7 consumed 100% of the pureed brown substance, 100% of the pureed orange substance, no jello, and 25% of the applesauce without difficulty. Interview on 09/06/17 at 12:30 pm with the DM revealed: -The brown food substance was taco meat and bread pureed together. -The orange food substance was green peas and carrots pureed together. A second interview on 09/06/17 at 2:12 pm with the DM revealed: -She was unaware residents on a pureed diet were to be served pureed steamed rice. -She typically pureed all foods listed on the regular diet menu for residents on a pureed diet. -She did not serve pureed steamed rice to Resident #7 because she did not realize rice could be pureed. Interview on 09/07/17 at 11:05 am with Resident #7 revealed: -He was doing well with the pureed foods. -He received enough to eat and did not get hungry.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 5 Telephone interview on 09/07/17 at 10:26 am with the primary care nurse practitioner revealed: -Resident #7 was on a pureed diet because of the "issue of stroke." -She understood he was doing well on the pureed diet. Refer to interview on 09/06/17 at 2:12 pm with DM. Refer to interview on 09/07/17 at 11:30 am with the Resident Care Coordinator (RCC). Refer to interview on 09/07/17 at 11:41 am with the Administrator. B. Review of Resident #8's most recent FL2 dated 04/19/17 revealed: -Diagnoses included cerebrovascular accident, failure to thrive, herniated disk, malnutrition, lower extremity weakness, dysphagia, abnormal gait and family history of malignant neoplasm. -There was a physician's order for a pureed diet. Review of Resident #8's diet order dated 05/15/17 revealed a physician's order for a pureed diet. Review of the therapeutic diet list posted in the kitchen on 09/06/17 revealed Resident #8 was to be served a pureed diet. Review of the pureed diet menu for lunch on 09/06/17 revealed residents on a pureed diet were to be served 1/2 cup (c.) of pureed Salisbury steak, 1/2 c. of pureed steamed rice, 3/8 c. of pureed green beans, 3 1/5 tablespoons (tbsp.) of pureed bread of choice, 1 packet margarine, 4 ounces (oz.) applesauce, 8 oz.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 6 chilled water, and 8 oz. beverage of choice. Interview on 09/06/17 at 9:45 am with the Dietary Manager (DM) revealed: -She was planning to substitute taco meat for the Salisbury steak. -She was planning to substitute peas and carrots for the vegetable. Observation on 09/06/17 from 11:45am to 1:00pm of the lunch service revealed: -Resident #8 was served milk, water, a pureed brown substance, a pureed orange substance, jello and applesauce. -Resident #8 consumed 100% of the pureed brown substance, 100% of the pureed orange substance, a few bites of jello and 100% of the applesauce without difficulty. Interview on 09/06/17 at 12:30 pm with the DM revealed: -The brown food substance was taco meat and bread pureed together. -The orange food substance was green peas and carrots pureed together. A second interview on 09/06/17 at 2:12 pm with the DM revealed: -She was unaware residents on a puree diet were to be served pureed steamed rice. -She typically pureed all foods listed on the regular diet menu for residents on a pureed diet. -She did not serve pureed steamed rice to Resident #8 because she did not realize rice could be pureed. Interview on 09/07/16 at 3:00 pm with Resident #8 revealed: -She received 3 meals and 3 snacks daily at the facility.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 7 -She got hungry between meals on some days. -She would like more food to be served at her meals. -She was unaware she could request second portions. Refer to interview on 09/06/17 at 2:12 pm with DM. Refer to interview on 09/07/17 at 11:30 am with the RCC. Refer to interview on 09/07/17 at 11:41 am with the Administrator. C. Review of Resident #4's most recent FL2 dated 11/14/16 revealed: -Diagnoses included moderate probable major vascular neurocognitive disorder without behavior disturbance, hyperlipidemia, schizoaffective disorder-depressive type, acute hypoactive delirium due to multiple etiologies, and hypotension. -There was a physician's order for a regular diet. Review of Resident #4's diet order dated 05/31/17 revealed a physician's order for a mechanical soft diet. Review of the therapeutic diet list posted in the kitchen on 09/06/17 revealed Resident #4 was to be served a mechanical soft diet. Review of the mechanical soft diet menu for lunch on 09/06/17 revealed residents on a mechanical soft diet were to be served 1/2 cup (c.) of ground Salisbury steak, 1/2 c. steamed rice, 1/2 c. green beans, 1 slice bread of the day, 1 packet of margarine, 4 ounces (oz.)	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES			STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 8 applesauce, 8 oz. chilled water and 8 oz. beverage of choice. Interview on 09/06/17 at 9:45 am with the Dietary Manager (DM) revealed: -She was planning to substitute taco meat for the Salisbury steak. -She was planning to substitute a salad consisting of shredded lettuce, raw tomato, shredded cheese and sour cream for the vegetable. Observation on 09/06/17 from 11:45 am to 1:00 pm of the lunch meal service revealed: -Resident #4 was served water, tea, milk, a chocolate drink, ground taco meat on a soft taco shell cut into approximately 1x1 inch squares, a salad consisting of shredded lettuce, raw tomato, shredded cheese and sour cream, seasoned rice, taco sauce and jello. -Resident #4 consumed none of his ground taco meat or soft taco shell, 50% of the salad, 25% of the rice and 100% of the jello without difficulty. -A Personal Care Aide (PCA) asked Resident #4 why he did not eat much and he responded "I don't have much of an appetite today." Review of the therapeutic diet menu for a different day on Week 1 Day 1 revealed: -A lettuce, tomato and onion salad to be served to residents on a regular diet. -Only shredded lettuce with no tomato or onion should be served to residents on a mechanical soft diet. Interviews on 09/06/17 at 12:00 pm and 2:12 pm with the DM revealed: -She routinely served a salad consisting of shredded lettuce, raw tomato, shredded cheese and sour cream to residents on a mechanical soft	D 310			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 9 diet. -She was unaware residents on a mechanical soft diet should only receive shredded lettuce and should not receive raw tomato on their salad. -The only change she made to foods for residents on a mechanical soft diet was to chop their meat. Refer to interview on 09/06/17 at 2:12 pm with DM. Refer to interview on 09/07/17 at 11:30 am with the RCC. Refer to interview on 09/07/17 at 11:41 am with the Administrator. D. Review of Resident #2's FL2 dated 5/31/17 revealed: -Diagnoses included cardiovascular accident. -There was no documentation of a diet order. Review of physician signed diet order sheet dated 5/22/17 revealed an order for a mechanical soft diet for Resident #2. Review of the therapeutic diet list posted in the kitchen on 09/06/17 revealed Resident #2 was to be served a mechanical soft diet. Review of the mechanical soft diet menu for 09/06/17 revealed residents on a mechanical soft diet were to be served 1/2 cup (c.) of ground Salisbury steak, 1/2 c. steamed rice, 1/2 c. green beans, 1 slice bread of the day, 1 packet of margarine, 4 ounces (oz.) applesauce, 8 oz. chilled water and 8 oz. beverage of choice. Interview on 09/06/17 at 9:45 am with the Dietary Manager (DM) revealed: -She was planning to substitute taco meat for the	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 10 Salisbury steak. -She was planning to substitute a salad consisting of shredded lettuce, raw tomato, shredded cheese and sour cream for the vegetable. Observation on 09/06/17 from 11:45 am to 1:00 pm of the lunch meal service revealed: -Resident #2 was served water, tea, milk, ground taco meat on a soft taco shell cut into approximately 1x1 inch squares, a salad consisting of shredded lettuce, raw tomato pieces, shredded cheese and sour cream, seasoned rice, taco sauce, and pineapple chunks. -Resident #2 consumed at least 50 % the ground taco meat and soft taco shell, 100% of the salad, 50% of the rice and 100% of the pineapple chunks without difficulty. Review of the mechanical soft therapeutic diet menu for a different day on Week 1 Day 1 revealed: -A lettuce, tomato and onion salad to be served to residents on a regular diet. -Only shredded lettuce with no tomato or onion was to be served to residents on a mechanical soft diet. Interviews on 09/06/17 at 12:00 pm and 2:12 pm with the DM revealed: -She routinely served a salad consisting of shredded lettuce, raw tomato, shredded cheese and sour cream to residents on a mechanical soft diet. -She was unaware residents on a mechanical soft diet should only receive shredded lettuce and should not receive raw tomato on their salad. -The only change she made to foods for residents on a mechanical soft diet was to chop their meat. -She did not know why staff served Resident #2	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES		STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 11 the pineapple because she was aware Resident #2 should have been served applesauce. Refer to interview on 09/06/17 at 2:12 pm with DM. Refer to interview on 09/07/17 at 11:30 am with the RCC. Refer to interview on 09/07/17 at 11:41 am with the Administrator. Interview on 09/06/17 at 2:12 pm with the DM revealed: -She had been employed at this facility for 4 ½ years, first as a cook and then promoted to the DM position. -She had been trained by the previous DM. -She had not completed the required Food Service Orientation training because she was unaware of the requirement. -She only used the Week at Glance spreadsheet with regular diet menus for meal preparation for all residents because that was what she was trained to do by the previous DM. -She had never referred to the therapeutic menus for guidance in preparing meals. -She had never utilized the recipes provided with the menus because she "knew how to cook most things." -She would begin utilizing the recipes and therapeutic diet menus immediately. Interview on 09/07/17 at 11:30 am with the RCC revealed: -She was responsible for communicating physician diet orders to the DM and creating the therapeutic diet list. -The Administrator was responsible for providing oversight to the DM.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/07/2017
NAME OF PROVIDER OR SUPPLIER THE BRADFORD VILLAGE OF KERNERSVILLE - WES			STREET ADDRESS, CITY, STATE, ZIP CODE 602 PINEY GROVE ROAD KERNERSVILLE, NC 27284		
(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 310	Continued From page 12 -She was unaware the DM was not following the therapeutic diet menus. Interview on 09/07/17 at 11:41 am with the Administrator revealed: -She had been employed at this facility for 1 year. -The RCC was responsible for communicating physician diet orders to the DM and creating the therapeutic diet list. -The DM was responsible for training the kitchen staff. -If the DM needed further training she would ensure that she received it in the future. -She was unaware the DM was not utilizing the recipes or therapeutic diet menus. -She would ensure the DM began utilizing the recipes and therapeutic diet menus immediately.	D 310			