

PRINTED: 01/22/2018  
FORM APPROVED

## Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL034012</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                          |                    | (X3) DATE SURVEY COMPLETED<br><br><b>01/08/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                 |                    |                                                     |
| (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 an annual survey on January 4 - 5, 2018, with an exit conference via telephone on January 8, 2018.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D 000                                                                                      |                                                                                                                 |                    |                                                     |
| D 296                                                                      | 10A NCAC 13F .0904(c)(7) Nutrition And Food Service<br><br>10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes:<br>(7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to assure matching therapeutic menus were available for the guidance of food service staff for 4 of 4 Residents sampled as evidenced by no Cardiac Prudent menu for Resident #2 and #4, no Low Concentrated Sweets (LCS) menu for Residents #1 and #3, and no menu for No Added Salt (NAS) for Resident #1.<br><br>The findings are:<br><br>A. Review of Resident #2's current FL2 dated 2/28/17 revealed:<br>-Diagnoses included hypertension, hyperlipidemia, and atrial fibrillation.<br>-There was a physician's order for a no added salt (NAS) / cardiac prudent diet.<br><br>Review of Resident #2's Resident Register revealed he was admitted to the facility on 11/21/2001.<br><br>Review of Resident #2's physician's diet order | D 296                                                                                      | Refer to Tag 310<br>pg. 25                                                                                      | 1/9/18<br>gf       |                                                     |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

9009

USF111

If continuation sheet 1 of 27

Reviewed and accepted with revisions. J. Kender RN 2/16/18

Division of Health Service Regulation

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| D 296                                                                      | <p>Continued From page 1</p> <p>sheet dated 2/28/17 revealed an order for a cardiac prudent diet.</p> <p>Review of Resident #2's care plan dated 3/14/17 revealed no documentation of dietary restrictions.</p> <p>Review of the therapeutic diet binder in the kitchen revealed Resident #2 was to be served a cardiac prudent diet.</p> <p>Review of the Week 3 menu for lunch on 1/4/18 revealed:</p> <ul style="list-style-type: none"> <li>-There was no cardiac prudent diet menu available.</li> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of roast beef (2 ounces), roasted potatoes and carrots (1/2 cup), lima beans (1/2 cup), cornbread, pears (1/2 cup), tea, lemonade and water.</li> <li>-The menu was signed by a Registered Dietician (RD).</li> <li>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</li> </ul> <p>Observation on 1/4/18 from 12:15pm to 12:55pm of the lunch meal service revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was served roast beef, roasted potatoes and carrots, lima beans, cornbread, pears, lemonade and water.</li> <li>-Resident #2 consumed 100% of his meal.</li> <li>-All residents received the same food and portion size for the lunch meal.</li> </ul> <p>Review of the Week 3 menu for lunch on 1/5/18 revealed:</p> <ul style="list-style-type: none"> <li>-The only menu available for staff guidance was a</li> </ul> | D 296                                                                                      |                                                                                                                          |                                                        |

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| D 296                                                                      | <p>Continued From page 2</p> <p>regular diet menu.</p> <p>-The lunch menu consisted of goulash (macaroni, 2 ounces of beef and tomatoes), fried squash (1/2 cup), tossed salad (3/4 cup) with Italian dressing, 1 piece of garlic toast, 1/2 cup of sherbet, and tea, lemonade or punch.</p> <p>-The menu was signed by a Registered Dietician (RD).</p> <p>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</p> <p>Observation on 1/5/18 from 12:25pm to 12:55pm of the lunch meal service revealed:</p> <p>-Resident #2 was served 2 slices of pepperoni pizza, 1 slice of supreme type pizza, lemonade and 2 chocolate chip cookies.</p> <p>-Resident #2 consumed 100% of his meal.</p> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed she stated that residents with cardiac prudent diets should be served reduced fat foods, less bread, and less fried foods.</p> <p>Telephone interview on 1/5/18 at 2:10pm pm with the Primary Care Provider (PCP) for Resident #2 revealed:</p> <p>-Resident #2 was on a cardiac prudent diet.</p> <p>-She was unaware the facility did not have therapeutic diet menus available for each diet type.</p> <p>-There was no harm done, and she would change Resident #2 to a regular diet next week.</p> <p>Interview on 1/5/18 at 3:05pm with Resident #2 revealed:</p> <p>-He had lived in the facility for 17 years.</p> <p>-He had never been on a special diet.</p> | D 296                                                                                      |                                                                                                                          |                                                        |

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| D 296                                                                      | <p>Continued From page 3</p> <p>-He always ate the same food as the other residents.</p> <p>Refer to interview on 1/4/18 at 12:45pm with the Supervisor.</p> <p>Refer to interview on 1/4/18 at 4:50pm with Co-Administrator A.</p> <p>Refer to interview on 1/5/18 at 1:59pm with the Supervisor.</p> <p>Refer to interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B.</p> <p>Refer to attempted telephone interview on 1/8/18 at 8:00am with the Registered Dietician.</p> <p>B. Review of Resident #4's current FL2 dated 1/5/17 revealed:<br/>-Diagnoses included hypertension and history of cardiac arrest.<br/>-There was a physician's order for a no added salt (NAS) / cardiac prudent diet</p> <p>Review of Resident #4's Resident Register revealed he was admitted to the facility on 3/26/14.</p> <p>Review of Resident #4's physician's diet order sheet dated 3/22/17 revealed an order for a cardiac prudent diet.</p> <p>Review of Resident #4's care plan dated 3/20/17 revealed no documentation of dietary restrictions.</p> <p>Review of the therapeutic diet binder in the kitchen revealed Resident #4 was to be served a cardiac prudent diet.</p> | D 296                                                                                      |                                                                                                                          |                                                        |

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| D 296                                                                      | <p>Continued From page 4</p> <p>Review of the Week 3 menu for lunch on 1/4/18 revealed:</p> <ul style="list-style-type: none"> <li>-There was no cardiac prudent diet menu available.</li> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of roast beef (2 ounces), roasted potatoes and carrots (1/2 cup), lima beans (1/2 cup), cornbread, pears (1/2 cup), tea, lemonade and water.</li> </ul> <p>Observation on 1/4/18 from 12:15pm to 12:55pm of the lunch meal service revealed Resident #4 was served roast beef, roasted potatoes and carrots, lima beans, cornbread, pears, lemonade and water.</p> <ul style="list-style-type: none"> <li>-Resident #4 consumed 100% of his meal.</li> </ul> <p>Review of the Week 3 menu for lunch on 1/5/18 revealed:</p> <ul style="list-style-type: none"> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of goulash (macaroni, 2 ounces of beef and tomatoes), fried squash (1/2 cup), tossed salad (3/4 cup) with Italian dressing, 1 piece of garlic toast, 1/2 cup of sherbet, and tea, lemonade or punch.</li> <li>-The menu was signed by a Registered Dietician (RD).</li> <li>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</li> </ul> <p>Observation on 1/5/18 from 12:25pm to 12:55pm of the lunch meal service revealed:</p> <ul style="list-style-type: none"> <li>-Resident #4 was served 2 slices of pepperoni pizza, water and 2 chocolate chip cookies.</li> <li>-Resident #4 consumed 100% of his meal.</li> </ul> | D 296                                                                                      |                                                                                                                          |                                                        |

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| D 296                                                                      | <p>Continued From page 5</p> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed she stated that residents with cardiac prudent diets should be served reduced fat foods, less bread, and less fried foods.</p> <p>Interview on 1/5/18 at 3:10pm with Resident #4 revealed:<br/>-He always ate the same foods as the other residents.<br/>-He had never had any food restrictions.</p> <p>Attempted telephone interview on 1/5/18 at 3:16pm with the Primary Care Provider (PCP) for Resident #4 was unsuccessful by exit.</p> <p>Refer to interview on 1/4/18 at 12:45pm with the Supervisor.</p> <p>Refer to interview on 1/4/18 at 4:50pm with Co-Administrator A.</p> <p>Refer to interview on 1/5/18 at 1:59pm with the Supervisor.</p> <p>Refer to interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B.</p> <p>Refer to attempted telephone interview on 1/8/18 at 8:00am with the Registered Dietician.</p> <p>C. Review of Resident #3's current FL2 dated 8/4/17 revealed:<br/>-A diagnosis of diabetes mellitus.<br/>-A physician's order for a Low Sugar diet.<br/>-A physician's order for metformin 500mg daily (a medication used to treat diabetes).</p> <p>Review of Resident #3's Resident Register revealed he was admitted to the facility on 8/7/17.</p> | D 296                                                                                      |                                                                                                                          |                                                        |

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| D 296                                                                      | <p>Continued From page 6</p> <p>Review of Resident #3's physician's diet order sheet dated 8/8/17 revealed an order for a Low Concentrated Sweets (LCS) diet.</p> <p>Review of Resident #3's care plan dated 8/7/17 revealed there was documentation of dietary restrictions related to a LCS diet.</p> <p>Review of Resident #3's record revealed a hemoglobin A1C lab result of 5.5 dated 9/20/17.</p> <p>Review of the therapeutic diet binder in the kitchen revealed Resident #3 was to be served a LCS diet.</p> <p>Review of Resident #3's Licensed Health Professional Support (LHPS) assessment dated 12/18/17 revealed:</p> <ul style="list-style-type: none"> <li>-He was not on any finger stick blood sugar (FSBS) checks.</li> <li>-He was on a LCS diet.</li> </ul> <p>Review of the Week 3 menu for lunch on 1/4/18 revealed:</p> <ul style="list-style-type: none"> <li>-There was no LCS diet menu available.</li> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of roast beef (2 ounces), roasted potatoes and carrots (1/2 cup), lima beans (1/2 cup), cornbread, pears (1/2 cup), tea, lemonade and water.</li> </ul> <p>Observation on 1/4/18 from 12:15pm to 12:55pm of the lunch meal service revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was served roast beef, cooked potatoes and carrots, lima beans, cornbread, pears, lemonade and water.</li> <li>-Resident #3 consumed 100% of his meal.</li> </ul> | D 296                                                                                      |                                                                                                                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D 296                                                                      | <p>Continued From page 7</p> <p>Interview on 1/4/18 at 12:45pm with the Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-The Regular diet menu posted in the kitchen was the only menu she had.</li> <li>-The beverages served at lunch were not sugar free.</li> <li>-The lemonade had 17 grams of sugar per 8 ounce serving.</li> <li>-The canned pears were packaged in pear juice, and were served to the resident's without the juice.</li> </ul> <p>Review of the Week 3 menu for lunch on 1/5/18 revealed:</p> <ul style="list-style-type: none"> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of goulash (macaroni, 2 ounces of beef and tomatoes), fried squash (1/2 cup), tossed salad (3/4 cup) with Italian dressing, 1 piece of garlic toast, 1/2 cup of sherbet, and tea, lemonade or punch.</li> <li>-The menu was signed by a Registered Dietician (RD).</li> <li>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</li> </ul> <p>Observation on 1/5/18 from 12:25pm to 12:55pm of the lunch meal service revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3 was served 3 slices of pepperoni pizza, lemonade and 2 chocolate chip cookies.</li> <li>-Resident #3 consumed 100% of his meal.</li> </ul> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed she stated residents with LCS diets should be served "less sugars, water to drink, fruit in light syrup or in water, and no extra desserts."</p> | D 296                                                                                      |                                                                                                                          |                                                        |

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| D 296                                                                      | <p>Continued From page 8</p> <p>Telephone interview on 1/5/18 at 2:10pm pm with the Primary Care Provider (PCP) for Resident #3 revealed:<br/>-Resident #3 was on a LCS diet.<br/>-She was unaware the facility did not have therapeutic diet menus available for each diet type.<br/>-There was no harm done, and she would change Resident #3 to a regular diet next week.</p> <p>Interview on 1/5/18 at 3:00pm with Resident #3 revealed:<br/>-He always ate the same foods as the other residents.<br/>-He was unaware of any food restrictions.</p> <p>Refer to interview on 1/4/18 at 12:45pm with the Supervisor.</p> <p>Refer to interview on 1/4/18 at 4:50pm with Co-Administrator A.</p> <p>Refer to interview on 1/5/18 at 1:59pm with the Supervisor.</p> <p>Refer to interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B.</p> <p>Refer to attempted telephone interview on 1/8/18 at 8:00am with the Registered Dietician.</p> <p>D. Review of Resident #1's current FL2 dated 7/4/17 revealed:<br/>-Diagnoses included diabetes mellitus and hypertension.<br/>-A physician's order for a No Added Salt (NAS) and LCS diet.<br/>-A physician's order for Lantus Solostar 100units/1ml inject 30 units subcutaneously at</p> | D 296                                                                         |                                                                                                                          |                          |                                                        |

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| D 296                                                                      | <p>Continued From page 9</p> <p>bedtime (a medication used to treat high blood sugar).</p> <p>-A physician's order to check FSBS at bedtime.</p> <p>Review of Resident #1's Resident Register revealed he was admitted to the facility on 7/15/08.</p> <p>Review of Resident #1's Care Plan dated 7/4/17 revealed there were no dietary restrictions documented.</p> <p>Review of Resident #1's record revealed:<br/>-A hemoglobin A1C lab result of 6.3 dated 8/16/17.<br/>-Blood sugar results ranged from 111 to 280 in December 2017 and from 85 to 214 in November 2017.</p> <p>Review of the therapeutic diet binder in the kitchen revealed Resident #1 was to be served a LCS/NAS diet.</p> <p>Review of Resident #1's Licensed Health Professional Support (LHPS) assessment dated 12/18/17 revealed a fingerstick blood sugar range of 115 to 124.</p> <p>Review of the Week 3 menu for lunch on 1/4/18 revealed:<br/>-There was no LCS/NAS diet menu available.<br/>-The only menu available for staff guidance was a regular diet menu.<br/>-The lunch menu consisted of roast beef (2 ounces), roasted potatoes and carrots (1/2 cup), lima beans (1/2 cup), cornbread, pears (1/2 cup), tea, lemonade and water.</p> <p>Observation on 1/4/18 from 12:15pm to 12:55pm of the lunch meal service revealed:</p> | D 296                                                                                      |                                                                                                                          |                                                        |

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| D 296                                                                      | <p>Continued From page 10</p> <p>-Resident #1 was served roast beef, cooked potatoes and carrots, lima beans, cornbread, pears, and water.<br/>-Resident #1 consumed 98% of his meal.</p> <p>Interview on 1/4/18 at 12:45pm with the Supervisor revealed:<br/>-The Regular diet menu posted in the kitchen was the only menu she had.<br/>-The beverages served at lunch were not sugar free.<br/>-The lemonade had 17 grams of sugar per 8 ounce serving.<br/>-The canned pears were packaged in pear juice, and were served to the resident's without the juice.</p> <p>Review of the Week 3 menu for lunch on 1/5/18 revealed:<br/>-The only menu available for staff guidance was a regular diet menu.<br/>-The lunch menu consisted of goulash (macaroni, 2 ounces of beef and tomatoes), fried squash (1/2 cup), tossed salad (3/4 cup) with Italian dressing, 1 piece of garlic toast, 1/2 cup of sherbet, and tea, lemonade or punch.<br/>-The menu was signed by a Registered Dietician (RD).<br/>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</p> <p>Observation on 1/5/18 from 12:25pm to 12:55pm of the lunch meal service revealed:<br/>-Resident #1 was served 1 slice of pepperoni pizza, 1 slice of supreme pizza, lemonade, water and 2 chocolate chip cookies.<br/>-Resident #1 consumed 100% of his meal.</p> | D 296                                                                         |                                                                                                                          |                          |                                                        |

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| D 296                                                                      | <p>Continued From page 11</p> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed:<br/>-She stated residents with LCS diets should be served less sugars, water to drink, fruit packaged in light syrup or in water, and no extra desserts.<br/>-She stated she would not add salt to foods, or have salt shakers on the table for residents on a NAS diet.</p> <p>Telephone interview on 1/5/18 at 2:10pm with the Primary Care Provider (PCP) for Resident #1 revealed:<br/>-Resident #1 was on a LCS/NAS diet.<br/>-She was unaware the facility did not have therapeutic diet menus available for each diet type.<br/>-There was no harm done, and she would change Resident #1 to a regular diet next week.</p> <p>Interview on 1/5/18 at 3:15pm with Resident #1 revealed:<br/>-He always ate the same foods as the other residents.<br/>-He had never been on a special diet since he moved into the facility.<br/>-"I eat what everyone else does."</p> <p>Refer to interview on 1/4/18 at 12:45pm with the Supervisor.</p> <p>Refer to interview on 1/4/18 at 4:50pm with Co-Administrator A.</p> <p>Refer to interview on 1/5/18 at 1:59pm with the Supervisor.</p> <p>Refer to interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B.</p> | D 296                                                                         |                                                                                                                          |                          |                                                        |

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| D 296                                                                      | <p>Continued From page 12</p> <p>Refer to attempted telephone interview on 1/8/18 at 8:00am with the Registered Dietician.</p> <hr/> <p>Interview on 1/4/18 at 12:45pm with the Supervisor revealed the Regular diet menu posted in the kitchen was the only menu she had.</p> <p>Interview on 1/4/18 at 4:50pm with Co-Administrator A revealed:<br/>-She thought the Regular diet menu posted in the kitchen was okay to use.<br/>-No one had ever brought the need for therapeutic diet menus to her attention in the past.<br/>-She would get with the PCP to see if all residents could be on a regular diet.</p> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed:<br/>-She had been employed with the facility since 12/16/17.<br/>-She completed her food service training in December 2017.<br/>-She followed the menu she was given.<br/>-She only had the Regular diet menu to plan meals.</p> <p>Interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B revealed:<br/>-The RD had prepared the Regular Diet menu for the facility.<br/>-They had previously used menus provided by the facility's food supplier, but had switched back to the Regular diet menu prepared by the RD a few months ago.<br/>-The regular diet menu prepared by the RD included a list of definitions for no added salt, limited concentrated sweets/no added salt, high</p> | D 296                                                                         |                                                                                                                          |                          |                                                        |

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| D 296                                                                      | Continued From page 13<br><br>fiber, low cholesterol/low fat, high protein/high<br>calorie, and low calorie diets.<br>-The RD had prepared therapeutic diet menus for<br>all offered diet types in 2010, but they were<br>currently only using the Regular diet menu in the<br>facility.<br><br>Attempted telephone interview on 1/8/18 at<br>8:00am with the Registered Dietician was<br>unsuccessful by exit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D 296                                                                                      |                                                                                                                          |                          |                                                        |
| D 310                                                                      | 10A NCAC 13F .0904(e)(4) Nutrition and Food<br>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<br>supplements and thickened liquids, shall be<br>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<br>reviews, it could not be determined the facility<br>served therapeutic diets as ordered for 4 of 4<br>residents sampled, as evidenced by no<br>therapeutic menus available as guidance for<br>Resident #1 with a Low Concentrated Sweets<br>(LCS) and No Added Salts (NAS) diet order,<br>Resident #3 with a LCS diet order, and Residents<br>#2 and #4 with a Cardiac Prudent diet order.<br><br>The findings are:<br><br>A. Review of Resident #2's current FL2 dated<br>2/28/17 revealed:<br>-Diagnoses included hypertension,<br>hyperlipidemia, and atrial fibrillation. | D 310                                                                                      |                                                                                                                          |                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                          |                                                        |
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| D 310                                                                      | <p>Continued From page 14</p> <p>-There was a physician's order for a no added salt (NAS) / cardiac prudent diet.</p> <p>Review of Resident #2's Resident Register revealed he was admitted to the facility on 11/21/2001.</p> <p>Review of Resident #2's physician's diet order sheet dated 2/28/17 revealed an order for a cardiac prudent diet.</p> <p>Review of Resident #2's care plan dated 3/14/17 revealed no documentation of dietary restrictions.</p> <p>Review of the therapeutic diet binder in the kitchen revealed Resident #2 was to be served a cardiac prudent diet.</p> <p>Review of the Week 3 menu for lunch on 1/4/18 revealed:</p> <p>-There was no cardiac prudent diet menu available.</p> <p>-The only menu available for staff guidance was a regular diet menu.</p> <p>-The lunch menu consisted of roast beef (2 ounces), roasted potatoes and carrots (1/2 cup), lima beans (1/2 cup), cornbread, pears (1/2 cup), tea, lemonade and water.</p> <p>-The menu was signed by a Registered Dietician (RD).</p> <p>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</p> <p>Observation on 1/4/18 from 12:15pm to 12:55pm of the lunch meal service revealed:</p> <p>-Resident #2 was served roast beef, roasted potatoes and carrots, lima beans, cornbread,</p> | D 310                                                                                      |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL034012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2018</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SHULER HEALTH CARE/RECORD VILLA**

**250 PITT STREET  
KERNERSVILLE, NC 27284**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| D 310                    | <p>Continued From page 15</p> <p>pears, lemonade and water.</p> <p>-Resident #2 consumed 100% of his meal.</p> <p>-All residents received the same food and portion size for the lunch meal.</p> <p>Review of the Week 3 menu for lunch on 1/5/18 revealed:</p> <p>-The only menu available for staff guidance was a regular diet menu.</p> <p>-The lunch menu consisted of goulash (macaroni, 2 ounces of beef and tomatoes), fried squash (1/2 cup), tossed salad (3/4 cup) with Italian dressing, 1 piece of garlic toast, 1/2 cup of sherbet, and tea, lemonade or punch.</p> <p>-The menu was signed by a Registered Dietician (RD).</p> <p>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</p> <p>Observation on 1/5/18 from 12:25pm to 12:55pm of the lunch meal service revealed:</p> <p>-Resident #2 was served 2 slices of pepperoni pizza, 1 slice of supreme type pizza, lemonade and 2 chocolate chip cookies.</p> <p>-Resident #2 consumed 100% of his meal.</p> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed she stated that residents with cardiac prudent diets should be served reduced fat foods, less bread, and less fried foods.</p> <p>Telephone interview on 1/5/18 at 2:10pm pm with the Primary Care Provider (PCP) for Resident #2 revealed:</p> <p>-Resident #2 was on a cardiac prudent diet.</p> <p>-She was unaware the facility did not have therapeutic diet menus available for each diet</p> | D 310               |                                                                                                                          |                          |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL034012</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D 310                                                                      | <p>Continued From page 16</p> <p>type.</p> <p>-There was no harm done, and she would change Resident #2 to a regular diet next week.</p> <p>Interview on 1/5/18 at 3:05pm with Resident #2 revealed:</p> <p>-He had lived in the facility for 17 years.</p> <p>-He had never been on a special diet.</p> <p>-He always ate the same food as the other residents.</p> <p>Refer to interview on 1/4/18 at 12:45pm with the Supervisor.</p> <p>Refer to interview on 1/4/18 at 4:50pm with Co-Administrator A.</p> <p>Refer to interview on 1/5/18 at 1:59pm with the Supervisor.</p> <p>Refer to interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B.</p> <p>Refer to attempted telephone interview on 1/8/18 at 8:00am with the Registered Dietician.</p> <p>B. Review of Resident #4's current FL2 dated 1/5/17 revealed:</p> <p>-Diagnoses included hypertension and history of cardiac arrest.</p> <p>-There was a physician's order for a no added salt (NAS) / cardiac prudent diet</p> <p>Review of Resident #4's Resident Register revealed he was admitted to the facility on 3/26/14.</p> <p>Review of Resident #4's physician's diet order sheet dated 3/22/17 revealed an order for a cardiac prudent diet.</p> | D 310                                                                                      |                                                                                                                          |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL034012</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                          |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| D 310                                                                      | <p>Continued From page 17</p> <p>Review of Resident #4's care plan dated 3/20/17 revealed no documentation of dietary restrictions.</p> <p>Review of the therapeutic diet binder in the kitchen revealed Resident #4 was to be served a cardiac prudent diet.</p> <p>Review of the Week 3 menu for lunch on 1/4/18 revealed:</p> <ul style="list-style-type: none"> <li>-There was no cardiac prudent diet menu available.</li> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of roast beef (2 ounces), roasted potatoes and carrots (1/2 cup), lima beans (1/2 cup), cornbread, pears (1/2 cup), tea, lemonade and water.</li> </ul> <p>Observation on 1/4/18 from 12:15pm to 12:55pm of the lunch meal service revealed Resident #4 was served roast beef, roasted potatoes and carrots, lima beans, cornbread, pears, lemonade and water.</p> <ul style="list-style-type: none"> <li>-Resident #4 consumed 100% of his meal.</li> </ul> <p>Review of the Week 3 menu for lunch on 1/5/18 revealed:</p> <ul style="list-style-type: none"> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of goulash (macaroni, 2 ounces of beef and tomatoes), fried squash (1/2 cup), tossed salad (3/4 cup) with Italian dressing, 1 piece of garlic toast, 1/2 cup of sherbet, and tea, lemonade or punch.</li> <li>-The menu was signed by a Registered Dietician (RD).</li> <li>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low</li> </ul> | D 310                                                                                      |                                                                                                                          |                          |                                                        |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL034012</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                          | (X3) DATE SURVEY COMPLETED<br><br><b>01/08/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                 |                                                     |
| (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                                                                      | <p>Continued From page 18</p> <p>cholesterol/low fat, high protein/high calorie, and low calorie diets.</p> <p>Observation on 1/5/18 from 12:25pm to 12:55pm of the lunch meal service revealed:<br/>-Resident #4 was served 2 slices of pepperoni pizza, water and 2 chocolate chip cookies.<br/>-Resident #4 consumed 100% of his meal.</p> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed she stated that residents with cardiac prudent diets should be served reduced fat foods, less bread, and less fried foods.</p> <p>Interview on 1/5/18 at 3:10pm with Resident #4 revealed:<br/>-He always ate the same foods as the other residents.<br/>-He had never had any food restrictions.</p> <p>Attempted telephone interview on 1/5/18 at 3:16pm with the Primary Care Provider (PCP) for Resident #4 was unsuccessful by exit.</p> <p>Refer to interview on 1/4/18 at 12:45pm with the Supervisor.</p> <p>Refer to interview on 1/4/18 at 4:50pm with Co-Administrator A.</p> <p>Refer to interview on 1/5/18 at 1:59pm with the Supervisor.</p> <p>Refer to interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B.</p> <p>Refer to attempted telephone interview on 1/8/18 at 8:00am with the Registered Dietician.</p> <p>C. Review of Resident #3's current FL2 dated</p> | D 310                                                                                      |                                                                                                                 |                                                     |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL034012</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                          |                                                        |
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| D 310                                                                      | <p>Continued From page 19</p> <p>8/4/17 revealed:</p> <ul style="list-style-type: none"> <li>-A diagnosis of diabetes mellitus.</li> <li>-A physician's order for a Low Sugar diet.</li> <li>-A physician's order for metformin 500mg daily (a medication used to treat diabetes).</li> </ul> <p>Review of Resident #3's Resident Register revealed he was admitted to the facility on 8/7/17.</p> <p>Review of Resident #3's physician's diet order sheet dated 8/8/17 revealed an order for a Low Concentrated Sweets (LCS) diet.</p> <p>Review of Resident #3's care plan dated 8/7/17 revealed there was documentation of dietary restrictions related to a LCS diet.</p> <p>Review of Resident #3's record revealed a hemoglobin A1C lab result of 5.5 dated 9/20/17.</p> <p>Review of the therapeutic diet binder in the kitchen revealed Resident #3 was to be served a LCS diet.</p> <p>Review of Resident #3's Licensed Health Professional Support (LHPS) assessment dated 12/18/17 revealed:</p> <ul style="list-style-type: none"> <li>-He was not on any finger stick blood sugar (FSBS) checks.</li> <li>-He was on a LCS diet.</li> </ul> <p>Review of the Week 3 menu for lunch on 1/4/18 revealed:</p> <ul style="list-style-type: none"> <li>-There was no LCS diet menu available.</li> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of roast beef (2 ounces), roasted potatoes and carrots (1/2 cup), lima beans (1/2 cup), cornbread, pears (1/2 cup), tea, lemonade and water.</li> </ul> | D 310                                                                                      |                                                                                                                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                          |                                                        |
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| D 310                                                                      | <p>Continued From page 20</p> <p>Observation on 1/4/18 from 12:15pm to 12:55pm of the lunch meal service revealed:<br/>-Resident #3 was served roast beef, cooked potatoes and carrots, lima beans, cornbread, pears, lemonade and water.<br/>-Resident #3 consumed 100% of his meal.</p> <p>Interview on 1/4/18 at 12:45pm with the Supervisor revealed:<br/>-The Regular diet menu posted in the kitchen was the only menu she had.<br/>-The beverages served at lunch were not sugar free.<br/>-The lemonade had 17 grams of sugar per 8 ounce serving.<br/>-The canned pears were packaged in pear juice, and were served to the resident's without the juice.</p> <p>Review of the Week 3 menu for lunch on 1/5/18 revealed:<br/>-The only menu available for staff guidance was a regular diet menu.<br/>-The lunch menu consisted of goulash (macaroni, 2 ounces of beef and tomatoes), fried squash (1/2 cup), tossed salad (3/4 cup) with Italian dressing, 1 piece of garlic toast, 1/2 cup of sherbet, and tea, lemonade or punch.<br/>-The menu was signed by a Registered Dietician (RD).<br/>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</p> <p>Observation on 1/5/18 from 12:25pm to 12:55pm of the lunch meal service revealed:<br/>-Resident #3 was served 3 slices of pepperoni</p> | D 310                                                                                      |                                                                                                                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| D 310                                                                      | <p>Continued From page 21</p> <p>pizza, lemonade and 2 chocolate chip cookies.<br/>-Resident #3 consumed 100% of his meal.</p> <p>Interview on 1/5/18 at 1:59pm with the Supervisor<br/>revealed she stated residents with LCS diets<br/>should be served "less sugars, water to drink,<br/>fruit in light syrup or in water, and no extra<br/>desserts."</p> <p>Telephone interview on 1/5/18 at 2:10pm pm with<br/>the Primary Care Provider (PCP) for Resident #3<br/>revealed:<br/>-Resident #3 was on a LCS diet.<br/>-She was unaware the facility did not have<br/>therapeutic diet menus available for each diet<br/>type.<br/>-There was no harm done, and she would change<br/>Resident #3 to a regular diet next week.</p> <p>Interview on 1/5/18 at 3:00pm with Resident #3<br/>revealed:<br/>-He always ate the same foods as the other<br/>residents.<br/>-He was unaware of any food restrictions.</p> <p>Refer to interview on 1/4/18 at 12:45pm with the<br/>Supervisor.</p> <p>Refer to interview on 1/4/18 at 4:50pm with<br/>Co-Administrator A.</p> <p>Refer to interview on 1/5/18 at 1:59pm with the<br/>Supervisor.</p> <p>Refer to interview on 1/5/18 at 3:30pm and<br/>4:15pm with Co-Administrator B.</p> <p>Refer to attempted telephone interview on 1/8/18<br/>at 8:00am with the Registered Dietician.</p> | D 310                                                                                      |                                                                                                                          |                                                        |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL034012</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/08/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHULER HEALTH CARE/RECORD VILLA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>250 PITT STREET<br/>KERNERSVILLE, NC 27284</b> |
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| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| D 310                    | <p>Continued From page 22</p> <p>D. Review of Resident #1's current FL2 dated 7/4/17 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included diabetes mellitus and hypertension.</li> <li>-A physician's order for a No Added Salt (NAS) and LCS diet.</li> <li>-A physician's order for Lantus Solostar 100units/1ml inject 30 units subcutaneously at bedtime (a medication used to treat high blood sugar).</li> <li>-A physician's order to check FSBS at bedtime.</li> </ul> <p>Review of Resident #1's Resident Register revealed he was admitted to the facility on 7/15/08.</p> <p>Review of Resident #1's Care Plan dated 7/4/17 revealed there were no dietary restrictions documented.</p> <p>Review of Resident #1's record revealed:</p> <ul style="list-style-type: none"> <li>-A hemoglobin A1C lab result of 6.3 dated 8/16/17.</li> <li>-Blood sugar results ranged from 111 to 280 in December 2017 and from 85 to 214 in November 2017.</li> </ul> <p>Review of the therapeutic diet binder in the kitchen revealed Resident #1 was to be served a LCS/NAS diet.</p> <p>Review of Resident #1's Licensed Health Professional Support (LHPS) assessment dated 12/18/17 revealed a fingerstick blood sugar range of 115 to 124.</p> <p>Review of the Week 3 menu for lunch on 1/4/18 revealed:</p> <ul style="list-style-type: none"> <li>-There was no LCS/NAS diet menu available.</li> <li>-The only menu available for staff guidance was a</li> </ul> | D 310               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br>SHULER HEALTH CARE/RECORD VILLA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>250 PITT STREET<br>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                                                               | <p>Continued From page 23</p> <p>regular diet menu.</p> <ul style="list-style-type: none"> <li>-The lunch menu consisted of roast beef (2 ounces), roasted potatoes and carrots (1/2 cup), lima beans (1/2 cup), cornbread, pears (1/2 cup), tea, lemonade and water.</li> </ul> <p>Observation on 1/4/18 from 12:15pm to 12:55pm of the lunch meal service revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was served roast beef, cooked potatoes and carrots, lima beans, cornbread, pears, and water.</li> <li>-Resident #1 consumed 98% of his meal.</li> </ul> <p>Interview on 1/4/18 at 12:45pm with the Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-The Regular diet menu posted in the kitchen was the only menu she had.</li> <li>-The beverages served at lunch were not sugar free.</li> <li>-The lemonade had 17 grams of sugar per 8 ounce serving.</li> <li>-The canned pears were packaged in pear juice, and were served to the resident's without the juice.</li> </ul> <p>Review of the Week 3 menu for lunch on 1/5/18 revealed:</p> <ul style="list-style-type: none"> <li>-The only menu available for staff guidance was a regular diet menu.</li> <li>-The lunch menu consisted of goulash (macaroni, 2 ounces of beef and tomatoes), fried squash (1/2 cup), tossed salad (3/4 cup) with Italian dressing, 1 piece of garlic toast, 1/2 cup of sherbet, and tea, lemonade or punch.</li> <li>-The menu was signed by a Registered Dietician (RD).</li> <li>-The regular diet menu included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and</li> </ul> | D 310                                                               | <p>We have struggled 1/9/18 for sometime with balancing diet orders along with residents rights to choose. Our residents enjoy the menu currently used with it's variety of dishes and eat well balanced dishes as stated by surveyor as consuming 100%.</p> <p>After talking with our house</p> |                    |                                              |

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| NAME OF PROVIDER OR SUPPLIER<br><br>SHULER HEALTH CARE/RECORD VILLA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br>250 PITT STREET<br>KERNERSVILLE, NC 27284 |                                                                                                                                                                                                                                                                                                            |                    |                                              |
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| D 310                                                               | <p>Continued From page 24</p> <p>low calorie diets.</p> <p>Observation on 1/5/18 from 12:25pm to 12:55pm of the lunch meal service revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was served 1 slice of pepperoni pizza, 1 slice of supreme pizza, lemonade, water and 2 chocolate chip cookies.</li> <li>-Resident #1 consumed 100% of his meal.</li> </ul> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-She stated residents with LCS diets should be served less sugars, water to drink, fruit packaged in light syrup or in water, and no extra desserts.</li> <li>-She stated she would not add salt to foods, or have salt shakers on the table for residents on a NAS diet.</li> </ul> <p>Telephone interview on 1/5/18 at 2:10pm with the Primary Care Provider (PCP) for Resident #1 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 was on a LCS/NAS diet.</li> <li>-She was unaware the facility did not have therapeutic diet menus available for each diet type.</li> <li>-There was no harm done, and she would change Resident #1 to a regular diet next week.</li> </ul> <p>Interview on 1/5/18 at 3:15pm with Resident #1 revealed:</p> <ul style="list-style-type: none"> <li>-He always ate the same foods as the other residents.</li> <li>-He had never been on a special diet since he moved into the facility.</li> <li>-"I eat what everyone else does."</li> </ul> <p>Refer to interview on 1/4/18 at 12:45pm with the Supervisor.</p> <p>Refer to interview on 1/4/18 at 4:50pm with</p> | D 310                                                                              | <p>doctor we have decided to have in our policy that all diets are served regular and residents will be monitored by physician of any medical concerns if any.</p> <p>So many times the resident prefers the regular diet and has the right to do so. Please advise us with any suggestions otherwise.</p> |                    |                                              |

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| D 310                                                               | <p>Continued From page 25</p> <p>Co-Administrator A.</p> <p>Refer to interview on 1/5/18 at 1:59pm with the Supervisor.</p> <p>Refer to interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B.</p> <p>Refer to attempted telephone interview on 1/8/18 at 8:00am with the Registered Dietician.</p> <hr/> <p>Interview on 1/4/18 at 12:45pm with the Supervisor revealed the Regular diet menu posted in the kitchen was the only menu she had.</p> <p>Interview on 1/4/18 at 4:50pm with Co-Administrator A revealed:<br/>                     -She thought the Regular diet menu posted in the kitchen was okay to use.<br/>                     -No one had ever brought the need for therapeutic diet menus to her attention in the past.</p> <p>Interview on 1/5/18 at 1:59pm with the Supervisor revealed:<br/>                     -She had been employed with the facility since 12/16/17.<br/>                     -She followed the menu she was given.<br/>                     -She only had the Regular diet menu to plan meals.</p> <p>Interview on 1/5/18 at 3:30pm and 4:15pm with Co-Administrator B revealed:<br/>                     -The RD had prepared the Regular Diet menu for the facility.<br/>                     -They had previously used menus provided by the facility's food supplier, but had switched back to the Regular diet menu prepared by the RD a few</p> | D 310                                                                              |                                                                                                                 |                                              |

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| D 310                                                                      | <p>Continued From page 26</p> <p>months ago.</p> <p>-The regular diet menu prepared by the RD included a list of definitions for no added salt, limited concentrated sweets/no added salt, high fiber, low cholesterol/low fat, high protein/high calorie, and low calorie diets.</p> <p>-The RD had prepared therapeutic diet menus for all offered diet types in 2010, but they were currently only using the Regular diet menu in the facility.</p> <p>Attempted telephone interview on 1/8/18 at 8:00am with the Registered Dietician was unsuccessful by exit.</p> | D 310                                                                                      |                                                                                                                          |                          |                                                        |

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**1-9-18 effective**

Greta Shuler / Kim Whitt / Jeanne Haynie

**Signature**

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## Pierce villa

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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

**FIGURE 6**

**STANDARD MOTOR OIL**

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THE DIRECTOR OF THE FBI