

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL088014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/18/2018
NAME OF PROVIDER OR SUPPLIER CEDAR MOUNTAIN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 11 SHERWOOD RIDGE ROAD BREVARD, NC 28712		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow up survey on October 17, 2018 through October 18, 2018.	D 000	Responses to the cited deficiency does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies; the Plan of Correction is prepared solely as a matter of compliance with State Law Tag D 310.	
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure therapeutic diets were served as ordered for 1 of 1 sampled residents (Resident #5) in regards to pureed diet orders. The findings are: Review of the current FL2 for Resident #5 dated 06/20/18 revealed: -Diagnoses included hypertension, chronic obstructive pulmonary disease, gastro-esophageal reflux disease, lymphatic colitis, transient ischemic attack and cerebral infarct without residual deficits. -Diet order included mechanical soft diet with chopped meats and pureed vegetables. Observation of the therapeutic diet list posted on 10/17/18 at 8:30am revealed:	D 310	Cedar Mountain will ensure that all diet orders are confirmed at time of admission and that any special or altered diet is the correct diet order for the resident and is prepared as such in the dietary department in accordance with physicians orders. This procedure was re-established and put in to practice on October 17, 2018. Resident Care Manager will confirm correct diet and Dietary Manager will supervise to ensure the resident is served the correct diet. Administrator will provide additional oversight and confirm the diet at the time of admission and when a diet order is changed. The Administrator will ensure that the dietary staff is made aware of the proper consistency for any altered diet. The Resident Care Manager or Administrator will Periodically monitor meal service to ensure that diet orders are being followed per physicians orders. This action was implemented on October 17, 2018 and will continue indefinitely.	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

XOG811

If continuation sheet 1 of 4

Cari L. Keegan

10-25-18

Reviewed and accepted 10/25/18

RP

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL088014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/18/2018
NAME OF PROVIDER OR SUPPLIER CEDAR MOUNTAIN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 11 SHERWOOD RIDGE ROAD BREVARD, NC 28712		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 1 -It was posted on the refridgerator and the bulletin board in the main part of the kitchen. -Resident #5's diet order included mechanical soft diet with chopped meats and pureed vegetables on both postings. Interview with Resident #5 on 10/17/18 at 10:30am revealed: -Her meat was not cut at mealtime. -Her vegetables were served regular, "like everyone else's". -She did not have any trouble chewing or swallowing. Observation on 10/17/18 at 12:09pm of the noon meal for Resident #5 revealed: -She received a plate with chopped barbeque chicken, mashed potatoes with red potato skins, greens with dice size chunks of collards, a roll and a small bowl of yogurt. Interview with a personal care assistant (PCA) on 10/17/18 at 12:10pm revealed: -She tried to memorize everyone's diet order. -The kitchen would let her know if a diet order was different when she went to get the plate at the kitchen door. -She was not aware Resident #5 had a physician's order for pureed vegetables. Interview with the Dietary Manager (DM) on 10/17/18 at 12:15pm revealed: -He was not aware he was supposed to be pureeing Resident #5's vegetables. -He would provide Resident #5 with a pureed vegetable plate. -He would use the regular portion size for the collard greens and potatoes, place it in the blender and add approximately one ounce of water to the vegetables.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL088014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/18/2018
NAME OF PROVIDER OR SUPPLIER CEDAR MOUNTAIN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 11 SHERWOOD RIDGE ROAD BREVARD, NC 28712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 310	Continued From page 2 Interview with a second PCA on 10/17/18 at 12:20pm revealed: -She was not aware Resident #5 had a physician order for pureed vegetables. -"I have never seen her have any problems managing her meal." Observation of Resident #5's second lunch plate on 10/17/18 at 12:22PM revealed: -Chopped BBQ chicken, potatoes with red potato skins in them, collard greens with dime size pieces of whole greens in them with bits of collards, and a small bowl of strawberry yogurt. -Resident #5 did not eat any of the greens and only a couple of small bites off the edge of the potatoes. Interview with the Medication Aide Supervisor on 10/17/18 at 12:44pm revealed: -She was not aware of Resident #5 having a physician order for chopped meats with pureed vegetables. -The Resident Care Coordinator (RCC) was responsible for the diet orders and communicating them to staff. Interview with the DM on 10/18/18 at 9:25am revealed: -He had never fixed a puree diet for a resident in this facility before. -He was of the understanding Resident #5 was to get a mechanical soft diet even though his diet sheet said puree vegetables. -He did not have any thickener to put in the vegetables so he poured water. -"After yesterday (10/17/18) the RCC got an order for mechanical soft chopped meats only diet," for Resident #5. -He had not been trained on how to fix a pureed	D 310			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL088014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/18/2018
NAME OF PROVIDER OR SUPPLIER CEDAR MOUNTAIN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 11 SHERWOOD RIDGE ROAD BREVARD, NC 28712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
D 310	Continued From page 3 diet. Interview with the Administrator and RCC on 10/18/18 at 10:10am revealed: -Resident #5 was admitted from a skilled nursing facility on 05/10/18. -When Resident #5 was admitted to the facility she had no bottom dentures and was placed on a mechanical soft diet-chopped meats with a pureed vegetables physician order. -"The order was in conflict with our diet orders." -Resident #5 had been receiving regular vegetables since she was admitted. -The RCC had spoken with Resident #5 and the physician on 10/17/18 in regards to the diet order. -Resident #5's diet order was changed to "mechanical soft-chopped meats only diet". -"No one ever questioned the order but it should have been clarified a long time ago." -The dietary manager had been taught to put warm water in the food and mixed it until it was like "baby food consistency".	D 310			