STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL045112	A. BUILDING: _____ B. WING _____	03/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW ASSISTED LIVING	260 CENTERWAY DRIVE HENDERSONVILLE, NC 28792

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on March 4-5, 2020.	D 000		
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: TYPE B VIOLATION Based on observations, record reviews and interviews the facility failed to ensure a therapeutic diet was served as ordered for 1 of 1 sampled residents (#3), with a physician's order for a pureed diet with nectar thickened liquids. The findings are: Review of Resident #3's current FL2 dated 8/19/19 revealed: -Diagnoses included Huntington's chorea and dementia. -The diet was documented as pureed. -She was documented as being intermittently disoriented. a. Observations in the kitchen during the initial tour on 03/04/20 at 9:05am revealed: -There was a list of diets dated 02/08/20 posted on the cabinet which revealed Resident #3 was to receive a pureed diet.	D 310		

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D 310	Continued From page 1 -There was a 4-week cycle menu book for cooks to reference during meal preparation. -A food processor was available for the cooks to use during meal preparation. Interview with a cook on 03/04/20 at 9:17am revealed: -One resident in the facility was on a pureed diet and had been on it for "a long time". -He referenced the menu book when he prepared meals. -There was not a therapeutic menu book available; he just pureed the food listed to be served on the regular menu. Observation of the lunch meal service on 03/04/20 at 11:30am revealed: -Resident #3 received ham, collard greens, macaroni and cheese, pineapple and a fruit flavored beverage. -The macaroni and cheese and the pineapple were of pureed consistency. -The ham and the collard greens were of a ground consistency. -Resident #3 coughed one time during the meal and consumed 100% of her food. Interview with the cook on 03/04/20 at 11:43am revealed: -He used the food processor to puree Resident #3's lunch meal. -He "chopped" the collard greens in the processor. -Collard greens would turn to water if he processed them any more than chopped. -He thought the meat that was served to Resident #3 at lunch was considered pureed consistency. -Pureed meats were served "this way from me all the time". -He did not realize that pureed food needed to be	D 310		

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a pudding smooth consistency.
-His training had consisted of observing other cooks and "picking up on what they did".

Interview with a second cook on 03/05/20 at 7:45am revealed:
-The regular menu book was used for all residents, including those with pureed diets.
-He "sometimes" used the therapeutic diets menu book for the recipes but it was usually kept in the cabinet.
-He was unaware that the therapeutic diet menu book contained anything other than recipes.
-Some foods would not puree well and he substituted those with foods he knew pureed better.
-The Executive Director had completed his training when he was hired.
-He did not use any reference books for preparing puree foods as he had those lists "in my head".

Telephone interview with the Resident #3's Primary Care Provider (PCP) on 03/05/20 at 8:24am revealed:
-Resident #3 was on a pureed diet because choking was very common for people with Huntington's chorea.
-Resident #3's health would get progressively worse so coughing and choking was a high risk.
-Not receiving a pureed diet carried a high risk of choking which could result in aspiration pneumonia and or death.

Interview with the Executive Director on 03/05/20 at 9:20am revealed:
-Resident #3 was on a pureed diet.
-Diet order changes were communicated either by a note left in the supervisor's office, a staff meeting or a personal call.
-Resident #3's speech therapist informed her that

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staff had been trained on safe mealtime techniques.
-A contracted food service dietitian came yearly to in-service staff on diets.
-The dietitian's in-service had not yet been scheduled this year as she wanted the dietitan to come when the new menus were implemented.
-Either herself or other cooks trained new cooks when they were hired.
-She was not aware that the cooks were not referencing the books for the pureed diet.

Telephone interview with the speech therapist from the facility's contracted home health agency on 03/04/20 at 3:41pm revealed:
-She completed an initial evaluation on Resident #3 on 01/21/20 and saw her for therapy on 01/28/20, 02/05/20 and 02/10/20 to address dysphagia (swallowing disorder).
-She was consulted on 01/16/20 to evaluate the resident.
-The evaluation revealed Resident #3 ate rapidly, had very little chewing effort and swallowed her food "whole" without chewing between swallows.
-After the evaluation she recommended continuing the nectar thick liquids and a pureed diet.
-Resident #3 needed to continue the pureed diet, as food that was not pureed did not have a cohesive consistency and was more difficult to swallow and increased her risk of aspiration.
-Chopped or ground collard greens would be especially problematic as they were watery and would scatter in the mouth, making it more difficult to swallow.
-Thickener could be added to food if it became watery while it was being pureed.
-Resident #3 was at high risk for developing aspiration pneumonia if she did not receive a pureed diet.

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D 310	Continued From page 4 Refer to telephone interview with a representative from the contracted food service provider on 03/05/20 at 10:05am. Refer to telephone interview with Administrator on 03/05/20 at 11:15am. b. Review of Resident #3's record revealed: -There was an order dated 01/19/20 to change to nectar thick liquids until able to be evaluated by a speech therapist. -There was documentation from the facility's contracted Home Health agency that Resident #3 received services on 01/21/20 for an initial speech therapy evaluation. -There was documentation that Resident #3 was seen by a home health speech therapist on 01/28/20, 02/05/20 and 02/10/20. Observations in the kitchen during the initial tour on 03/04/20 at 9:05am revealed: -There was a list of diets dated 02/08/20 posted on the cabinet which documented Resident #3 was to receive thickened liquids. -There was a 4-week cycle menu book for cooks to reference during meal preparation. -There was a partially used container of thickener on the counter. Interview with a cook on 03/04/20 at 9:17am revealed: -One resident had recently been ordered thickened liquids. -He did not thicken liquids in the kitchen because the medication aides and the personal care aides who worked in the dining room did it. -He knew how to thicken liquids as he had been trained to do that at his previous employement.	D 310		

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D 310	Continued From page 5 Observation of the lunch meal service on 03/04/20 at 11:30am revealed: -Resident #3 received ham, collard greens, macaroni and cheese, pineapple and a fruit flavored beverage. -The beverage did not appear to be thickened. -Resident #3 coughed one time during the meal and consumed 100% of her beverage. Interview with a Medication Aide (MA) on 03/04/20 at 12:15pm revealed she had not thickened Resident #3's beverage at lunch. Interview with a second MA on 03/04/20 at 11:51am and 12:17pm revealed: -She did not thicken Resident #3's lunch beverage. -She knew how to properly thicken Resident #3's liquids as the speech therapist had instructed her and she followed the directions on the thickener container. -She would ensure Resident #3's beverage was thickened "from now on since it did not happen today". Interview with a third MA on 03/04/20 at 12:17pm revealed she did not thicken Resident #3's beverage at lunch. Review of the manufacturers thickener powder instructions revealed 1 1/2 scoops of thickener powder was required to thicken 4 ounces of beverage to nectar thickened consistency. Interview with a second cook on 03/05/20 at 7:45am revealed he did not thicken liquids in the kitchen as the staff who worked in the dining room did it. Telephone interview with the Resident #3's	D 310		

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D 310	Continued From page 6 Primary Care Provider (PCP) on 03/05/20 at 8:24am revealed: -She ordered thickened liquids on 01/16/2020 because Resident #3 had been coughing while drinking liquids. -Choking was very common for people with Huntington's chorea. -Resident #3's health would get progressively worse so coughing and choking was a high risk. -Not receiving thickened liquids carried a high risk of choking which could result in aspiration pneumonia and or death. Interview with the Executive Director on 03/05/20 at 9:20am revealed: -Resident #3 had been ordered thickened liquids on 01/16/20 when staff reported to the PCP that they had noticed Resident #3 coughing on liquids. -Resident #3 continued thickened liquids after speech therapy was completed. -Staff had been notified when the diet order was changed on 01/16/20. -Diet order changes were communicated either by a note left in the supervisor's office, a staff meeting or a personal call. -Resident #3's speech therapist informed her that staff had been trained on thickening liquids and safe mealtime techniques. -A contracted food service dietitian came yearly to in-service staff on diets. -The dietitian's in-service had not yet been scheduled this year as she wanted the dietitan to come when the new menus were implemented. Telephone interview with the speech therapist from the facility's contracted home health agency on 03/04/20 at 3:41pm revealed: -She completed an initial evaluation on Resident #3 on 01/21/20 and saw her for therapy on 01/28/20, 02/05/20 and 02/10/20 to address	D 310		

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dysphagia (swallowing disorder).
-Resident #3 was started on nectar thickened liquids by her physican on 01/16/20.
-She was consulted on 01/16/20 to evaluate the resident.
-After the evaluation she recommended continuing the nectar thickened liquids.
-Nectar thick liquids were recommended in an effort to slow the rate of swallowing which in turn reduced coughing.
-Resident #3 tolerated the change to nectar thickened liquids.
-Staff working at the facility on the days she conducted therapy were in-serviced by her on thickening liquids and strategies to make Resident #3's mealtimes safer.
-Resident #3 was at high risk for developing aspiration pneumonia if she did not receive nectar thickened liquids.

Refer to telephone interview with a representative from the contracted food service provider on 03/05/20 at 10:05am.

Refer to telephone interview with the speech therapist from the facility's contracted home health agency on 03/04/20 at 3:41pm
._____

Telephone interview with a representative from the contracted food service provider on 03/05/20 at 10:05am revealed a dietitian did not complete an in-service at the facility in 2019.

Telephone interview with Administrator on 03/05/20 at 11:15am revealed:
-All diets were posted in the kitchen for staff to reference.
-She was not aware that the cooks had not had follow-up monitoring on the training they received

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D 310	Continued From page 8 upon being hired. -It was protocol that follow-up monitoring was conducted after training was completed. -She was not always in the building to monitor compliance but she expected the Executive Director to do that. -A quarterly quality assurance inspection was completed and no problems had been reported to her. -All the executive directors who worked for her needed outside quality assurance monitoring to ensure operations were being conducted per policy. _____ The facility failed to serve Resident #3 a pureed diet with nectar thick liquids, as ordered by the physician. This failure placed the resident at high risk for choking and was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/5/20 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED April 19, 2020	D 310		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.	D912		

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D912	Continued From page 9 This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure residents received care and services which was adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations in the areas of nutrition and food services. The findings are: Based on observations, record reviews and interviews the facility failed to ensure a therapeutic diet was served as ordered for 1 of 1 sampled residents (#3), with a physician's order for a pureed diet with nectar thickened liquids. [Refer to Tag 310 10A NCAC 13F .0904(e)(4) (Type B Violation.)]	D912		