STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 from August 25, 2021 through August 26, 2021.	D 000		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the food storage areas in a clean and orderly manner and free from contamination regarding food items on the floor and bags of undated, molded bread in the walk-in cooler and undated, improperly stored food items in the walk-in pantry. The findings are: Review of the local Environmental Health Inspection report for the kitchen dated 05/13/21 revealed: -There was an inspection score of 96. -Observations and corrective actions included food items were on the floor in the walk-in cooler. a. Observation of the walk-in cooler on 08/25/21 at 12:06pm revealed: -There were 2 watermelons on the floor under a shelf. -There were 2 gallon sized bags of biscuits, 8	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 282	Continued From page 1	D 282		

gallon sized bags of rolls, 1 gallon sized bag of a mixture of biscuits and rolls, 1 quart sized bag of biscuits, 13 quart sized bags of rolls, and 4 quart sized bags of hamburger buns on 2 shelves.
-None of the gallon or quart sized bags of bread were labeled.
-Five of the bags of bread had large green molded areas and 1 bag had a black molded area on the bread.

Interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm revealed:
-She knew the watermelons were on the floor in the walk-in cooler.
-The watermelons had not been put on a shelf, because there was no room for the watermelons on the shelf.
-She knew there were multiple undated bags of bread on shelves in the walk-in cooler and the bags had been placed there by one of the cooks to make bread pudding at a later date.
-She did not know when the cook planned to make the bread pudding and it had not been on the menu.
-She told the cook not to keep the undated bags of bread in the walk-in cooler and that the bags needed to be thrown away.

Interview with a cook on 08/26/21 at 9:05am revealed:
-She had not seen watermelons on the floor of the walk-in cooler.
-She kept leftover bags of bread in the walk-in cooler to make bread pudding.
-She did not know how long the bread had been in the walk-in cooler.
-She did not realize she had not dated the bagged bread.
-She did not know some of the bags of bread were molded.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 282	Continued From page 2 -When the food truck came in every week, the dietary staff were responsible for rotating food from the back of shelves to the front and for disgarding outdated food items. -She did not know when the walk-in cooler was last checked for outdated food items. Interview with the Administrator on 08/25/21 at 5:50pm revealed: -He placed the 2 watermelons on the floor more than 2 weeks ago and they should have already been used. -He knew the watermelons should not have been placed on the floor because the local health department told him food items should not be placed on the floor. -He knew there were multiple bags of breads in the walk-in cooler and he had a concern with it. -One of the cooks was holding the bread in the walk-in cooler to make bread pudding. -He told the cook to keep an eye on the bagged bread in the walk-in cooler because it would mold. -He did not know the bags of breads were not dated. -There was no schedule for dietary staff to check for outdated itmes that needed to be disposed of. b. Observation of the walk-in pantry on 08/25/21 between 11:15pm and 6:15pm revealed: -There were 5 opened packages of cookies on a storage rack. -Three of the packages were not stored in a sealed container and none of the packages of cookies were dated. -There was a tray of 24 bowls of cereal covered in plastic wrap. -There were 3 rows of bowls of cereal and each row had a bowl of cereal stacked on top of it without a barrier between the stacked bowls.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 282	Continued From page 3 Interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm revealed: -Bowls of cereal had been prepared for the breakfast meal on 08/26/21. -She did not know why the bowls of cereal had been stacked on top of one another without a barrier between the top bowl and the cereal and bottom bowl. -She would place plastic wrap between the first top and bottom rows of bowls of cereal. -All opened food items should be placed in a sealed container, dated, and labeled. -She did not know who left the opened packages of cookies unsealed without a date or label. Interview with Administrator on 08/25/21 at 5:50pm revealed: -All opened food items should be labeled and dated. -Food items in containers should not be stacked on top of each other without a covering. -He did not know food items had not been dated and containers of food had been stacked on top of one another and were to be served to residents.	D 282		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 4	D 296		

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to have a matching therapeutic diet menu for 4 of 5 sampled residents with a physician's order for a no added salt (NAS)/ no concentrated sweets diet (NCS) diet (#1) and a NCS diet (#2, #3, and #5).

The findings are:

1. Review of Resident #1's current FL2 dated 05/20/21 revealed:
-Diagnoses included type 2 diabetes mellitus without complications
-There was no diet order documented on the FL2

Review of Resident #1's diet order sheet dated 05/20/21 revealed:
-The facility provided a NAS, NCS, or a regular diet for residents.
-There was an order for a NAS/NCS diet.

Observation of the kitchen area on 08/25/21 at 11:15am revealed
-There was a resident seating chart for the dining room hanging on a board in the kitchen.
-Residents names were color coded to indicate which diet they were to be served.
-Resident #1's name was colored green and she was to be served a NAS/NCS diet.

Review of the facility's menus revealed there was no menu for a NAS/NCS diet.

Review of the undated lunch menu for regular diets for Week 1, Wednesday, revealed beef cubes with gravy, rice, garden peas, dinner roll, sherbet, coffee and iced tea were to be served.

Observation of the lunch meal service on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 5 08/25/21 at 12:00pm revealed Resident #1 was served chopped beef with gravy, rice, peas, a roll, chocolate ice cream and water. Based on observations, record reviews and interviews, it could not be determined if Resident #2 was served the appropriate diet due to there was no NAS/NCS menu available for staff guidance. Interview with Resident #1 on 08/25/21 at 1:49pm revealed: -She was diabetic, but she was not on a "diabetic" diet. -She knew what to eat and what not to eat from what was served to her. -The facility sometimes served her food items she should not eat. -She ate what she was supposed to eat, and she did not eat food items served to her that she was not supposed to have. -She ate chocolate ice cream for lunch, but she did not know if the ice cream was sugar free or low in sugars. -She was served cookies for snacks, but since she was diabetic, she only received 1 cookie. -The meals served to her for breakfast, lunch, and dinner, looked the same as the other residents' meals. Telephone interview with Resident #1's primary care provider (PCP) on 08/25/21 at 4:07pm revealed: -Resident #1 was ordered a NAS/NCS diet due to her long history of cardiac issues and history of diabetes. -She did not know the facility was not serving Resident #1 a NAS/NCS as ordered. -Resident #1's blood sugars were a little on the high side, but not very high.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 6 -Resident #1 did not always adhere to her diet order as she bought snacks with her own money. -She expected the facility to serve Resident #1 a NAS/NCS diet as ordered. Refer to interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm. Refer to interview with a cook on 08/26/21 at 9:05am. Refer to interview with the Administration on 08/26/21 at 9:30am. 2. Review of Resident #2's current FL2 dated 12/15/20 revealed: -Diagnoses included type 2 diabetes mellitus without circulatory complications, hypertension and atrial fibrillation. -There was no diet order documented on the FL2. Review of Resident #2's diet order sheet dated 12/15/20 revealed: -The facility provided a NAS, NCS, or a regular diet for residents. -There was an order for a NCS diet. Observation of the kitchen area on 08/25/21 at 11:15am revealed -There was a resident seating chart for the dining room hanging on a board in the kitchen. -Residents names were color coded to indicate which diet they were to be served. -Resident #2's name was colored green and she was to be served a NAS/NCS diet and not a NCS according to the diet order dated 12/15/20. Review of the facility's menus revealed there was no menu for a NCS diet.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 7	D 296		

Review of the undated lunch menu for regular diets for Week 1, Wednesday, revealed beef cubes with gravy, rice, garden peas, dinner roll, sherbet, coffee and iced tea were to be served.

Observation of the lunch meal service on 08/25/21 at 12:00pm revealed Resident #2 was served chopped beef with gravy, rice, peas, a roll, chocolate ice cream, coffee, and tea.

Based on observations, record reviews and interviews, it could not be determined if Resident #2 was served the appropriate diet due to there was no NCS menu available for staff guidance.

Interview with Resident #2 on 08/25/21 at 1:56pm revealed:
-She was supposed to be on a "diabetic" diet.
-She received the same meal, dessert, and snacks as the other residents.
-She did not know if her desserts and snacks were sugar free.

Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/25/21 at 4:04pm was unsuccessful.

Refer to interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm.

Refer to interview with a cook on 08/26/21 at 9:05am.

Refer to interview with the Administration on 08/26/21 at 9:30am.

3. Review of Resident #3's current FL2 dated 09/29/20 revealed:
-Diagnoses included type 2 diabetes mellitus without complications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 8 -There was no diet order documented on the FL2 Review of Resident #3's diet order sheet dated 09/29/20 revealed: -The facility provided a NAS, NCS, or a regular diet for residents. -There was an order for a NCS diet. Review of Resident #3's hospital discharge summary dated 03/15/21 revealed Resident #3 was to be served a "diabetic" diet. Observation of the kitchen area on 08/25/21 at 11:15am revealed -There was a resident seating chart for the dining room hanging on a board in the kitchen. -Residents names were color coded to indicate which diet they were to be served. -Resident #3's name was colored black and she was to be served a regular diet. Review of the facility's menus revealed there was no menu for a NCS diet. Review of the undated lunch menu for regular diets for Week 1, Wednesday, revealed beef cubes with gravy, rice, garden peas, dinner roll, sherbet, coffee and iced tea were to be served. Observation of the lunch meal service on 08/25/21 at 12:00pm revealed Resident #3 was served chopped beef with gravy, rice, peas, a roll, chocolate ice cream, water, and tea. Based on observations, record reviews and interviews, it could not be determined if Resident #3 was served the appropriate diet due to there was no NCS menu available for staff guidance. Interview with Resident #3 on 08/25/21 at 2:02pm	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 9	D 296		

revealed she was diabetic, but she did not know if she was served a special diet.

Interview with Resident #3's family member on 08/25/21 at 2:06pm revealed:
-Resident #3 was diabetic and was administered a scheduled sliding scale insulin daily.
-Resident #3 ate whatever the facility served her.
-Resident #3's family provided her snacks and they brought her whatever she wanted to eat including a lemon filled donut today on 08/25/21.

Telephone interview with a medical assistant at Resident #3's primary care provider's (PCP) office on 08/25/21 at 4:18pm revealed:
-The PCP was not aware Resident #1 was not being served a NCS diet.
-She expected Resident #1 to be served a NCS diet as indicated on the diet order sheet.

Refer to interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm.

Refer to interview with a cook on 08/26/21 at 9:05am.

Refer to interview with the Administration on 08/26/21 at 9:30am.

4. Review of Resident #5's current FL2 dated 11/10/20 revealed:
-Diagnoses included iron deficiency Anemia, anemia, and hyperlipidemia.
-There was no diet order documented on the FL2

Review of Resident #3's diet order sheet dated 11/10/20 revealed:
-The facility provided a NAS, NCS, or a regular diet for residents.
-There was an order for a NCS diet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 10 Observation of the kitchen area on 08/25/21 at 11:15am revealed -There was a resident seating chart for the dining room hanging on a board in the kitchen. -Residents names were color coded to indicate which diet they were to be served. -Resident #3's name was colored green and she was to be served a NAS/NCS diet. Review of the facility's menus revealed there was no menu for a NAS/NCS diet. Review of the undated lunch menu for regular diets for Week 1, Wednesday, revealed beef cubes with gravy, rice, garden peas, dinner roll, sherbet, coffee and iced tea were to be served. Observation of the lunch meal service on 08/25/21 at 12:00pm revealed Resident #3 was served chopped beef with gravy, rice, peas, a roll, chocolate ice cream, coffee, water, and tea. Based on observations, record reviews and interviews, it could not be determined if Resident #2 was served the appropriate diet due to there was no NAS/NCS menu available for staff guidance. Interview with Resident #5 on 08/25/21 at 2:12pm revealed: -She was not on a special diet. -All residents were served the same meals for breakfast, lunch, and dinner. -She thought she needed to be on a low cholesterol diet. -She had ice cream for dessert at lunch on 08/25/21 and she did not think it was sugar free. -She is served orange juice for breakfast and she knew it was full of sugar.	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 11 Telephone interview with Resident #5's Primary Care Provider (PCP) on 08/25/21 at 4:07pm revealed: -Resident #5 was diabetic and had an order for a NCS diet. -She did not know Resident #5 was not being served a NCS diet. -She was under the impression Resident #5 would be served low or sugar free desserts. -She expected for Resident #5 to be served a NCS diet as ordered. Refer to interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm. Refer to interview with a cook on 08/26/21 at 9:05am. Refer to interview with the Administration on 08/26/21 at 9:30am. _____ Interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm revealed: -There were old therapeutic menus in the kitchen from 2003, but there was not a therapeutic menu for Week 1 which she was using on 08/25/21 to serve residents. -She had not used a therapeutic menu for guidance to prepare residents' meals in over a year. -She just knew what to serve the residents who had diet orders for NAS and NCS. -For residents who were on NAS diets, she served them from the regular menu and cooked their foods prior to adding seasonings that included salt. -She served residents who were on NCS diets from the regular menu. -When she served snacks, she gave residents	D 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 12	D 296		

with orders for NCS 1 regular cookie instead of 2 cookies.
-If a resident had a diet order for NAS/NCS, she would serve them from the regular menus without adding seasonings that included salt.
-She did not have access to a registered dietician.

Interview with a cook on 08/26/21 at 8:55am revealed:
-The facility served NCS, NAS, and regular diets to residents.
-She did not use any therapeutic menus for guidance to prepare resident's meals because she had been working at the facility for over 15 years and knew what she needed to serve the residents.
-If a resident had a diet order for NAS, she served the resident from the regular menu and did not season their food with salt.
-She also poured out the liquids from canned vegetables and rinsed the canned vegetables twice to get rid of salt.
-If a resident had a diet order for NCS, she served the resident from the regular menu and served them fruit, 2 graham crackers, or 4 vanilla wafers for dessert and snacks.
-If a resident had a diet order for a NAS/NCS diet, she served them whichever diet they wanted: NAS or NCS.

Interview with the Administration on 08/26/21 at 9:30am revealed:
-There was not a contracted registered dietician who worked with the facility.
-The DM and the cook have been working at the facility for so long, they knew the residents and they knew what to serve the residents.
-There was a menu from a food vendor from 2017-2018, but it was not approved by a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 296	Continued From page 13 registered dietician and it had not been implemented for guidance in serving meals to residents.	D 296		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 8 ounces of milk was served twice daily to the residents. The findings are: Observation of the walk-in refrigerator in facility kitchen on 08/25/21 at 12:10pm revealed there were 8 gallons of 2% milk in a box. Review of the facility's regular menu for Week 1 revealed that milk was to be served twice a day at the breakfast and dinner meals. Observation of the lunch meal service on 8/25/21 between 12:00pm to 12:30pm revealed: -There was no milk on the beverage tray.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 299	Continued From page 14 -None of the residents in the dining room were offered or served milk. Observation of the dinner meal service on 08/25/21 between 4:45pm and 5:15pm revealed: -There were 25 residents in the dining room for the dinner meal service. -There was no milk on the beverage tray. -None of the residents in the dining room were offered or served milk. Interview with a dietary staff member on 08/25/21 at 5:20pm revealed: -Residents were not normally served milk for dinner. -Residents did not normally drink milk for dinner. -Residents were only served milk at breakfast. Interview with the Dietary Manager on 08/25/21 at 5:27pm revealed: -Residents were not normally served milk for dinner. -Residents were only served milk at breakfast. -She was aware that milk was on the menu to be served twice daily. Interview with 5 residents on 08/25/21 between 5:35pm and 5:45pm revealed: -They were served milk at breakfast. -They were not served milk at dinner. -They had not asked for milk at lunch or dinner. -Two residents liked milk and would drink it with other meals if it was served to them. Interview with the Administrator on 08/25/21 at 6:05pm revealed: -Milk was only served to the residents at breakfast. -Milk was on the facility menus for breakfast and dinner meal services.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 299	Continued From page 15 -The facility served milk at dinner in the past, but they stopped serving milk because the residents were not drinking it at dinner. -The residents were served milk if they asked for it.	D 299		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve therapeutic diets as ordered for 4 of 5 sampled residents with a physician's order for a no added salt (NAS) no concentrated sweets diet (NCS) diet (#1) and a NCS diet (#2, #3, and #5). The findings are: 1. Review of Resident #1's current FL2 dated 05/20/21 revealed: -Diagnoses included type 2 diabetes mellitus without complications -There was no diet order documented on the FL2 Review of Resident #1's diet order sheet dated 05/20/21 revealed: -The facility provided a NAS, NCS, or a regular	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 16	D 310		

diet for residents.
-There was an order for a NAS/NCS diet.

Observation of the kitchen area on 08/25/21 at 11:15am revealed
-There was a resident seating chart for the dining room hanging on a board in the kitchen.
-Residents names were color coded to indicate which diet they were to be served.
-Resident #1's name was colored green and she was to be served a NAS/NCS diet.

Review of the facility's menus revealed there was no menu for a NAS/NCS diet.

Review of the undated lunch menu for regular diets for Week 1, Wednesday, revealed beef cubes with gravy, rice, garden peas, dinner roll, sherbet, coffee and iced tea were to be served.

Observation of the lunch meal service on 08/25/21 at 12:00pm revealed Resident #1 was served chopped beef with gravy, rice, peas, a roll, chocolate ice cream and water.

Interview with Resident #1 on 08/25/21 at 1:49pm revealed:
-She was diabetic, but she was not on a "diabetic" diet.
-She knew what to eat and what not to eat from what was served to her.
-The facility sometimes served her food items she should not eat.
-She ate what she was supposed to eat, and she did not food items served to her that she was not supposed to have.
-She ate chocolate ice cream for lunch, but she did not know if the ice cream was sugar free or low in sugars.
-She was served cookies for snacks, but since

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 17	D 310		

she was diabetic, she only received 1 cookie.
-The meals served to her for breakfast, lunch, and dinner, look the same as the other residents' meals.

Telephone interview with Resident #1's primary care provider (PCP) on 08/25/21 at 4:07pm revealed:
-Resident #1 was ordered a NAS/NCS diet due to her long history of cardiac issues and history of diabetes.
-She did not know the facility was serving Resident #1 a NAS/NCS as ordered.
-Resident #1's blood sugars were a little on the high side, but not very high.
-Resident #1 did not always adhere to her diet order as she bought snacks with her own money.
-She expected the facility to serve Resident #1 a NAS/NCS diet as ordered.

Refer to interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm.

Refer to interview with a cook on 08/26/21 at 9:05am.

Refer to interview with the Administrator on 08/26/21 at 9:30am.

2. Review of Resident #2's current FL2 dated 12/15/20 revealed:
-Diagnoses included type 2 diabetes mellitus without circulatory complications, hypertension and atrial fibrillation.
-There was no diet order documented on the FL2.

Review of Resident #2's diet order sheet dated 12/15/20 revealed:
-The facility provided a NAS, NCS, or a regular diet for residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 18 -There was an order for a NCS diet. Observation of the kitchen area on 08/25/21 at 11:15am revealed -There was a resident seating chart for the dining room hanging on a board in the kitchen. -Residents names were color coded to indicate which diet they were to be served. -Resident #2's name was colored green and she was to be served a NAS/NCS diet. Review of the facility's menus revealed there was no menu for a NCS diet. Review of the undated lunch menu for regular diets for Week 1, Wednesday, revealed beef cubes with gravy, rice, garden peas, dinner roll, sherbet, coffee and iced tea were to be served. Observation of the lunch meal service on 08/25/21 at 12:00pm revealed Resident #2 was served chopped beef with gravy, rice, peas, a roll, chocolate ice cream, coffee, and tea. Interview with Resident #2 on 08/25/21 at 1:56pm revealed: -She was supposed to be on a "diabetic" diet. -She received the same meal, dessert, and snacks as the other residents. -She did not know if her desserts and snacks were sugar free. Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/25/21 at 4:04pm was unsuccessful. Refer to interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm. Refer to interview with a cook on 08/26/21 at	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 19 9:05am. Refer to interview with the Administrator on 08/26/21 at 9:30am. 3. Review of Resident #3's current FL2 dated 09/29/20 revealed: -Diagnoses included type 2 diabetes mellitus without complications. -There was no diet order documented on the FL2 Review of Resident #3's diet order sheet dated 09/29/20 revealed: -The facility provided a NAS, NCS, or a regular diet for residents. -There was an order for a NCS diet. Review of Resident #3's hospital discharge summary dated 03/15/21 revealed Resident #3 was to be served a "diabetic" diet. Observation of the kitchen area on 08/25/21 at 11:15am revealed -There was a resident seating chart for the dining room hanging on a board in the kitchen. -Residents names were color coded to indicate which diet they were to be served. -Resident #3's name was colored black and she was to be served a regular diet. Review of the facility's menus revealed there was no menu for a NCS diet. Review of the undated lunch menu for regular diets for Week 1, Wednesday, revealed beef cubes with gravy, rice, garden peas, dinner roll, sherbet, coffee and iced tea were to be served. Observation of the lunch meal service on 08/25/21 at 12:00pm revealed Resident #3 was	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 20	D 310		

served chopped beef with gravy, rice, peas, a roll, chocolate ice cream, water, and tea.

Interview with Resident #3 on 08/25/21 at 2:02pm revealed she was diabetic, but she did not know if she was served a special diet.

Interview with Resident #3's family member on 08/25/21 at 2:06pm revealed:
-Resident #3 was diabetic and was administered a scheduled and sliding scale insulin.
-Resident #3 ate whatever the facility served her.
-Resident #3's family provided her snacks and they brought her whatever she wanted to eat including a lemon filled donut today on 08/25/21.

Telephone interview with a medical assistant at Resident #3's primary care provider's (PCP) office on 08/25/21 at 4:18pm revealed:
-The PCP was not aware Resident #1 was not being served a NCS diet.
-She expected Resident #1 to be served a NCS diet as indicated on the diet order sheet.

Refer to interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm.

Refer to interview with a cook on 08/26/21 at 9:05am.

Refer to interview with the Administrator on 08/26/21 at 9:30am.

4. Review of Resident #5's current FL2 dated 11/10/20 revealed:
-Diagnoses included iron deficiency Anemia, anemia, and hyperlipidemia.
-There was no diet order documented on the FL2

Review of Resident #3's diet order sheet dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 21	D 310		

11/10/20 revealed:
-The facility provided a NAS, NCS, or a regular diet for residents.
-There was an order for a NCS diet.

Observation of the kitchen area on 08/25/21 at 11:15am revealed
-There was a resident seating chart for the dining room hanging on a board in the kitchen.
-Residents names were color coded to indicate which diet they were to be served.
-Resident #3's name was colored green and she was to be served a NAS/NCS diet.

Review of the facility's menus revealed there was no menu for a NCS diet.

Review of the undated lunch menu for regular diets for Week 1, Wednesday, revealed beef cubes with gravy, rice, garden peas, dinner roll, sherbet, coffee and iced tea were to be served.

Observation of the lunch meal service on 08/25/21 at 12:00pm revealed Resident #3 was served chopped beef with gravy, rice, peas, a roll, chocolate ice cream, coffee, water, and tea.

Interview with Resident #5 on 08/25/21 at 2:12pm revealed:
-She was not on a special diet.
-All residents were served the same meals for breakfast, lunch, and dinner.
-She thought she needed to be on a low cholesterol diet.
-She had ice cream for dessert at lunch on 08/25/21 and she did not think it was sugar free.
-She is served orange juice for breakfast and she knew it was full of sugar.

Telephone interview with Resident #5's primary

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 22	D 310		

care provider (PCP) on 08/25/21 at 4:07pm revealed:
-Resident #5 was diabetic and had an order for a NCS diet.
-She did not know Resident #5 was not being served a NCS diet.
-She was under the impression Resident #5 would be served low or sugar free desserts.
-She expected for Resident #5 to be served a NCS diet as ordered.

Refer to interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm.

Refer to interview with a cook on 08/26/21 at 9:05am.

Refer to interview with the Administrator on 08/26/21 at 9:30am.

_____

Interview with the Dietary Manager (DM) on 08/25/21 at 12:40pm revealed:
-There were old therapeutic menus in the kitchen 2003, but there was not a therapeutic menu for Week 1 which she was using on 08/25/21 to serve residents.
-She just knew what to serve the residents who had diet orders for NAS and NCS.
-For residents who were on NAS diets, she served them from the regular menu and cooked their foods prior to adding seasonings that included salt.
-She served residents who were on NCS diets from the regular menu.
-There were no sugar free snacks or desserts in the facility.
-She tried to order sugar free snacks, desserts, and pudding, but the food vendor did not have them available.
-When she served snacks, she gave residents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 23	D 310		

with orders for NCS 1 regular cookie instead of 2 cookies.
-If a resident had a diet order for NAS/NCS, she would serve them from the regular menus without adding seasonings that included salt.
-She did not have access to a registered dietician.
-The Resident Care Director (RCD) used to be responsible for updating the diets for the kitchen, but there was not currently a RCD for the facility.

Interview with a cook on 08/26/21 at 8:55am revealed:
-The facility served NCS, NAS, and regular diets to residents.
-She did not use any therapeutic menus because she had been working at the facility for over 15 years and knew what she needed to serve the residents.
-If a resident had a diet order for NAS, she served the resident from the regular menu and did not season their food with salt.
-She also poured out the liquids from canned vegetables and rinsed the canned vegetables twice to get rid of salt.
-If a resident had a diet order for NCS, she served the resident from the regular menu and served them fruit, 2 graham crackers, or 4 vanilla wafers for dessert and snacks.
-There were no sugar free food items in the facility except for gelatin and jelly.
-If a resident had a diet order for a NAS/NCS diet, she served them which ever diet they wanted: NAS or NCS.
-If the resident did not understand or was unable to choose a diet of NAS or NCS, she made the choice herself and chose NAS for them.

Interview with the Administration on 08/26/21 at 9:30am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL043006	A. BUILDING: _____ B. WING _____	C 08/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR CITIZENS VILLAGE	504 WEST CANAL DRIVE DUNN, NC 28334

(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 24 -There was not a contracted registered dietician who worked with the facility. -The DM and the cook have been working at the facility for so long, they knew the residents and they knew what to serve the residents.	D 310		