STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 and the Moore County Department of Social Services conducted an annual and follow-up survey on 09/01/21.	D 000		
D 169	10A NCAC 13F .0509 Food Service Orientation 10A NCAC 13F .0509 Food Service Orientation The adult care home staff person in charge of the preparation and serving of food shall complete a food service orientation program established by the Department or an equivalent within 30 days of hire for those staff hired on or after July 1, 2004. Registered dietitians are exempt from this orientation. The orientation program is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or it is available at the cost of printing and mailing from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. This Rule is not met as evidenced by: Based on observations, and interviews the facility failed to assure the staff person in charge of the preparation and serving of food (the Cook) had completed a food service orientation program established by the Department or an equivalent within 30 days of hire for those staff hired on or after July 2, 2004. The findings are: Review of Staff C's record on 09/02/21 revealed: -He was hired as the Cook on 01/21/21. -His transcript did not include the Food Service Orientation training within 30 days of hire. -There was a copy of the Food Service Orientation Manual and a copy of the Food Service Orientation Post Test without the	D 169	Plan: The Executive Director will ensure all persons responsible for preparing food will complete the DHSR approved food service orientation course within 30 days of hire as required by rule. An audit of personnel files will be completed to ensure all existing cooks have completed this module. Effective date: 10/11/2021 Monitoring System: The Business Office Manager will conduct a monthly personnel file audit to ensure ongoing compliance in this rule area. Effective date: 10/11/21 and monthly thereafter	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] ED 10/7/2021

TITLE

(X6) DATE

Reviewed and acknowledge on 10/08/21 by

DMS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 169	Continued From page 1 questions answered, in his staff record. -The food service orientation post test was signed by Staff C to attest he was given the test and signed by Staff C in the Administrator's section which attested to giving staff C the test. Observation of the kitchen on 09/01/21 from 12:50pm to 1:50pm revealed: -The kitchen and dining area were staffed with one cook and two dietary aides. -The cook was responsible for the supervision of the staff, ensuring therapeutic diets were served, and maintaining daily food services. Interview with the Cook 0n 09/01/21 at 1:50pm revealed: -He was hired in January 2021 and had previously worked as a chef in the restaurant industry but did not have any experience cooking in a healthcare setting. -His new hire orientation focused on facility procedures and documentation since he was an experienced cook. -He did receive education on thickening liquids but did not learn about thickening foods. Interview with the Executive Director (ED) on 09/02/21 at 10:45am revealed: -Staff C was hired 01/21/21 as a Cook before she started working at the facility as the Administrator. -She became the Administrator in March 2021. -The Cook was to have his food service orientation within 30 days of employment, and she did not know staff C did not have his. -Staff C received training in the restaurant business and was new to preparing meals in an Assisted Living environment. -The food service orientation was to train the Cook in how to prepare meals for residents with special needs such as therapeutic meals.	D 169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 169	Continued From page 2 -On 07/22/21, the Business Office Coordinator (BOC) completed staff record audits. -After reviewing Staff C's record on 09/02/21, she noticed the food service orientation manual and post test which was not completed but had been signed. -For the training to have been accepted, the food service orientation post test should have been completed on 07/22/21 when it was given to Staff C.	D 169		
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 protect food from contamination and maintain the cleanliness of the food storage areas related to food particles in the freezer and build of grime in the refrigerator. The findings are: Observation of the freezer in the Special Care Unit (SCU) kitchen on 09/01/21 at 10:45am revealed a large amount of frozen tan colored crumbs on the floor of the freezer. Observation of the refrigerator in the SCU kitchen on 09/01/21 at 10:47am revealed:	D 282	Plan: The kitchen supervisor will ensure all food is stored orderly and in a manner that is protected from contamination. The refrigerators and freezers will be cleaned per policy to ensure cleanliness and a routine inspection performed daily by the supervisor to ensure cleanliness meets standard expectations. Effective date: 9/20/2021 Monitoring System: The Executive Director/ designee will inspect the refrigerators and freezers daily during the management walk through to ensure ongoing compliance is maintained for cleanliness. Effective date: 9/20/21 - 12/20/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 -There was a dried splatter of brown liquid on the lip of the refrigerator door frame next to a pan of defrosted chicken and dried streaks of brown residue that had dripped out of the refrigerator. -There were three brown, raised, circular stains on the floor of the refrigerator. Two of the stains were connected to brown drip streaks that ran down the side of the refrigerator. -There were multiple areas of brown cardboard from food packaging boxes that was stuck to the floor of the refrigerator and fragments of the cardboard were also stuck to side of the refrigerator. -There were white streaks on the wall of the refrigerator, around the top shelf, that appeared to be from something that dripped then dried. -There was white grime on the portable thermometer, that hung off the top shelf of the refrigerator next to the white streaks, that made it sticky and difficult to properly read. -There were white streaks on both outer refrigerator doors. Interview with the 2nd shift cook on 09/01/21 at 3:55pm revealed: -There was a binder with the kitchen cleaning schedule. -The binder did not have the previous completed cleaning schedules since it was a new month. -All dietary staff were expected to help keep the kitchen clean. -He was not sure the last time he cleaned the inside or outside of the refrigerator. Review of the kitchen cleaning schedule revealed: -The schedule did not have a date written on it. -The schedule did not have any tasks that were initialed as completed. -It had 19 tasks that were expected to be	D 282		

.ATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 4 performed daily or multiple times per day. -A note at the top of the page read "Daily Tasks-Frequencies are minimum standards. Any items needed cleaning is cleaned on a as you go basis." -Task #4 listed that the refrigerator was to be washed, rinsed and sanitized with cleanser, fresh water and sanitizer 200 parts per million (ppm) at the end of the day. Interview with the Administrator on 09/02/21 at 1:21pm revealed: -She expected the cooks to clean the inside of the refrigerator weekly and the shelves of the refrigerator to be cleaned monthly. -The cleaning schedule binder was initiated 1 week ago. -The cook was scheduled to clean the inside of the refrigerator the week of 09/08/15. -She was not aware of the condition of the inside of the refrigerator.	D 282	The kitchen supervisor will ensure all food and beverage are stored in a manner that is free of contamination. The refrigeration digital thermometer will be repaired and ensured to be in working order. All food will be stored within required temperature guidelines and a temperature log kept with visible recordings made daily by the kitchen supervisor or designee in their absence. All food stored will be labeled/dated per rule guidelines and disposed of per HD recommendations. Monitoring System: The Executive Director/designee will inspect the refrigerator and freezers daily during the management walk through to ensure ongoing compliance is maintained in regard to food and beverage storage. In addition, the daily temperature log will be reviewed to ensure temperatures are within required range.	
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure food was free from contamination related to unlabeled and	D 283		

MENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 283	Continued From page 5 undated food that was stored in a refrigerator with an inaccurate thermometer. The findings are: Observation of the Special Care Unit (SCU) refrigerator on 09/01/21 at 10:46am revealed: -There was a strip of green tape covering the digital thermometer reading on the front of the refrigerator. -The analog thermometer inside the refrigerator read 40 degrees Fahrenheit (F). -There was a cooked chicken breast that was not fully covered with clear plastic wrap in the back of the refrigerator and not labeled or dated. -There was a stack of 6 thick cut slices of ham wrapped in clear plastic wrap that was not labeled or dated. -There was a small loaf of cornbread wrapped in white paper and clear plastic wrap that was not labeled or dated. -There was a plastic storage container of crushed pineapple that was not labeled or dated. -There was a plastic bowl covered with clear plastic wrap with a mayonnaise-based salad inside that was not labeled or dated. -There was a plastic storage container of noodle, red sauce and meat mixture that was not labeled or dated. -There was a plastic storage container of purple gelatin that was not labeled or dated. Interview with the 1st shift cook on 09/01/21 at 10:41am revealed: -The digital thermometer reading on the front of the refrigerator was inaccurate. -There was an analog thermometer inside the refrigerator for more accurate temperature readings. -The Environmental Health Inspector	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 283	Continued From page 6 recommended that food should not be kept longer than 3 days due to the refrigerator temperature of 40 degrees. Interview with the 2nd shift cook on 09/01/21 at 1:50pm revealed: -Food should be labeled and dated by whoever put the food in the refrigerator. -He knew the digital thermometer in the refrigerator was inaccurate but was not sure if the recommendation to dispose of food after 3-4 days was still in effect. Review of the recent environmental health inspection report dated 08/01/21 revealed: -The facility was cited for noncompliance in proper cold holding temperatures and an inaccurate thermometer. -Temperature observations made by the inspector included: hotdogs, cheese and butter at 45 degrees Fahrenheit (F) when the digital refrigerator thermometer reading was 37 degrees F. -Corrective actions included: provide an additional thermometer in the unit, do not keep food past 4 days, recommend the food temperature is checked until the inaccurate digital thermometer was repaired. Review of butter manufacture's cardboard box revealed that butter should be kept refrigerated between 33-40 degrees F. Interview with the 2nd shift cook on 09/02/21 at 11:14am and 12:45pm revealed: -He could not find the temperature log for the refrigerator. -The temperature log was typically kept on the front of the refrigerator but with the refrigerator maintenance issues, the log could had been	D 283		

ATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 283	Continued From page 7 moved somewhere else. -He recorded the digital temperature that was on the outside of the refrigerator and was not instructed to look at the analog thermometer inside of the refrigerator. -He could not remember the last time he recorded the temperature of the refrigerator. -He had not tried to peel off the green tape on the digital thermometer reading on the refrigerator to record the temperature. -He did not take the temperature of cooked or ready to eat food when it came out of the refrigerator since he only kept leftovers for no more than 1 day and thought the food was still safe to eat. Review of electronic mail (email) correspondence between the Maintenance Director and the refrigeration company on 08/09/21 revealed: -The part needed for the repair was not in stock. -The company would schedule a time for the repair when the part arrived. Interview with the Administrator on 09/02/21 at 1:00pm revealed: -She expected the cooks to label and date food. -Food should not be kept for more than 4 days. -The Environmental Health Inspector made her aware that the refrigerator's digital thermometer was inaccurate on 08/01/21. -She, the Maintenance Director and the Environmental Health Inspector discussed the results of the inspection with the 1st and 2nd shift cooks on 08/01/21. -The cooks were instructed to not record the digital temperature reading of the refrigerator and to record the analog temperature reading of the refrigerator until the refrigerator could be repaired. -A strip of green tape was put on the refrigerator	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 283	Continued From page 8 to cover the inaccurate temperature reading on 08/01/21. -The cooks were instructed to dispose of food after 4 days. -The cooks were not instructed to take temperature of food in the refrigerator. -The refrigerator temperature log was in a plastic sleeve that was attached to the refrigerator door. -She checked the refrigerator temperature log daily but could not find it the morning of 09/02/21. Attempted telephone interview with the 1st shift cook on 09/02/21 at 12:06pm was unsuccessful. Attempted telephone interview with the Health Inspector on 09/02/21 at 11:54am was unsuccessful.	D 283	Plan: 1. An in-service will be conducted with all cooks regarding appropriate prep/content of therapeutic diets with a primary focus on thickened liquids and appropriate snacks/supplements for persons on thickened liquids. 2. An in-service will be conducted for all resident care and activity associates regarding appropriate snacks/supplements for persons on thickened liquids. 3. The kitchen supervisor will ensure all snacks/supplements served to persons on special diets are in full compliance with the diet ordered. 4. The associate serving the resident will also check to ensure the content they are serving is in compliance with the prescribed diet. Effective Date: 10/12/2021 Monitoring System: The Executive Director, Resident Services Director and Memory Care Director (Manager on Duty in their absence) will rotate a daily walk through in the kitchen and in the dining room to observe preparation of the therapeutic diet, snacks and supplements for those on thickened liquids, and content delivery to same to ensure ongoing compliance is maintained. Effective date: 9/30/21 – 12/30/21	
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: B VIOLATION Based on observations, interviews and record reviews the facility failed to ensure a resident was served therapeutic diets as ordered for 1 of 1 resident sampled who had orders for nectar	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 9 thickened liquids (Resident #2). The findings are: Review of Resident #2's current FL2 dated 07/28/20 revealed diagnoses of late onset Alzheimer's dementia with behavioral disturbances, expressive language disorder and adult failure to thrive. Review of Resident #2's diet order dated 06/08/21 revealed a pureed diet with nectar thick liquids and a frozen, nectar thick nutritional supplement with all three meals. Review of Resident #2's Incident Reports revealed: -On 06/03/21 he was clammy, dizzy and grabbed his throat then was sent to the Emergency Room (ER) at 7:45am. -On 06/05/21 he was in the dining room eating dinner when he started to turn red, grabbed this throat and said something was stuck in his throat. Liquid came out of his mouth during the event. He was sent to the ER at 6:10pm. Review of Resident #2's ER discharge paperwork from 06/03/21 revealed: -He had a procedure to look his esophagus due to suspected impaction that was caused by a piece of meat. -An esophageal obstruction was identified during the procedure. -The ER physician recommended that Resident #2 follow a soft diet. Review of Resident #2's facility progress notes on 08/28/21 revealed: -He was "strangled" after he ate ice cream and did not go to the ER.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 10 -He finished his meal later that night. -There was no documentation that the NP or physician was notified. Observation of the morning snack on 09/01/21 at 11:00am revealed: -All the residents except for Resident #2 received potato chips and a beverage for snack. -The Special Care Unit (SCU) Activity Director went into the kitchen to request a snack for Resident #2. -The chef took a fudge popsicle out of the freezer and handed it to the SCU Activity Director. -The SCU Activity Director unwrapped the fudge popsicle and offered it to Resident #2. -Resident #2 accepted the fudge popsicle and ate it all. Interview with the SCU Activity Director on 09/01/21 at 11:09am revealed: -She knew that Resident #2 was on a pureed diet with nectar thick liquids. -He was typically offered ice cream, yogurt or a pre-thickened nectar thick beverage at snack times. -She did not know that a fudge popsicle was not considered a thickened liquid. Interview with the cook who worked 1st shift on 09/01/21 at 11:15am revealed he did not know the fudge popsicle was not considered a thickened liquid. Observation of the lunch meal service on 09/01/21 at 12:30pm revealed: -Resident #2 ate approximately 25% of pureed pasta and 100% of a frozen, nectar thick nutritional supplement. -Resident #2 was eating a fudge popsicle and had consumed 50% without signs of distress.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 11 -A personal care aide (PCA) sat next to Resident #2 and watched him eat. Interview with the personal care aide (PCA) on 09/01/21 at 12:30pm revealed: -She was not sure if a fudge popsicle was considered a thickened liquid. -She was not sure if she received training on thicken liquids when hired. Observation of the lunch meal service on 09/01/21 between 12:30pm to 1:00pm revealed: -A PCA provided Resident #2 a fudge popsicle and advised it was not considered a nectar thick liquid. -The PCA continued to serve Resident #2 the fudge popsicle until a second PCA brought Resident #2 the frozen nutritional supplement, as ordered. Interview with the second PCA on 09/01/21 at 12:45pm revealed: -She thought the fudge popsicle was allowed on Resident #2's diet until today. -She did not remember receiving specific training on identifying thickened liquids. -She thought whatever food or beverages the kitchen brought to the resident was acceptable for the resident to eat. Interview with a dietary aide on 09/01/21 at 12:50pm revealed: -She knew that Resident #2 was ordered nectar thick liquids. -She received training on how to thicken liquids when she was hired. -She was responsible for pouring beverages and bringing residents' meals to their table. -She brought the fudge popsicle to Resident #2 and did not know that it was not considered a	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 310	Continued From page 12 nectar thick liquid. -Her training only covered how to thicken beverages and she thought a popsicle was allowed on Resident #2's diet since it was a pureed consistency. Interview with the 2nd shift cook on 09/01/21 at 1:50pm and 3:55pm revealed: -He had worked as a chef in a restaurant before but did not have experience as a chef in a healthcare setting. -Since he already knew how to cook, most of his new hire orientation was based on kitchen procedures and documentation. -He was trained on how to thicken beverages. -Dietary aides were responsible for preparing the beverages at meal times so he had not thickened anything recently. -He had not added thickening powder to foods for any of the residents since he started working there in January 2021. -Tomato soup was on the menu for supper on 09/01/21 and he did not plan to add thickening powder to the soup for Resident #2. -He had only used a base, such as chicken or beef broth, to thicken soups. Interview with the facility contracted Registered Dietitian (RD) on 09/01/21 at 4:35pm revealed: -All her recipes had instructions at the bottom of the page on how to prepare food for a modified consistency diet. -The instructions to modify ice cream for a resident that required nectar thick liquids read, "not allowed on a thickened liquid diet, replace with pudding of choice". -The instructions to modify tomato soup for a resident that required nectar thick liquids read, "thicken to the appropriate consistency".	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 13 Interview with the Nurse Practitioner (NP) on 09/01/21 at 4:42pm revealed: -Resident #2 was sent to the emergency room (ER) on 06/03/21 due to choking and was not able to receive a swallowing test. -She wrote an order on 06/08/21 for Resident #2 to be on nectar thick liquids. -She had not been able to observe Resident #2 consume a meal but thought the Special Care Unit Coordinator (SCC) monitored his tolerance of the diet. -She thought Resident #2 may have experienced 1 episode of choking since his diet was changed. -She was not aware that Resident #2 had consumed ice cream multiple times since his diet was changed on 06/08/21. -She expected the facility to follow the diet that the contracted RD had planned for residents' which required nectar thick liquids. -She also expected the facility to alert her if Resident #2 consumed anything that was not on his diet and to document the event as well as watch Resident #2 for any episodes of choking or aspiration (inhaling food or liquid into the airway instead of swallowing). -If Resident #2 aspirated on food or beverage then he could develop pneumonia. Telephone interview with a nurse at Resident #2's Primary Care Physician's (PCP) office on 09/02/21 at 8:47am revealed: -Resident #2 was last seen by the PCP on 06/28/21 to follow up on a choking episode on 06/22/21. -Resident #2 had a procedure on 06/03/21 that showed a hiatal hernia (a condition which occurs when the upper part of the stomach bulges through the large muscle separating the abdomen and chest) and a non-obstructive Schatzki's ring (which is a narrowing of the tissue	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 14 in the esophagus which can make it difficult for food to pass through). -Both conditions could cause swallowing difficulty and increase the risk of food getting stuck in his throat. -The PCP wanted Resident #2 to continue a pureed diet with nectar thick liquids. -If Resident #2 consumed thin liquids, he could develop aspiration pneumonia and possibly develop a fever and a cough due to fluid in his lungs. Interview with Administrator on 09/01/21 at 4:13pm revealed: -She was not sure what kind of training dietary staff and PCAs receive related to thickened liquids at new hire orientation. -The facility did not have a current Dietary Manager and she had not hired anyone for that department in the last 6 months. -If staff saw food or beverage that was not allowed on the residents' diet then the staff should have alerted the kitchen and the dietary staff should have provided the appropriate substitution. -Every recipe had instructions on how to modify the food to accommodate different diet consistencies. -She expected the dietary staff to serve diets as ordered. -The dietary staff were responsible for thickening food as directed per residents' diet orders. The failure of the facility to serve nectar thickened liquids as ordered for a resident with a history of choking resulted in a second episode of choking on 08/28/21. This failure was detrimental to the health, safety, and welfare of Resident #2 and constitutes a Type B Violation.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063025	A. BUILDING: _____ B. WING _____	R 09/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF SOUTHERN PINES	101 BRUCEWOOD ROAD SOUTHERN PINES, NC 28387

(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 15 The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/01/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 17, 2021.	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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to nutrition and food service. The findings are: Based on observations, interviews and record reviews the facility failed to ensure a resident was served therapeutic diets as ordered for 1 of 1 resident sampled who had orders for nectar thickened liquids (Resident #2). [Refer to Tag D310 10A NCAC 13F .0904(e)(4) Nutrition and Food Services (Type B Violation)].	D912		