Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063023	A. BUILDING: _____ B. WING _____	06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN LAKES ASSISTED LIVING	292 MCDOUGALL DRIVE WEST END, NC 27376

(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 06/21/22- 06/22/22.	D 000	Response to cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.	
D 291	10A NCAC 13F .0904(c)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to have modified diet menus readily available in the kitchen for food service staff to follow as guidance for 3 of 5 sampled residents (#2, #6, #8) with physician orders for a regular, pureed consistency diet. (A regular, pureed consistency diet is a texture, modified diet that is often recommended for people who have difficulty chewing or digesting food normally). The findings are: 1. Review of Resident #2's current FL-2 dated 01/18/22 revealed diagnoses included dementia, anxiety and mild cognitive impairment. Review of Resident #2's signed diet order dated 11/02/21 revealed a regular, pureed consistency diet. Review of the resident diet list dated 06/08/22	D 291	Seven Lakes Assisted Living shall ensure that menus are maintained in the kitchen and identified for the current menu day and cycle on any given day for guidance of food service staff. Dietary staff in-serviced by ED on Menus, Recipes, Therapeutic Diets, as well as How to read and fully understand how to appropriately serve all diets. 6/22/22 Food Service Coordinator, from Home Office/ Support Center, completed thorough Kitchen In-service, Reviewed Diets, and Other Therapeutic Services with all dietary Staff and the ED/ Administrator. 6/30/22 ED will continue to print weekly Menus for Dining Services, ensuring Menus are printed for both Regular and Therapeutic Diets. 8/7/22 ED has completed Recipe binder, which also includes recipes for Therapeutic Diets, to ensure all Dietary Staff has access to the accurate recipes to prepare resident diets correctly. 8/7/22 ED/Dietary Manager will ensure that any new hired Dietary Staff will receive appropriate training to understand the Residents' Menus and Recipes for both Regular and Therapeutic diets. 8/7/22	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lori Kenni, Executive Director — TITLE — (X6) DATE

Reviewed & Acknowledged 7/25/22
Dina B Nielsen 07/29/22

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Electronic Mail

July 1, 2022

Francisco Morales, Authorized Representative
West End Holdings, LLC
Seven Lakes Assisted Living
P.O. Box 26255
Winston-Salem, NC 27114

email address: *notices@stonevilleacceptance.com* *director@sevenlakesseniors.com*

Re: Annual Survey completed JUNE 22, 2022 ASPEN Event ID RD0N11

Facility:	**Seven Lakes Assisted Living**
Licensure Number:	**HAL-093-063**
County:	**MOORE**

Dear Mr. Morales:

Thank you for the cooperation and courtesy extended during the survey completed **June 22, 2022** by staff with the Adult Care Licensure Section.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey

team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **July 25, 2022**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **July 25, 2022**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency. Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at **828-707-3522**. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Tina B Nielsen

Tina B. Nielsen, Nurse Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: David Richmond, Supervisor, Moore County Department of Social Services
Karen Polce, Team 7 Supervisor, Eastern Region, Adult Care Licensure Section
Heather Bingham, Eastern Region Branch Manager, Adult Care Licensure Section
Facility File

Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: http://info.ncdhhs.gov/dhsr/customerservice.html
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

Division of Health Service Regulation

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D 291	Continued From page 1 revealed Resident #2 was on a regular, puree consistency diet. Review of the weekly menu on 06/22/22 revealed the breakfast meal consisted of 1 scrambled egg, 1- ounce of bacon and 1- ounce of breakfast ham, ½ cup of fresh fruit. The observation of the kitchen on 06/22/22 between 8:00am- 9:00am revealed there were no menus for modified diets. The meal observation during breakfast on 06/22/22 between 8:00am- 9:00am revealed Resident #2 was served a bowl of oatmeal with nectar consistency orange juice. Review of the recipes for the breakfast menu on 06/22/22 revealed: -The ingredients of the recipe and directions on how to prepare a regular, pureed diet were included. -The scrambled egg was to be pureed to smooth consistency free of lumps and chunks. -The bacon was to be omitted and replaced with ground sausage or links and pureed to a smooth texture. -The fresh fruit was to be replaced with soft canned fruit (no pineapple) and pureed to a smooth texture. Review of the weekly menu on 06/22/22 revealed the lunch meal consisted of ½ grilled turkey Cuban sandwich, ½ cup of steamed vegetables and ½ cup of mandarin oranges. The second observation of the kitchen on 06/22/22 between 12:00pm- 1:00pm revealed there were no menus for modified diets.	D 291	ED, Dietary Manager, or Designee will do random checks during mealtimes to ensure meals are being prepared correctly and according to the Menu and Recipe.	8/7/22

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D 291	Continued From page 2 The second meal observation during lunch on 06/22/22 between 12:00pm- 1:00pm revealed Resident #2 was served pureed broccoli and ground meat only. Review of the recipes for the lunch menu on 06/22/22 revealed: -The ingredients of the recipe and directions on how to prepare a regular, pureed diet were included. -The grilled turkey Cuban sandwich was to be pureed. -The vegetables were to be pureed to a smooth texture. -The mandarin oranges were to be pureed to a smooth consistency. Refer to interview with the cook on 06/22/22 at 7:43am. Refer to second interview with the cook on 06/22/22 at 8:07am. Refer to interview with the dietary aide on 06/22/22 at 8:20am. Refer to interview with the Executive Director (ED) on 06/22/22 at 9:01am. Refer to fourth interview with the cook on 06/22/22 at 12:13pm. Refer to second interview with the ED on 06/22/22 at 12:30pm. 2. Review of Resident #6's current FL-2 dated 06/13/22 revealed diagnoses included dementia, failure to thrive, anxiety and hypertension. Review of Resident #6's signed physician order	D 291		

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D 291	Continued From page 3 report dated 06/15/22 revealed pureed foods. Review of Resident #6's Primary Care Provider's (PCP) routine visit dated 04/06/22 revealed the resident had dysphagia. (Dysphagia is difficulty or discomfort in swallowing). Review of the weekly menu on 06/22/22 revealed the breakfast meal consisted of 1 scrambled egg, 1- ounce of bacon and 1- ounce of breakfast ham, ½ cup of fresh fruit. The observation of the kitchen on 06/22/22 between 8:00am- 9:00am revealed there were no menus for modified diets. The meal observation during breakfast on 06/22/22 between 8:00am- 9:00am revealed Resident #6 was served a bowl of oatmeal. Review of the recipes for the breakfast menu on 06/22/22 revealed: -The ingredients of the recipe and directions on how to prepare a regular, pureed diet were included. -The scrambled egg was to be pureed to smooth consistency free of lumps and chunks. -The bacon was to be omitted and replaced with ground sausage or links and pureed to a smooth texture. -The fresh fruit was to be replaced with soft canned fruit (no pineapple) and pureed to a smooth texture. Review of the weekly menu on 06/22/22 revealed the lunch meal consisted of ½ grilled turkey Cuban sandwich, ½ cup of steamed vegetables and ½ cup of mandarin oranges. The second observation of the kitchen on	D 291		

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D 291	Continued From page 4 06/22/22 between 12:00pm- 1:00pm revealed there were no menus for modified diets. The second meal observation during lunch on 06/22/22 between 12:00pm- 1:00pm revealed Resident #2 was served pureed broccoli, ground meat only and pureed peaches. Review of the recipes for the lunch menu on 06/22/22 revealed: -The ingredients of the recipe and directions on how to prepare a regular, pureed diet were included. -The grilled turkey Cuban sandwich was to be pureed. -The vegetables were to be pureed to a smooth texture. -The mandarin oranges were to be pureed to a smooth consistency. Refer to interview with the cook on 06/22/22 at 7:43am. Refer to second interview with the cook on 06/22/22 between 8:07am- 8:13am. Refer to interview with the dietary aide on 06/22/22 at 8:20am. Refer to interview with the Executive Director (ED) on 06/22/22 at 9:01am. Refer to fourth interview with the cook on 06/22/22 at 12:13pm. Refer to second interview with the ED on 06/22/22 at 12:30pm. 3. Review of Resident #8's current FL-2 dated 06/10/22 revealed:	D 291		

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D 291	Continued From page 5 -Diagnoses included Alzheimer's and bladder cancer. -A diet order for regular, pureed consistency. Review of the weekly menu on 06/22/22 revealed the breakfast meal consisted of 1 scrambled egg, 1- ounce of bacon and 1- ounce of breakfast ham, ½ cup of fresh fruit. The observation of the kitchen on 06/22/22 between 8:00am- 9:00am revealed there were no menus for modified diets. The meal observation during breakfast on 06/22/22 between 8:00am- 9:00am revealed Resident #8 was served a bowl of oatmeal, scrambled eggs, orange juice and water. Review of the recipes for the breakfast menu on 06/22/22 revealed: -The ingredients of the recipe and directions on how to prepare a regular, pureed diet were included. -The scrambled egg was to be pureed to smooth consistency free of lumps and chunks. -The bacon was to be omitted and replaced with ground sausage or links and pureed to a smooth texture. -The fresh fruit was to be replaced with soft canned fruit (no pineapple) and pureed to a smooth texture. Third interview with the cook on 06/22/22 at 8:49am revealed she put eggs on Resident #8's plate because the surveyor mentioned eggs in their previous interview, otherwise she would have only served oatmeal. Review of the weekly menu on 06/22/22 revealed the lunch meal consisted of ½ grilled turkey	D 291		

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D 291	Continued From page 6 Cuban sandwich, ½ cup of steamed vegetables and ½ cup of mandarin oranges. The second observation of the kitchen on 06/22/22 between 12:00pm- 1:00pm revealed there were no menus for modified diets. The second meal observation during lunch on 06/22/22 between 12:00pm- 1:00pm revealed Resident #8 was served puree broccoli, grounded meat only and puree peaches. Review of the recipes for the lunch menu on 06/22/22 revealed: -The ingredients of the recipe and directions on how to prepare a regular, pureed diet were included. -The grilled turkey Cuban sandwich was to be pureed. -The vegetables were to be pureed to a smooth texture. -The mandarin oranges were to be pureed to a smooth consistency. Refer to interview with the cook on 06/22/22 at 7:43am. Refer to second interview with the cook on 06/22/22 between 8:07am- 8:13am. Refer to interview with the dietary aide on 06/22/22 at 8:20am. Refer to interview with the Executive Director (ED) on 06/22/22 at 9:01am. Refer to fourth interview with the cook on 06/22/22 at 12:13pm. Refer to second interview with the ED on	D 291		

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D 291	Continued From page 7 06/22/22 at 12:30pm. _____ Interview with the cook on 06/22/22 at 7:43am revealed: -She had never seen the recipe menu to know what to serve for a regular, pureed consistency diet. -She gave the residents on a regular, pureed consistency diet whatever she felt they could have. Second interview with the cook on 06/22/22 between 8:07am- 8:13am revealed: -She always served only oatmeal during breakfast for residents on a regular, pureed consistency diet. -She served the residents on a regular, pureed consistency diet oatmeal for breakfast because no one told her what they could have. -She did not know the residents could have more food during breakfast because no one had corrected her. Interview with the dietary aide on 06/22/22 at 8:20am revealed she saw different cooks prepare the breakfast menu for residents on a regular, pureed diet differently. Some cooks served the residents a full breakfast menu and others had served only oatmeal. Interview with the Executive Director (ED) on 06/22/22 at 9:01am revealed: -She was not aware residents on a regular, pureed consistency diet were being served only oatmeal for breakfast. -She thought the dietary staff knew what to serve the residents on a regular, pureed diet. -She thought the residents on a regular, pureed consistency diet could be served whatever the	D 291		

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D 291	Continued From page 8 regular diets were offered. -She was responsible to ensure the dietary staff had the modified diet menus they needed to serve the meals. -She never printed the recipe which included the modified diets because she did not know they were listed at the bottom of the recipes. Fourth interview with the cook on 06/22/22 at 12:13pm revealed: -She had not been given the recipes for the lunch menu; therefore, she did not know what to serve the residents on a regular, pureed diet. -The previous dietary manager trained her in the kitchen. -She did not puree the turkey Cuban sandwich because she was told by the previous dietary manager that a regular, pureed consistency diet could not be served bread. Second interview with the ED on 06/22/22 at 12:30pm revealed she had not had time to provide the cook with the recipes for lunch.	D 291		

Division of Health Service Regulation

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D 291	10A NCAC 13F .0904(c)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (2) Menus shall be maintained in the kitchen and identified as to the current menu day and cycle for any given day for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to have modified diet menus readily available in the kitchen for food service staff to follow as guidance for 3 of 5 sampled residents (#2, #6, #8) with physician orders for a regular, pureed consistency diet. (A regular, pureed consistency diet is a texture, modified diet that is often recommended for people who have difficulty chewing or digesting food normally). The findings are: 1. Review of Resident #2's current FL-2 dated 01/18/22 revealed diagnoses included dementia, anxiety and mild cognitive impairment. Review of Resident #2's signed diet order dated 11/02/21 revealed a regular, pureed consistency diet. Review of the resident diet list dated 06/08/22	D 291	Seven Lakes Assisted Living shall ensure that menus are maintained in the kitchen and identified for the current menu day and cycle on any given day for guidance of food service staff. Dietary staff in-serviced by ED on Menus, Recipes, Therapeutic Diets, as well as How to read and fully understand how to appropriately serve all diets. 6/22/22 Food Service Coordinator, from Home Office/ Support Center, completed thorough Kitchen In-service, Reviewed Diets, and Other Therapeutic Services with all dietary Staff and the ED/ Administrator. 6/30/22 ED will continue to print weekly Menus for Dining Services, ensuring Menus are printed for both Regular and Therapeutic Diets. 8/7/22 ED has completed Recipe binder, which also includes recipes for Therapeutic Diets, to ensure all Dietary Staff has access to the accurate recipes to prepare resident diets correctly. 8/7/22 ED/Dietary Manager will ensure that any new hired Dietary Staff will receive appropriate training to understand the Residents' Menus and Recipes for both Regular and Therapeutic diets. 8/7/22	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Toni Kinni, Executive Director — TITLE — (X6) DATE

Reviewed & Acknowledged 7/25/22
Dina B Nidsen 07/29/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063023	A. BUILDING: _____ B. WING _____	06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEVEN LAKES ASSISTED LIVING	292 MCDOUGALL DRIVE WEST END, NC 27376

(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
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