

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL045123</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/25/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERITAGE HILLS A PACIFICA SENIOR LIVING COMM</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2500 HERITAGE CIRCLE<br/>HENDERSONVILLE, NC 28791</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| D 000                                                                                   | Initial Comments<br><br>The Adult Care Licensure Section and the Henderson County Department of Social Services conducted an annual survey and a follow up survey on 10/25/2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D 000                                                                                             |                                                                                                                          |                                                                    |
| D 296                                                                                   | 10A NCAC 13F .0904(c)(7) Nutrition And Food Service<br><br>10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes:<br>(7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record reviews the facility failed to ensure there was a matching therapeutic diet menu for 3 of 3 sampled residents (#1, #2, #3) who had physician ordered therapeutic diets.<br><br>The findings are:<br><br>Observation of the kitchen during initial tour on 10/25/22 at 9:30am revealed:<br>-No therapeutic menus were available for reference by dietary staff.<br>-A list of resident therapeutic diets was posted for staff reference.<br><br>1. Review of Resident #1's current FL2 dated 04/22/22 revealed:<br>-Diagnoses included dementia.<br>-There was an order for a pureed diet.<br><br>Review of the facility's therapeutic diet list | D 296                                                                                             | See Attached Addendum/P.O.C. attached to and made part here of.                                                          |                                                                    |

Division of Health Service Regulation

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



TITLE

Executive Director

(X6) DATE

11-11-22

STATE FORM

6899

860X11

If continuation sheet 1 of 4

Reviewed and acknowledged LSB 11/14/2022

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERITAGE HILLS A PACIFICA SENIOR LIVING COMM</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2500 HERITAGE CIRCLE<br/>HENDERSONVILLE, NC 28791</b> |                                                                                                                          |                                                                    |
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| D 296                                                                                   | <p>Continued From page 1</p> <p>revealed Resident #1 was documented as having a pureed diet.</p> <p>Refer to interview with the kitchen manager on 10/25/22 at 9:30am.</p> <p>Refer to telephone interview with the Food Service Director on 10/25/22 at 2:30pm.</p> <p>Refer to interview with the Administrator on 10/25/22 at 2:45pm.</p> <p>2. Review of Resident #2's current FL2 dated 09/07/22 revealed:<br/>-Diagnoses included mild cognitive impairment.<br/>-There was an order for a gluten-intolerant diet.</p> <p>Review of the facility's therapeutic diet list revealed Resident #2 was documented as having a gluten-free diet.</p> <p>Refer to interview with the kitchen manager on 10/25/22 at 9:30am.</p> <p>Refer to telephone interview with the Food Service Director on 10/25/22 at 2:30pm.</p> <p>Refer to interview with the Administrator on 10/25/22 at 2:45pm.</p> <p>3. Review of Resident #3's current FL2 dated 09/07/22 revealed diagnoses included Alzheimer's dementia.</p> <p>Review of Resident #3's record revealed there was an order dated 08/25/22 for a small portions diet.</p> <p>Review of the facility's therapeutic diet list revealed Resident #3 was documented as having</p> | D 296                                                                                             |                                                                                                                          |                                                                    |

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| D 296                                                                                   | <p>Continued From page 2</p> <p>a small portion diet.</p> <p>Refer to interview with the kitchen manager on 10/25/22 at 9:30am.</p> <p>Refer to telephone interview with the Food Service Director on 10/25/22 at 2:30pm.</p> <p>Refer to interview with the Administrator on 10/25/22 at 2:45pm.</p> <p>Interview with the kitchen manager on 10/25/22 at 9:30am revealed:</p> <ul style="list-style-type: none"> <li>-Menus were provided by the facility's corporate office and the Food Service Director (FSD) printed each week's menus off from the corporate computer program.</li> <li>-The facility only used a regular diet menu and adapted it for all the therapeutic diets.</li> <li>-All kitchen staff were trained on specific details for each therapeutic diet the facility had but there was no therapeutic menu available for the kitchen staff to reference.</li> </ul> <p>Telephone interview with the FSD on 10/25/22 at 2:30pm revealed:</p> <ul style="list-style-type: none"> <li>-The facility's corporate office provided all menus.</li> <li>-He used the regular menu to serve all residents, including the residents with therapeutic diet orders.</li> <li>-He thought there were therapeutic diet menus in the computer program he used, but the program was new, and he did not know how to print them.</li> <li>-All dietary staff were trained by himself or the kitchen manager on the specifics of each therapeutic diet but they did not have access to any therapeutic diet menus for reference.</li> </ul> <p>Interview with the Administrator on 10/25/22 at 2:45pm revealed:</p> | D 296                                                                                             |                                                                                                                          |                                                                    |

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|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| D 296                    | Continued From page 3<br><br>-All menus were provided by the corporate office.<br>-The FSD did not use therapeutic menus from the corporate office, but he did alter the regular menu to accommodate the variety of therapeutic diets ordered. | D 296               |                                                                                                                          |                          |

## **Addendum/POC: Survey dated 10/25/22:**

In response to the Annual and Follow up State Survey conducted on 10/25/22, Heritage Hills has taken the following measures to correct and ensure compliance going forward for the following noted deficiencies:

### **D 296- 10A NCAC13F .0904(c)(7)**

- All of our cooks have been in-serviced again on each of the different kinds of therapeutic diets.
- The Dining Services Director now has the ability to print each of the therapeutic diet menus and will do so every week going forward.
- The therapeutic diet menus will be printed and posted weekly in a prominent location so all cooks have access to them.
- The Assistant Dining Services Manager has also been in-serviced on how to access and print these menus in the absence of the Dining Services Director.
- The Executive Director and the Dining Services Director will follow up weekly to ensure this is being followed.
- All above measures have been completed or will be completed by 11/14/22.