STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal041085	A. BUILDING: _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ELMS AT ABBOTSWOOD	3508 FLINT STREET GREENSBORO, NC 27405

(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 10/17/23 to 10/18/23.	D 000		
D 299	10A NCAC 13F .0904(d)(3) 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 be based on the U.S. Department of Agriculture Dietary guidelines for Americans 2020-2025, which are hereby incorporated by reference including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf for no cost. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure 8 ounces of milk was served twice a day to each resident in a secured assisted living unit. The findings are: Review of the facility's Department of Health and Human Services, Division of Health Service Regulation, license for 2023 revealed the facility was licensed for 48 assisted living residents. Review of the facility's current resident roster revealed the census was 39 residents. Observation during the initial tour on 10/17/23	D 299		

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D 299	Continued From page 1	D 299		

from 8:45am to 9:45am revealed the facility had two separate locked units, each with its own dining room and connected by the kitchen and a locked corridor.

Review of the facility's week-at-a-glance menu for regular diets revealed milk or other beverages were not listed on the menu.

Observation of the lunch meal service in the first locked assisted living unit on 10/17/23 between 11:45am and 12:15pm revealed:
-There were 17 residents seated in the dining room.
-The residents had 2 beverage glasses at each dining space; one containing water and a second containing juice or tea.
-The residents were served plated meals by the kitchen staff.
-There was no milk offered or served to the 17 residents during the lunch meal service.

Observation of the lunch meal service in the second locked assisted living unit on 10/17/23 between 11:45am and 12:15pm revealed:
-There were 22 residents seated in the dining room.
-The kitchen staff served each resident two beverages from a wheeled cart with pre-poured cups from the kitchen.
-Each resident received water and tea.
-There was no milk offered or served to the 22 residents during the lunch meal service.

Observation of the dinner meal service in the first assisted living locked unit on 10/17/23 between 5:00pm and 5:30pm revealed:
-There were 15 residents seated in the dining room.
--The residents had 2 beverage glasses at each

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ELMS AT ABBOTSWOOD	3508 FLINT STREET GREENSBORO, NC 27405

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D 299	Continued From page 2	D 299		

dining space; one containing water and a second containing juice.
-The residents were served plated meals by the kitchen staff.
-There was no milk offered or served to the 15 residents during the evening meal service.

Observation of the dinner meal service in the second assisted living locked unit on 10/17/23 between 5:00pm and 5:30pm revealed:
-There were 22 residents seated in the dining room.
-At 5:04pm the kitchen staff served each resident two beverages from a wheeled cart with pre-poured cups from the kitchen.
-Each resident received water and pink lemonade.
-There was no milk offered or served to the 22 residents during the evening meal service.

Observation of the refrigerator in the kitchen on 10/17/23 at 10:45am revealed there was one cardboard box that contained 37 cartons, 8oz each of whole milk.

Interview with a resident on 10/17/23 at 2:40pm revealed:
-The staff sometimes served milk at mealtimes.
-She liked milk and would drink it if it was offered or served to her.

Interview with a evening shift personal care aide (PCA) on 11/17/23 at 5:20pm revealed:
-The beverages and plates were routinely prepared and served by the kitchen staff.
-She worked the morning shift and evening shift depending on staff scheduling.
-Residents were served milk along with dry cereals on days when cereal was part of the menu.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ELMS AT ABBOTSWOOD	3508 FLINT STREET GREENSBORO, NC 27405

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D 299	Continued From page 3	D 299		

-She did not observe milk routinely served at other meals.
-There had been a former resident that requested milk with every meal, but that resident was no longer at the facility.

Interview with a kitchen staff on 10/18/23 at 9:00am revealed:
-The servers who worked in the kitchen were the only staff allowed to pass out food and beverages to the residents.
-The residents were served water at each meal along with orange juice and coffee at breakfast, tea with lunch, and some type of juice or lemonade with dinner.
-If the resident had another beverage listed as a preference on their meal card the servers would also provide that beverage as well.
-She was told by her Manger that she was only expected to pass out water at each meal, not milk.
-She tried to remember to offer milk along with other beverages as she was passing out drinks to the residents at mealtimes.
-If the kitchen ran out of milk cartons, they could get more from the main kitchen on campus that served independent living.
-She was not aware that each resident was supposed to be served three servings of dairy each day.

Interview with the Kitchen Manager on 10/18/23 at 10:25am revealed:
-The kitchen's serve staff were expected to give each resident water plus orange juice at breakfast, water and tea at lunch, and water and juice with supper.
-The kitchen only served milk to residents if they were having cereal for breakfast.
-The kitchen staff did not offer milk to residents at

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D 299	Continued From page 4	D 299		

mealtimes, because she did not know they were supposed to.
-None of the residents ever requested milk, but the kitchen always had it available.
-All the residents at the facility had a diagnosis of some type of dementia.
-The chef was responsible for ordering milk, but since they did not serve it every day, he did not order a large supply of it.
-The Dining Director was responsible for reviewing the rules and regulations regarding nutrition and food service.

Interview with the Dining Director on 10/18/23 at 10:50am revealed:
-He oversaw the kitchen at the facility along with the other kitchen on campus which served independent living.
-There was milk available to residents upon request.
-The kitchen's service staff were not expected to serve milk to the residents at mealtimes unless it was a resident's request.
-He was not aware of the dietary requirements for residents regarding milk and dairy.

Interview with the Memory Care Director (MCD) on 10/18/23 at 11:40am revealed:
-Beverage options at meal times included water, tea, cranberry juice, orange and apple juice, coffee, ginger ale, and lemonade.
-The kitchen had milk available to residents upon request.
-The kitchen service staff were expected to offer milk to residents at meal times.
-She was not aware milk had not been offered during lunch or dinner meals on 10/17/23.
-She was not aware of the dietary rules regarding serving milk and dairy to residents.
-The Dining Director was expected to be familiar

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	hal041085	A. BUILDING: _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ELMS AT ABBOTSWOOD	3508 FLINT STREET GREENSBORO, NC 27405

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D 299	Continued From page 5 with the rules and instruct the kitchen staff accordingly. Attempted telephone interview with the facility's chef on 10/18/23 at 10:30am was unsuccessful. Attempted telephone interview with the Administrator on 10/18/23 at 12:00pm was unsuccessful.	D 299		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to administer medication as ordered for 1 of 5 sampled residents (#3) who had an order to increase the dose of her thyroid medication. The findings are: Review of Resident #3's current FL2 dated 05/04/23 revealed diagnoses included dementia. Review of Resident #3's laboratory result dated 06/02/23 revealed her thyroid stimulating hormone (TSH) level was 8.87 uIU/mL (normal reference range being 0.55-4.78 uIU/mL).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 358	Continued From page 6 Review of Resident #3's physician's order dated 06/05/23 revealed an order for levothyroxine (a medication used to treat hypothyroidism), take 25mcg daily before breakfast. Review of Resident #3's laboratory result dated 08/08/23 revealed her TSH level was 4.85 uIU/mL. Review of Resident #3's physician's progress note dated 08/14/23 revealed: -Resident #3 was diagnosed with hypothyroidism. -There was an order to increase levothyroxine from 25mcg to 50mcg daily. Review of Resident #3's physician's progress note dated 10/02/23 revealed: -There was an order to increase levothyroxine from 25mcg to 50mcg daily. -There was an order to recheck her TSH level in 4 weeks. Review of Resident #3's August 2023 electronic medication administration record (eMAR) revealed: -There was an entry for levothyroxine 25mcg daily scheduled at 6:00am. -There was documentation levothyroxine 25mcg was administered daily from 08/01/23 through 08/31/23. -There were no entries for levothyroxine 50mcg daily. Review of Resident #3's September 2023 eMAR revealed: -There was an entry for levothyroxine 25mcg daily scheduled at 6:00am. -There was documentation levothyroxine 25mcg was administered daily from 09/01/23 through	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 358	Continued From page 7	D 358		

09/30/23.
-There were no entries for levothyroxine 50mcg daily.

Review of Resident #3's October 2023 eMAR from 10/01/23 through 10/17/23 revealed:
-There was an entry for levothyroxine 25mcg daily scheduled at 6:00am.
-There was documentation levothyroxine 25mcg was administered daily from 10/01/23 through 10/17/23.
-There were no entries for levothyroxine 50mcg daily.

Observation of medications on hand for Resident #3 on 10/17/23 at 2:45pm revealed:
-There was one medication card for levothyroxine 25mcg tablets with a dispensed date of 09/20/23 and a quantity of 1 out of 28 tablets remaining.
-There were no levothyroxine 50mcg tablets available.

Observation of medications on hand for Resident #3 on 10/18/23 at 11:30am revealed there was one medication card for levothyroxine 25mcg tablets with a dispensed date of 10/18/23 and 28 out of 28 tablets remaining.

Interview with a medication aide (MA) on 10/17/23 at 2:46pm revealed Resident #3 had been receiving levothyroxine at a dose of 25mcg daily since she started the medication in June 2023.

Telephone interview with a representative from the facility's contracted pharmacy on 10/18/23 at 9:10am revealed:
-Resident #3's current dose of levothyroxine was 25mcg daily.
-The pharmacy had not received an order to

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	hal041085	A. BUILDING: _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ELMS AT ABBOTSWOOD	3508 FLINT STREET GREENSBORO, NC 27405

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D 358	Continued From page 8	D 358		

increase levothyroxine from 25mcg to 50mcg so they had only been dispensing levothyroxine 25mcg tablets for Resident #3.

Telephone interview with Resident #3's primary care provider (PCP) on 10/18/23 at 10:40am revealed:
-Resident #3's current dose of levothyroxine was supposed to be 50mcg daily because she recently increased the dose on 10/02/23.
-She had also written an order for Resident #3's levothyroxine dose to increase from 25mcg to 50mcg daily on 08/14/23.
-Both of the orders that she had given to the facility to increase Resident #3's levothyroxine dose were written on her progress notes rather than an order sheet, which meant she faxed the progress note to the facility rather than writing the order while she was at the facility.
-She expected staff at the facility to review her progress notes for any medication order changes.
-The staff were able to fax her progress notes with medication order changes to the pharmacy since it contained her electronic signature on it.
-Resident #3's levothyroxine dose should have been increased to 50mcg daily on 08/14/23 when she had first written the order.
-There was no risk of harm and no reported side effects for Resident #3 receiving levothyroxine 25mcg daily instead of 50mcg daily.

Interview with a second MA on 10/18/23 at 11:15am revealed:
-Whichever MA was working when the PCP faxed progress notes or orders to the facility was responsible for taking the order and faxing it to both the pharmacy, and the Memory Care Director (MCD).
-Once the order was faxed to the pharmacy and the MCD, the MA was supposed to put the order

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	hal041085	A. BUILDING: _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ELMS AT ABBOTSWOOD	3508 FLINT STREET GREENSBORO, NC 27405

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D 358	Continued From page 9	D 358		

in a tray in the medication room for the MCD to follow up on.
-She had not seen, and was not aware, of Resident #3's order change for levothyroxine on 08/14/23 or 10/02/23.

Interview with a third MA on 10/18/23 at 11:20am revealed:
-The MAs were expected to check the fax machine, and if any orders were faxed to the facility they were supposed to fax the order to the pharmacy and to the MCD, and sign their name on the back of the order along with the date it was faxed.
-Once the order was faxed, it was to be placed on a tray in the medication room.
-The MCD checked the tray in the medication room daily and followed up on any new orders to ensure the medication arrived from the pharmacy and was accurate in the eMAR.
-She was not aware of Resident #3's order to increase levothyroxine from 25mcg to 50mcg daily.

Interview with the MCD on 10/18/23 at 11:40am revealed:
-When the PCP faxed a new medication order to the facility it was expected that the MA would fax it to both her and the pharmacy within 24 hours.
-Whichever MA worked on 08/14/23 and 10/02/23 was responsible for ensuring the progress note was reviewed for orders and faxed appropriately.
-There was a three-tier tray system in the medication room for tracking new medication orders.
-Once the MA faxed an order to her and the pharmacy, they were expected to sign the back and place the order in the top tray.
-Once the order was entered into the eMAR the order was placed in the second tray for approval

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ELMS AT ABBOTSWOOD	3508 FLINT STREET GREENSBORO, NC 27405

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D 358	Continued From page 10 and verification of accuracy. -The order moved to the third tray when it was ready to be filed in the resident's record. -She reviewed the order trays in the medication room every day. -She was not aware that Resident #3 had orders from 08/14/23 and 10/02/23 to increase her dose of levothyroxine. -Since there was no signature on the backs of the progress notes dated 08/14/23 and 10/02/23, the progress notes were probably not reviewed for orders and just filed into Resident #3's record. -She audited the resident's records quarterly, but had not audited Resident #3's record that quarter. Based on record review and attempted interview, it was determined Resident #3 was not interviewable. Attempted telephone interview with the Administrator on 10/18/23 at 12:00pm was unsuccessful.	D 358		