STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029001	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE RETIREMENT CENTER	2968 OLD SALISBURY ROAD LEXINGTON, NC 27295

(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 and a follow-up survey on 07/10/24 and 07/11/24.	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, record reviews, and interviews, the facility failed to ensure that 8 ounces of milk or other equivalent dairy products were served three times daily to 6 of 28 residents in the Special Care Unit (SCU). The findings are: Review of the facility's census revealed a census of 28 residents in SCU. Review of the facility's daily menu for 07/10/24 and 07/11/24 revealed: -Milk was listed to be served for breakfast, lunch, and dinner meal service.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029001	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE RETIREMENT CENTER	2968 OLD SALISBURY ROAD LEXINGTON, NC 27295

(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 1 -There were no equivalent dairy products listed on the menu to be served on 07/10/24 or 07/11/24. Observation of the kitchen on 07/10/24 revealed there were 17 unopened gallons of milk, 2 gallons of milk that had been opened, and 6 full crates of small individual milk cartons in the reach-in refrigerators. Observation of the lunch meal service in the SCU on 07/10/24 between 11:30am and 12:30pm revealed: -There were 28 residents present in the dining room. -There were 28 place settings prepared for residents with 4 empty cups at each place setting. -The beverages were served from a dining cart by the personal care aides (PCAs). -Beverages included juice, coffee, 28 small individual milk cartons, and water. -All residents were served water and juice. -There were 6 residents who were not served milk, and there were no other dairy products offered or served to the 6 residents. Observation of the breakfast meal service in the SCU on 07/11/24 between 7:50am and 8:30am revealed: -There were 22 residents present in the dining room. -There were 22 place settings prepared for residents with 4 empty cups at each place setting. -The beverages were served from a dining cart by the personal care aides (PCAs). -Beverages included juice, coffee, 28 small individual milk cartons, and water. -All residents were served water and juice. -There were 6 residents who were not served milk, and there were no other dairy products	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029001	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE RETIREMENT CENTER	2968 OLD SALISBURY ROAD LEXINGTON, NC 27295

(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 2 offered or served to the 6 residents. Based on observations, record reviews, and interviews it was determined the 6 residents were not interviewable. Interview with a PCA on 07/11/24 at 8:30am revealed: -She was aware milk should have been served with each meal to residents in the SCU. -The dietary staff prepared the dining cart and the PCAs served the beverages. -Milk was provided on the dining cart for all residents in the SCU for every meal. -She served beverages to residents in the SCU during the lunch meal service on 07/10/24 and the breakfast meal service on 07/11/24. -She served milk during lunch on 07/10/24 and breakfast on 07/11/24 to all the SCU residents designated to her. -She was not aware milk was not served with the lunch meal service on 07/10/24 or with the breakfast meal service on 07/11/24 for 6 SCU residents. Interview with a second PCA on 07/11/24 at 8:40am revealed: -She was not aware that milk should have been served with each meal to residents in the SCU. -The dietary staff prepared the dining cart and the PCAs served the beverages. -Milk was provided on the dining cart for all residents in the SCU for every meal. -She served beverages to residents in the SCU during the lunch meal service on 07/10/24 and the breakfast meal service on 07/11/24. -She was aware milk was not served with the lunch meal service on 07/10/24 or with the breakfast meal service on 07/11/24 for 6 SCU residents.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029001	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE RETIREMENT CENTER	2968 OLD SALISBURY ROAD LEXINGTON, NC 27295

(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 3	D 299		

-She thought staff only had to offer milk to the residents.
-She had not served or offered milk to the 6 SCU residents during the lunch meal service on 07/10/24 and the breakfast meal service on 07/11/24 because the 6 SCU residents usually refused the milk.

Interview with a medication aide (MA) on 07/11/24 at 8:50am revealed:
-The dietary staff prepared the dining cart and the PCAs served the beverages.
-She was aware milk should have been served with each meal to residents in the SCU.
-She was not aware milk was not served with the lunch meal service on 07/10/24 or with the breakfast meal service on 07/11/24 for 6 SCU residents.

Interview with a dietary aide on 07/11/24 at 9:05am revealed:
-The dietary staff were responsible to send milk on the dining carts for SCU residents.
-She was aware all residents in SCU were supposed to receive milk with all meals.
-Small individual milk cartons were always placed on the dining carts for all SCU residents for every meal.
-She was not aware milk was not served with the lunch meal service on 07/10/24 or with the breakfast meal service on 07/11/24 for 6 SCU residents.

Interview with the acting Dietary Manager (DM) on 07/11/24 at 9:15am revealed:
-She was aware milk should have been served to all residents with each meal in the SCU.
-Beverages were prepared by the dietary staff on dining carts and then carted to the SCU dining rooms.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL029001	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE RETIREMENT CENTER	2968 OLD SALISBURY ROAD LEXINGTON, NC 27295

(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 4 -She expected small individual milk cartons to always be placed on the dining carts for all SCU residents and milk to be served to the SCU residents during each meal. Interview with the Special Care Unit Coordinator (SCUC) on 07/11/24 at 8:55am revealed: -She was aware milk should have been served with each meal to residents in the SCU. -She was not aware milk was not served with the lunch meal service on 07/10/24 or with the breakfast meal service on 07/11/24 for 6 SCU residents. -She expected milk to be served, and not just offered to the residents by the PCAs in the SCU during each meal. Interview with the Administrator on 07/11/24 at 9:25am revealed: -She was aware milk should have been served with each meal to residents in the SCU. -She was not aware milk was not served with the lunch meal service on 07/10/24 or with the breakfast meal service on 07/11/24 for 6 SCU residents. -She expected PCAs to serve milk to the SCU residents at every meal according to the menu and regulations.	D 299		