

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/18/2024
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRAYSON CREEK OF WELCOME

**6781 OLD US HWY 52
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 a follow-up survey and complaint investigation on 09/17/24 and 09/18/24.	D 000	Response to cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or the conclusions set forth in the corrective action report; the plan of correction is prepared solely as a matter of compliance with State Law.	
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to offer table service with a place setting consisting of a non-disposable knife, fork, spoon, plate and beverage containers for each meal. The findings are: Review of the facility's census revealed that on 09/17/24 and 09/18/24, there were 14 residents in the Special Care Unit (SCU). 1. Observation of the lunch meal service in the SCU on 09/17/24 from 12:06pm to 12:50pm revealed: -At 12:06pm, a kitchen staff brought the food cart back to the SCU and two personal care aides (PCAs) set out place settings and meal plates in the dining room.	D 286	The facility shall ensure that all table service includes a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers as outlined in rule area 10A NCAC 13F .0904(b)(1). On 10/3/24, a full staff meeting was conducted and staff were educated on proper place settings to be used during meal times. Dietary staff were further educated to send place settings with all required silverware to include a fork, knife, and spoon for all meals. PCA/Direct Care staff are to ensure proper place settings on the food cart. If the place settings are not correct, the expectation is that the PCA/Direct Care Staff Member will go to the kitchen and obtain the correct items. Staff also educated on using non-disposable cups/coffee mugs for all meals. Any residents identified as not able to use a knife will have a provider written order stating such. (Continued on Following Page)	10/3/2024

Division of Health Service Regulation

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

TITLE

(X6) DATE



Administrator

10/07/2024

STATE FORM

6899

OQQ811

If continuation sheet 1 of 10

Reviewed and Acknowledged K.M. 10/08/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 1 -Each resident was served a boneless, skinless, chicken breast, quartered red potatoes, a tossed salad with shredded lettuce and shredded cheese, a dinner roll, a slice of cake, milk, water, and tea. -At 12:15pm, the PCAs brought 9 residents into the SCU dining room. -Each resident had a silverware packet consisting of one fork and one spoon; no residents received a knife. -At 12:26pm, one resident picked up half of her chicken breast with her fork, took a bite of it, and the rest of the chicken fell off her fork onto the floor. -At 12:32pm, the same resident picked up her other piece of chicken with her hand and took a bite of it. -At 12:27pm, one of the PCAs offered to cut up a resident's chicken and she accepted the offer. -At 12:29pm, a second resident was observed trying to cut her chicken with the side of her fork, then set down her fork and took a bite of something else on her plate. -At 12:32pm, the second resident scooped up a piece of her chicken with her spoon and took a bite of it before it fell off her spoon and back on her plate. -At 12:31pm and 12:37pm, a third resident was observed picking up a piece of her chicken with her fingers and taking bites of it. -At 12:32, the PCA offered to cut up another resident's chicken, then offered the rest of the residents in the dining room help cutting up their chicken; none of the residents requested assistance. -At 12:46pm, a fourth resident was observed picking up her chicken with her fingers and eating it after trying to cut the chicken with her spoon. Observation of the kitchen on 09/18/24 at	D 286	As of 9/24/24, all disposable cups have been removed from the dietary department. On 10/3/24, the expectation was communicated to all staff that all drinks and supplements will be served in reusable non-disposable cups. On 9/24/24, new, lightweight, coffee mugs were ordered for the SCU and placed into circulation. All beverages served in the SCU are now being served in non-disposable cups. The Administrator/RCC/Special Care Unit Supervisor will supervise meals regularly to ensure rule area 10A NCAC 13F .0904(b)(1) is being followed after education. New dietary staff will be provided training on proper place settings and non-disposable drink ware at hire.	10/3/2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 2 11:25am revealed there was an ample supply of knives available for each resident in the SCU to receive one. Interview with a PCA on 09/18/24 at 8:00am revealed: -The kitchen did not always send a knife for each resident, it depended on who worked in the kitchen each day and packed the silverware packets. -She did not know why the kitchen did not include a knife in each resident's silverware packet. -She was not aware of any incidents regarding residents in the SCU having knives. -The staff had to cut up the meat for the residents because the residents did not remember how to use the knives. -They kept extra knives in the SCU in case a resident needed one and the kitchen did not send any. -The residents had not complained about not receiving knives with each meal. Interview with a second PCA on 09/18/24 at 8:06am revealed: -The kitchen sometimes sent a knife in each resident's silverware packet, but it was missed during the lunch meal service on 09/17/24. -The residents relied on the staff to cut up their meat, so she had not asked the kitchen to send additional knives. -She was not aware of any safety concerns regarding the residents in the SCU having knives. Interview with the Dietary Manager (DM) on 09/18/24 at 9:41am revealed: -Whoever worked on the preparation side of the kitchen was responsible for preparing the silverware packets that went back to the SCU. -She had told the kitchen staff to send 4-5 knives	D 286	** This Page was Intentionally Left Blank **		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 3 back to the SCU for each meal because that was what the Administrator had told her was required. -The staff in the SCU had never requested that the kitchen send additional knives. -She was not aware that every resident was supposed to receive a place setting consisting of one knife, fork and spoon. -The kitchen had enough knives to send one for each resident in the SCU in addition to serving the residents in the Assisted Living (AL) unit of the facility. -She was not aware of any resident having an order not to receive a knife at mealtimes. Interview with the SCU Supervisor (SCUS) on 09/18/24 at 10:31am revealed: -She was the Supervisor on duty for the SCU during the lunch meal on 09/17/24. -The SCU had knives available for residents upon request, but not everyone received a knife with their place setting because they did not use the knives properly to cut their foods. -If each resident in the SCU received a knife at each meal service, the staff would have to count how many knives they gave out and how many they had at the end of the meal to ensure a resident did not hoard the knives. -The Administrators had discussed getting signed physician's orders for the SCU residents to not receive a knife with their meals, but she had not seen any orders written for any of the residents in the SCU. Interview with a kitchen staff on 09/18/24 at 11:18am revealed: -She prepared the silverware packets for the lunch meal service on 09/17/24. -She was told by her previous supervisor who no longer worked at the facility, that she only needed to send 2-3 knives to the SCU so the PCAs could	D 286	** This Page was Intentionally Left Blank **		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 4 cut up anyone's food if needed. -The DM had not told her to pack the resident's place settings differently. -Each resident could receive a knife if they requested it from the PCAs. -She was not aware that each resident was supposed to receive their own knife as part of their place setting. Interview with the Administrator's Assistant on 09/18/24 at 2:45pm revealed: -She was not aware of any of the residents in the SCU having an order not to receive a knife at mealtimes. -The kitchen staff had all been trained that it was required of them to send one knife for each resident at every meal service. -She expected the kitchen staff to send a knife for each resident at every meal service. Interview with the Administrator on 09/18/24 at 3:00pm revealed: -She held a staff meeting in July 2024 and that previous Monday on 09/16/24, to ensure all staff knew that each resident should receive a full place setting, including a knife, at every meal. -She was not aware that the kitchen had not been sending a knife for each resident in the SCU. -None of the residents had a doctor's order to not receive a knife. -There had not been any altercations or behavior incidents with residents in the SCU having knives. Attempted interview with three residents on 09/17/24 at 12:53pm and 12:55pm revealed the residents were not interviewable. 2. Observation of the lunch meal service in the Special Care Unit (SCU) on 09/17/24 from 12:06pm to 12:50pm revealed:	D 286	** This Page was Intentionally Left Blank **		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 5 -At 12:06pm, a kitchen staff brought the food cart back to the SCU and two personal care aides (PCAs) set out place settings and meal plates in the dining room. -Each resident was served a boneless, skinless, chicken breast, quartered red potatoes, a tossed salad with shredded lettuce and shredded cheese, a dinner roll, a slice of cake, milk, water, and tea. -At 12:15pm, the PCAs brought 9 residents into the SCU dining room. -All 9 residents received their milk in a disposable cup along with three other residents who were not eating in the SCU dining room for that meal. Observation of the breakfast meal service in the SCU on 09/18/24 from 7:33am to 7:59am revealed: -At 7:33am, a kitchen staff brought the food cart back to the SCU and two PCAs set out place settings and meal plates in the dining room. -The meal cart had one tray containing 28 non-disposable cups and a sleeve of disposable cups. -Each resident was served a bowl of cereal, a slice of toast, scrambled eggs, oatmeal, a sausage patty, hash browns, milk, water, and orange juice. -At 7:38am, a PCA began pouring orange juice and water into non-disposable cups. -At 7:40am, a second MA began pouring milk in disposable cups for each of the 9 residents seated in the dining room plus 3 additional cups for the residents who were not eating breakfast in the dining room. -Seven residents were served coffee in a disposable cup and 6 residents received a nutritional supplement that had been poured from the cardboard carton into a disposable cup.	D 286	** This Page was Intentionally Left Blank **	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 6 Observation of the kitchen on 09/18/24 at 11:25am revealed there was an ample supply of 4-ounce and 8-ounce cups and mugs for each resident in the SCU to receive them with their meals. Interview with a PCA on 09/18/24 at 8:00am revealed: -The kitchen always sent disposable cups to every meal to serve the residents' milk in, and coffee was always served in the disposable cups at breakfast, too. -The residents had not complained about the disposable cups. Interview with a second PCA on 09/18/24 at 8:06am revealed: -In the SCU, they always served residents their coffee, milk, and nutritional supplements in the disposable cups. -She did not know why the kitchen did not send back more non-disposable cups to serve coffee, milk and supplements in but the residents did not seem to mind. -The kitchen had been sending disposable cups to the SCU for years, so she was not aware that each resident should receive all of their beverages in non-disposable cups. Interview with the DM on 09/18/24 at 9:41am revealed: -The kitchen staff always sent disposable cups to the SCU for the residents to drink their coffee from because the glass mugs they served the Assisted Living (AL) residents were too heavy. -The glass mugs always got dropped and broken in the SCU so they stopped sending them a long time ago. -She thought that only the plates, and cups for tea, water, and orange juice needed to be in	D 286	** This Page was Intentionally Left Blank **	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 7 non-disposable cups. -She thought it was compliant to serve residents their coffee and milk in disposable cups because that was how she was trained by her previous supervisor who no longer worked at the facility. -The staff had a training day back in July 2024 where the Administrator told kitchen staff not to use any disposable place settings so she should have stopped sending the disposable cups to the SCU at that time. -The kitchen had enough non-disposable cups to serve every resident in the AL and SCU their beverages in non-disposable cups. Interview with the SCU Supervisor on 09/18/24 at 10:31am revealed: -She was the supervisor on duty for the SCU during the lunch meal on 09/17/24 and the breakfast meal on 09/18/24. -The kitchen did not usually serve residents with disposable cups. -She thought there had been an issue with the facility's new dishwasher that morning, and that was why the kitchen sent disposable cups to the residents in the SCU. -Coffee, milk, and nutritional supplements were usually served in the non-disposable cups. -She was aware that all residents were supposed to be served on non-disposable place settings for each meal. Interview with a kitchen staff on 09/18/24 at 11:18am revealed: -The kitchen always sent disposable cups to the SCU for breakfast because the residents in the SCU often would drop and break the glass mugs that they used to serve the residents in the AL. -Residents in the SCU had requested to use disposable cups for their coffee because they were lighter-weight.	D 286	** This Page was Intentionally Left Blank **		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 8 -She could not remember which residents requested disposable cups. -Staff in the SCU should have poured milk and nutritional supplements into non-disposable cups. -She sent enough non-disposable cups to the SCU for each resident to receive milk, water, and juice in a non-disposable cup. -There had been discussions in the past about ordering lighter-weight coffee mugs for the residents in the SCU to use, but nothing had been ordered yet as of 09/18/24. Interview with the Administrator's Assistant on 09/18/24 at 2:45pm revealed: -The facility previously had some lighter-weight plastic non-disposable coffee mugs that they served the residents in the SCU with, but they started to crack at the beginning of September 2024 when the facility got a new dishwasher. -The facility was in the process of putting together an order for new mugs to replace the ones that had gotten cracked in the new dishwasher. -No new mugs had been ordered as of 09/18/24. -Since 09/09/24, all of the coffee in the SCU had been served in disposable cups. -She expected the staff in the SCU to serve each resident their milk and nutritional supplements in non-disposable cups. -If the kitchen did not send enough non-disposable cups, the SCU staff should have asked the kitchen to send more. -There were enough cups to serve each resident in the AL and SCU in non-disposable cups. Interview with the Administrator on 09/18/24 at 3:00pm revealed: -The facility was planning to place an order to replace their non-disposable plastic coffee mugs that got cracked in the new dishwasher at the beginning of September 2024.	D 286	** This Page was Intentionally Left Blank **		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL029010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/18/2024
NAME OF PROVIDER OR SUPPLIER GRAYSON CREEK OF WELCOME			STREET ADDRESS, CITY, STATE, ZIP CODE 6781 OLD US HWY 52 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 286	Continued From page 9 -The glass mugs the facility had on hand for the AL residents were too heavy for the residents in the SCU and had been getting dropped and broken. -The previous non-disposable coffee mugs had been thrown away and new coffee mugs had not been ordered yet. -She was not aware the residents were being served milk and nutritional supplements in non-disposable cups. -She expected the kitchen staff to send enough non-disposable cups to the SCU for all of the beverages to be served in. Attempted interview with three residents on 09/17/24 at 12:53pm and 12:55pm revealed the residents were not interviewable.	D 286	** This Page was Intentionally Left Blank **		