Received via electronic mail 11/05/24.

PRINTED: 10/21/2024
FORM APPROVED

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
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 October 15, 20024 and October 16, 2024.	D 000	Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or 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 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 residents in the Special Care Unit (SCU). The findings are: Review of the facility's census revealed a census of 29 residents in SCU. Review of the facility's daily menu for 10/15/24 and 10/16/24 revealed: -Milk was listed to be served for the breakfast and dinner meal service.	D 299	10A NCAC 13F. 0904 Nutrition and Food Community will assure no less than 8 oz of milk or equivalent dairy products are served three times daily Community Executive Director (ED), Resident Care Coordinator (RCC), and or Special Care Coordinator (SCC) will monitor at least 3 meal settings a week for 30 days, then no less than one meal setting a week. Communtiy Dietary Manager will monitor meal and menus no less than 3 times weekly to assure dairy requirements are meant. Community staff have been in-serviced on dairy product requirements and monitoring.	11/16/24 11/16/24 11/16/24 10/31/24

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sherry Mitchell — TITLE: Executive Director — (X6) DATE: 11/5/2024

Reviewed and acknowledged 11/07/24. Catherine Prater

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 -Milk was not listed to be served for the lunch meal service. -There were no equivalent dairy products listed on the menu to be served on 10/15/24 or 10/16/24 for the lunch meal service. Observation of the facility kitchen on 10/15/24 at 10:45am revealed: -There were 2 unopened gallons of milk and 1 gallon of milk that had been opened in the reach-in refrigerators. -There was no shortage of cups for the SCU residents. Observation of the lunch meal service on 10/15/24 for the SCU between 12:10pm and 1:00pm revealed: -There were 29 residents present for the lunch meal service. -The beverages were served by the personal care aides (PCA) from a beverage cart. -Beverages included lemonade, water, tea, and milk. -The PCA's served lemonade or tea to the SCU residents and offered milk to each SCU resident. -Sixteen SCU residents were served milk and 13 residents were served other beverages. -No other residents were served milk. Observation of the facility kitchen on 10/16/24 at 1:10pm revealed: -There were 6 unopened gallons of milk and 2 gallons of milk that had been opened in the reach-in refrigerators. -There was no shortage of cups for the SCU residents. Observation of the lunch meal service on 10/16/24 for the SCU between 12:10pm and 12:30pm revealed:	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 -There were 28 residents present for the lunch meal service. -The beverages were served by the PCA's from a beverage cart. -Beverages included lemonade, water, tea, and milk. -The PCAs served lemonade or tea to the SCU residents and offered milk to each SCU resident. -Five SCU residents were served milk and 23 residents were served other beverages. -No other residents were served milk. Interview with a PCA from the SCU on 10/16/24 at 12:30pm revealed: -She assisted in the SCU dining room during meals. -She relied on dietary staff to provide beverages for residents at mealtimes. -She was aware milk should have been served to all SCU residents with each meal. -She was not aware milk was not served with the lunch meal service on 10/15/24 for 13 SCU residents or with the lunch meal service on 10/16/24 for 23 SCU residents. -She offered milk to all the SCU residents but she was not responsible for serving milk to the SCU residents for the lunch meal services on 10/15/24 and 10/16/24. -She was told by the Resident Care Coordinator (RCC) to offer milk to SCU residents and not to serve milk due to a shortage of cups and milk. -She was not aware if there was a shortage of cups for the SCU residents. Interview with a second PCA from the SCU on 10/16//24 at 12:40pm revealed: -She assisted in the SCU dining room during meals. -Beverages were prepared by the dietary staff on beverage carts and then carted to the SCU for	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 the PCA. -The PCA served the residents beverages from the beverage cart. -A few residents were served milk when the PCAs offered the milk, but the other residents were served tea and lemonade. -She was aware milk was not served with the lunch meal service on 10/15/24 for 13 SCU residents or with the lunch meal service on 10/16/24 for 23 SCU residents. -She did not know milk should have been served to all SCU residents with each meal. -She was told by the RCC to offer milk to SCU residents and not to serve milk but was not sure of the reason. Interview with a medication aide (MA) from the SCU unit on 10/16/24 at 1:00pm revealed: -She assisted in the SCU unit dining room during the breakfast and lunch meal services. -She was aware the SCU residents should have been served milk with each meal. -She was aware the SCU residents had not been served milk with each meal. -She was told by the RCC to offer milk to SCU residents and not to serve milk due to a shortage of cups and milk. Interview with the RCC from the SCU on 10/16/24 at 12:45pm revealed: -She was aware residents should have been served milk daily with each meal. -The PCAs and MAs relied on dietary staff for providing beverages for resident mealtimes. -The PCAs and MAs were responsible for serving beverages to the SCU residents from the beverage cart. -She was aware the SCU residents had not been served milk with each meal because there was a shortage of cups and milk.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 Interview with a dietary staff on 10/16/24 at 2:25pm revealed: -Beverages were prepared and placed on a beverage cart by the dietary staff before mealtimes. -Milk was always available as a beverage for the SCU residents. -The PCAs and MAs were responsible for serving beverages to the SCU residents from the beverage cart. -He was not aware milk was not served with the lunch meal service on 10/15/24 for 13 SCU residents or with the lunch meal service on 10/16/24 for 23 SCU residents. -The PCAs, MA, and the RCC had not communicated a shortage of cups or milk for the SCU residents and there was no shortage of cups in the kitchen. -He was not aware milk should have been served to all residents with each meal. Interview with the Dietary Manager (DM) on 10/16/24 at 1:15pm revealed: -She was aware milk should have been served daily to all SCU residents with each meal. -Beverages were prepared by the dietary staff on beverage trays and then carted to the SCU before every meal. -Milk was always available as a beverage for the SCU residents. -She was not aware milk was not served with the lunch meal service on 10/15/24 for 14 SCU residents or with the lunch meal service on 10/16/24 for 4 SCU residents. -The PCAs, MA, and the RCC had not communicated a shortage of cups or milk for the SCU residents and there was not a shortage of cups or milk in the kitchen. -She expected the PCAs, MA, and the RCC to	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 5 communicate with the dietary staff if SCU residents were not supplied with enough cups for serving milk for each meal service. -She expected milk to be served to the SCU residents during every meal according to nutritional requirements. Interview with the Administrator on 10/16/24 at 1:30pm revealed: -She did not know SCU residents were not served milk with each meal. -She was not aware milk should be served to SCU residents during each meal because she thought milk was to be served to SCU residents during 2 meals daily. -There should be no issues for SCU residents to be served milk during each meal. -She expected milk to be served to the SCU residents according to nutritional requirements and regulations.	D 299		
D 306	10A NCAC 13F .0904(d)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (d) Food Requirements in Adult Care Homes: (4) Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure water was served at each meal for residents in the Special Care Unit (SCU) in	D 306	10A NCAC 13F .0904(d)(4) Nutrition and Food Service Community will assure water is served to each resident at each meal. Community Executive Director (ED), Resident Care Coordinator (RCC), and or Special Care Coordinator (SCC) will monitor at least 3 meal settings a week for 30 days, then no less than one meal setting a week. Community Dietary Manager will monitor meals no less than 3 times a week to ensure water is served with meals. Community staff have been in-serviced on water and beverage requirements and monitoring.	11/16/24 11/16/24 11/16/24 10/31/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 306	Continued From page 6 addition to other beverages. The findings are: Review of the facility's census revealed a census of 29 residents in SCU. Observation of the lunch meal service on 10/15/24 for the SCU between 12:10pm and 1:00pm revealed: -There were 29 residents present for the lunch meal service. -The beverages were served by the personal care aides (PCA) from a beverage cart. -Beverages included lemonade, milk, tea, and water. -The PCAs served lemonade or tea to the SCU residents and offered water to each SCU resident. -Fifteen SCU residents were served water and 14 residents were served other beverages. -No other residents were served water. Observation of the facility kitchen on 10/16/24 at 1:10pm revealed there was no shortage of cups for the SCU residents. Observation of the lunch meal service on 10/16/24 for the SCU unit between 12:10pm and 12:30pm revealed: -There were 28 residents present for the lunch meal service. -The beverages were served by the PCAs from a beverage cart. -Beverages included lemonade, milk, tea, and water. -The PCAs served lemonade or tea to the SCU residents and offered water to each SCU resident. -Twenty-three SCU residents were served water	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 306	Continued From page 7 and 5 residents were served other beverages. -No other residents were served water. Interview with a PCA from the SCU on 10/16/24 at 12:30pm revealed: -She assisted in the SCU dining room during meals. -She relied on dietary staff to provide beverages for residents at mealtimes. -She offered water to all the SCU residents but had not served water to every SCU resident. -A few residents were served water, but the other residents were served a mixture of other beverages. -She was aware water should have been served to all residents with each meal. -She was told by the Resident Care Coordinator (RCC) to offer water to SCU residents and not to serve water due to a shortage of cups. Interview with a second PCA from the SCU on 10/16//24 at 12:40pm revealed: -She assisted in the SCU dining room during meals. -Beverages were prepared by the dietary staff on beverage carts and then carted to the SCU for the PCA. -The PCA served the residents beverages from the beverage cart. -A few residents were served water, but the other residents were served tea and lemonade. -She did not know water should have been served to all residents with each meal. -She was told by the RCC to offer water to SCU residents and not to serve water but was not sure of the reason. Interview with a medication aide (MA) from the SCU unit on 10/16/24 at 1:00pm revealed: -She assisted in the SCU dining room during	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 306	Continued From page 8 breakfast and lunch. -She was aware residents should have been served water with each meal. -She was aware the SCU residents had not been served water with each meal. -She was told by the RCC to offer water to SCU residents and not to serve water due to a shortage of cups. Interview with the RCC from the SCU on 10/16/24 at 12:45pm revealed: -She was aware residents should have been served water daily with each meal. -The PCAs and MAs relied on dietary staff to provide beverages for resident mealtimes. -The PCAs and MAs were responsible for serving beverages to the SCU residents from the beverage cart. -She was aware the SCU residents had not been served water with each meal because there was a shortage of cups. Interview with a dietary staff on 10/16/24 at 2:25pm revealed: -Beverages were prepared and placed on a beverage cart by the dietary staff before mealtimes. -Water was always available as a beverage for the SCU residents. -The PCAs and MAs were responsible for serving beverages to the SCU residents from the beverage cart. -He was not aware water was not served with the lunch meal service on 10/15/24 for 14 SCU residents or with the lunch meal service on 10/16/24 for 5 SCU residents. -The PCAs, MA, and the RCC had not communicated a shortage of cups for the SCU residents and there was not a shortage of cups in the kitchen.	D 306		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034097	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA CREEK ASSISTED LIVING	2560 WILLARD ROAD WINSTON SALEM, NC 27107

(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 306	Continued From page 9 -He was not aware water should have been served to all residents with each meal. Interview with the Dietary Manager (DM) on 10/16/24 at 1:15pm revealed: -She was aware water should have been served daily to all SCU residents with each meal. -Beverages were prepared by the dietary staff on beverage trays and then carted to the SCU before every meal. -Water was always available as a beverage for the SCU residents. -She was not aware water was not served with the lunch meal service on 10/15/24 for 14 SCU residents or with the lunch meal service on 10/16/24 for 5 SCU residents. -The PCAs, MA, and the RCC had not communicated a shortage of cups for the SCU residents and there was not a shortage of cups in the kitchen. -She expected the PCAs, MA, and the RCC to communicate with the dietary staff if SCU residents were not supplied with enough cups for serving water. -She expected water to be served to the SCU residents during every meal according to nutritional requirements. Interview with the Administrator on 10/16/24 at 1:30pm revealed: -She did not know SCU residents were not served water with each meal. -She knew residents were to be served water daily with each meal. -There should be no issues for SCU residents to be served water during each meal. -She expected water to be served to the SCU residents during every meal according to nutritional requirements and regulations.	D 306		