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
	HAL039016	A. BUILDING: _____ B. WING _____	R 01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNMORE SENIOR LIVING OF OXFORD	200 COVENTRY DRIVE OXFORD, NC 27565

(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 follow-up survey on 01/07/25 to 01/08/25.	D 000		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to ensure quarterly Licensed Professional Health Support evaluations (LHPS) were completed by a LHPS nurse for 2 of 5 sampled residents (#2, #3) who had tasks including fingerstick blood sugar checks (FSBS),	D 280	Licensed Health Professional support from Pharmacy came to facility on January 14, 2025, and completed all LHPS for facility. Moving forward this this be done on a quarterly basis. RCC will be responsible for following up with pharmacy to ensure all LHPS are done quarterly.	1/14/25

Accepted and Acknowledged Shenita Wilson 01/23/2025

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D 280	Continued From page 1 insulin injections and ambulation with a walker (#2) and FSBS checks, insulin injections, and ambulation with a walker (#3). The findings are: A request was made for LHPS evaluations for Residents #2 and #3 but were not provided prior to exit on 01/08/25. 1. Review of Resident #2's current FL-2 dated 11/15/24 revealed: -Diagnoses included congestive heart failure, type 2 diabetes mellitus, dementia and glaucoma. -Resident #2 was semi-ambulatory. Review of Resident #2's Resident Register revealed she was admitted to the facility on 07/26/23. a. Review of Resident #2's signed physician's orders dated 08/16/24 revealed there was an order for FSBS check three times a day before meals. Review of Resident #2's November 2024 electronic Medication Administration Record (eMAR) revealed Resident #2's FSBS was checked three times a day before meals at 7:00am, 11:00am and 4:30pm. Review of Resident #2's December 2024 eMAR revealed Resident #2's FSBS was checked three times a day before meals at 7:00am, 11:00am and 4:30pm. Review of Resident #2's January 2024 eMAR from 01/01/24 to 01/07/24 revealed Resident #2's FSBS was checked three times a day before meals at 7:00am, 11:00am and 4:30pm.	D 280		

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D 280	Continued From page 2 Observation of Resident #2 on 01/07/24 at 10:50am revealed the medication aide (MA) entered Resident #2's room and obtained a FSBS. Review of Resident #2's record revealed there were no LHPS evaluations available for review. b. Review of Resident #2's signed physician's orders dated 08/16/24 revealed there was an order for Lantus (a long-acting insulin used to control blood sugar) 18 units subcutaneously daily. Review of Resident #2's November 2024 electronic Medication Administration Record (eMAR) revealed an entry for Lantus 18 units daily scheduled at 8:00am. Review of Resident #2's December 2024 electronic Medication Administration Record (eMAR) revealed an entry for Lantus 18 units daily scheduled at 8:00am. Review of Resident #2's January 2024 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Lantus 18 units daily scheduled at 8:00am. -Lantus 18 units was documented as administered from 01/01/25 to 01/08/25. Review of Resident #2's record revealed there were no LHPS evaluations available for review. c. Review of Resident #2's care plan dated 08/31/24 revealed: -She was ambulatory with a walker.	D 280		

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D 280	Continued From page 3 -She required supervision/set-up assistance with transfers and ambulation. Observation on 01/07/25 at 11:45am revealed Resident #2 ambulated down hall with her walker. Interview with a personal care aide (PCA) on 01/08/25 at 9:05am revealed: -Resident #2 had a walker for ambulation. -She had to remind Resident #2 to use her walker because sometimes she forgot it. Review of Resident #2's record revealed there were no LHPS evaluations available for review. Refer to the telephone interview with the LHPS nurse on 01/08/25 at 10:43am. Refer to the interview with the Administrator on 01/08/25 at 11:45am. 2. Review of Resident #3's current FL-2 dated 05/03/24 revealed: -Diagnoses included diabetes mellitus, dementia and cerebrovascular accident. -Resident #2 was semi-ambulatory. Review of Resident #3's Resident Register revealed she was admitted to the facility on 05/01/23. a. Review of Resident #3's signed physician's orders dated revealed there was an order for FSBS check three times a day before meals and at bedtime. Review of Resident #3's November 2024 electronic Medication Administration Record (eMAR) revealed Resident #3's FSBS was checked three times a day before meals and at	D 280		

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D 280	Continued From page 4 bedtime. Review of Resident #3's December 2024 eMAR revealed Resident #3's FSBS was checked three times a day before meals and at bedtime. Review of Resident #3's January 2024 eMAR from 01/01/24 to 01/07/24 revealed Resident #3's FSBS was checked three times a day before meals at bedtime. Interview with the medication aide (MA) on 01/08/25 at 8:30AM revealed Resident #3's FSBS was checked three times a day and at bedtime. Review of Resident #3's record revealed there were no LHPS evaluations available for review. b. Review of Resident #3's signed physician's orders revealed: -There was an order for Lantus 10 units subcutaneously to be administered every morning. -There was an order for Lantus 14 units subcutaneously to be administered at bedtime. Review of Resident #3's November 2024 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Lantus 10 units daily scheduled in the morning. -There was an entry for Lantus 14 units daily scheduled at bedtime. Review of Resident #3's December 2024 eMAR revealed: -There was an entry for Lantus 10 units daily scheduled in the morning. -There was an entry for Lantus 14 units daily scheduled at bedtime.	D 280		

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D 280	Continued From page 5 Review of Resident #3's January 2025 eMAR from 01/01/25 to 01/07/25 revealed: -There was an entry for Lantus 10 units daily scheduled in the morning. -There was an entry for Lantus 14 units daily scheduled at bedtime. Interview with the medication aide (MA) on 01/08/25 at 8:30am revealed Resident #3 received Lantus in the morning and at bedtime. Review of Resident #3's record revealed there were no LHPS evaluations available for review. c. Review of Resident #3's care plan dated 05/10/24 revealed: -He was ambulatory with a walker. -She required limited assistance with transfers and ambulation. Observation on 01/08/25 at 8:00AM revealed Resident #3 ambulated down hall with his walker. Interview with a personal care aide (PCA) on 01/08/25 at 9:05am revealed Resident #3 used a walker for ambulation. Review of Resident #3's record revealed there were no LHPS evaluations available for review. Refer to the telephone interview with the LHPS nurse on 01/08/25 at 10:43am. Refer to the interview with the Administrator on 01/08/25 at 11:45am. _____ Telephone interview with the LHPS nurse on 01/08/25 at 10:43am revealed:	D 280		

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D 280	Continued From page 6 -She was contracted to visit the facility for four hours each quarter. -She had not been asked to complete LHPS evaluations at the facility. -She had not completed any LHPS evaluations at the facility. Interview with the Administrator on 01/08/25 at 11:45am revealed: -The previous Administrator contacted the contracted pharmacy for the LHPS nurse to come and complete the LHPS evaluations, but the LHPS never came out to the facility. -The LHPS evaluations had not been done in the past year.	D 280		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to have matching therapeutic diet menus for 2 of 5 (#3, #5) sampled residents who had physician's orders for a mechanical soft diet with double portions (#3), and a finger foods diet (#5).	D 296	Therapeutic diet menu book placed in kitchen and all staff educated how to follow the menu when resident is on therapeutic diet. DM will ensure that staff is adhering to the correct diet. DM will also be responsible for training new staff regarding therapeutic diets	2/1/25

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D 296	Continued From page 7 The findings are: 1. Review of Resident #3's current FL-2 dated 05/03/24 revealed: -Diagnoses included dementia and cerebrovascular accident. -There was no diet order. Review of Resident #3's diet order sheet dated 06/06/24 and 12/05/24 revealed an order for a mechanical soft diet with chopped meats and double portions. Review of the facility's undated therapeutic diet list posted on the wall in the kitchen on 01/08/24 at 9:45am revealed Resident #3 was not on the list. Review of the facility's menus revealed there were no therapeutic diet menus available for a mechanical soft diet with chopped meats or double portions. Observation of the breakfast meal service on 01/08/25 between 8:00am and 8:45am revealed: -Resident #3 was served a piece of toast, oatmeal, a quartered apple, milk and water. -Resident #3 at 100% of his meal. Based on observation of the breakfast meal service on 01/08/25, it could not be determined if Resident #3 was served the appropriate therapeutic diet due to no mechanical soft with chopped meat and double portions diet menu available for staff guidance. Interview with Resident #3's primary care provider (PCP) on 01/08/25 at 10:15am revealed: -Resident #3 was on a mechanical soft diet with chopped meat because he had poor dentition.	D 296		

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D 296	Continued From page 8 -Resident #3 was put on a double portions diet because he lost weight several months ago. -Resident #3's weight was stable now. Based on observations, record review and interviews, it was determined that Resident #3 could not be interviewed. Refer to the interview with a dietary aide on 01/08/25 at 9:02am. Refer to the interview with the dietary manager (DM) on 01/08/25 at 9:19am. Refer to the interview with the administrator on 01/08/25 at 10:08am. 2. Review of Resident #5's current FL-2 dated 09/26/24 revealed: -Diagnoses included dementia, dysphagia, diabetes mellitus type 2, hyperlipidemia, and hypertensive heart disease. -There was no diet order. Review of Resident #5's diet order sheet dated 11/06/24 revealed an order for finger foods. Review of the facility's undated therapeutic diet list posted on the wall in the kitchen on 01/08/24 at 9:45am revealed Resident #5 was to be served finger foods. Review of the facility's menus revealed there were no therapeutic diet menus available for a finger foods diet. Observation of the lunch meal service on 01/07/25 12:00pm to 12:45pm revealed: -Resident #5 was served a whole fish sandwich, hush puppies, cole slaw and water.	D 296		

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D 296	Continued From page 9 -She made one attempt to eat the cole slaw with her fingers and left the rest of the cole slaw on the plate. -Resident #5 ate 50% of her meal. Based on observation of the lunch meal service on 01/08/25, it could not be determined if Resident #5 was served the appropriate therapeutic diet due to no finger foods diet menu available for staff guidance. Based on observations, record review and interviews, it was determined that Resident #5 could not be interviewed. Refer to the interview with a dietary aide (DA) on 01/08/25 at 9:02am. Refer to the interview with the dietary manager (DM) on 01/08/25 at 9:19am. Refer to the interview with the administrator on 01/08/25 at 10:08am. --- Interview with a dietary aide (DA) on 01/08/25 at 9:02am revealed: -When she cooked, she would refer to the resident therapeutic diet list posted above the serving area. -She did not know what a therapeutic diet menu was. Interview with a Dietary Manager (DM) on 01/08/25 at 9:19am revealed: -The DM did not know where the therapeutic diet menu was. -The staff used a weekly menu to prepare the meals for the residents. -There was not a different menu available for	D 296		

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D 296	Continued From page 10 therapeutic diets. Interview with the Administrator on 01/08/25 at 10:08am revealed: -The DM was responsible for ensuring the resident was served the correct therapeutic diet. -There should have been a therapeutic diet menu in the kitchen for the DM to follow. -The therapeutic menus were needed so the residents with therapeutic diet orders could receive the correct diet.	D 296		