

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/22/2025
NAME OF PROVIDER OR SUPPLIER TERRABELLA DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4713 GARRETT ROAD DURHAM, NC 27707		
(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 01/21/25 to 01/22/25.	D 000	Community will serve dairy products that meet approved guidelines at least 3 times a day. This change was implemented immediately on 1/23/25.	3/15/25
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 Assisted Living (AL) and Special Care Unit (SCU). The findings are: Review of the facility's census revealed a census of 55 residents, 30 in AL and 25 in SCU. Review of the facility's daily menu for 01/21/25 and 01/22/25 revealed: -Milk was not listed to be served for the breakfast,	D 299	Dining staff will be re-trained regarding dietary requirements. Dining Director/Designee will audit daily for 2 weeks, then at random times throughout each week to ensure ongoing compliance. The ED will maintain overall responsibility for monitoring to ensure ongoing compliance.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE


Vatrice Davis Administrator 2/6/2025

Reviewed and acknowledged *Shenita Wilson* 02/06/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/22/2025
NAME OF PROVIDER OR SUPPLIER TERRABELLA DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 4713 GARRETT ROAD DURHAM, NC 27707		
(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 lunch, and dinner meal service. -There were no equivalent dairy products listed on the menu to be served on 01/21/25 or 01/22/25. Observation of the breakfast meal service in the AL on 01/21/25 between 8:39am and 8:52am revealed: -There were 19 residents present in the dining room. -All residents were served coffee, juice, and water. -No residents were offered or served milk and there were no dairy items served. Observation of the lunch meal service in the AL on 01/21/25 between 11:56am and 12:30pm revealed: -There were 24 residents present in the dining room. -All residents were served water and juice. -Three residents were served milk, water, and juice. -No other residents were served milk and there were no dairy items offered. Observation of the breakfast meal service in the SCU on 01/22/25 between 7:45am and 8:18am revealed: -There were 21 residents present in the dining room. -All residents were served water and juice. -Four residents were served milk, water, and juice. -No other residents were served milk and there were no dairy items served. Observation of the refrigerator in the facility's kitchen on 01/22/25 at 9:59am revealed there were 4 unopened gallons of milk and 3 opened	D 299			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/22/2025
NAME OF PROVIDER OR SUPPLIER TERRABELLA DURHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 4713 GARRETT ROAD DURHAM, NC 27707		
(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 gallons of milk. Interview with a personal care aide (PCA) on 01/22/25 at 8:36am revealed: -She served beverages to residents in the SCU during the breakfast meal service on 01/22/25. -Milk was served to residents that asked for milk during breakfast on 01/22/25. -The dietary staff prepared the beverage cart and brought it to SCU. -Staff working in the SCU served the beverages. -Milk was only served when cereal was served for the breakfast meal. -She did not know milk/milk products were to be served three times a day. -She had not been told to serve any other dairy products in place of milk. Interview with a Dietary Manager (DM) on 01/22/25 at 9:25am revealed: -The dietary staff were responsible for preparing the beverage cart and serving beverages. -Residents could always ask the staff for milk if they wanted milk with their meal. -She did not know dairy products should be served to residents three times daily. -She thought milk had to be offered to the residents two times daily. Interview with 4 residents who resided in AL on 01/22/25 between 8:20am and 8:55am revealed: -One resident was not offered milk 3 times daily with each meal. -Two residents were not offered milk 3 times daily with each meal but would drink milk if it was offered. -A fourth resident was not offered milk 3 times daily but was served milk when cereal was offered.	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/22/2025
NAME OF PROVIDER OR SUPPLIER TERRABELLA DURHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 4713 GARRETT ROAD DURHAM, NC 27707		
(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 Interview with the Administrator on 01/22/25 at 10:00am revealed: -She was not aware that milk or dairy products had to be served three times daily. -She thought milk or dairy products could be offered two times daily.	D 299			