

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER THE HERMITAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 185 BRICKFARM ROAD DILLSBORO, NC 28725		
(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 State Licensure Section conducted an annual survey on 02/12/25 and 02/13/25.	D 000	Responses to the cited deficiencies do not constitute and 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 laws.	
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to serve a therapeutic diet as ordered by the primary care provider (PCP) for 1 of 3 sampled residents (#7) who had an order for a mechanical soft, ground meats diet with no added table salt. The findings are: Review of Resident #7's current FL2 dated 09/05/24 revealed: -Diagnoses included dementia, acute respiratory failure, and muscle weakness. -She was constantly disoriented and wandered in the special care unit (SCU). -There was no diet documented. Review of the facility's undated SCU therapeutic diet list revealed Resident #7 was to be served a mechanical soft, no added table salt diet. Review of the physician prescribed diet orders dated 09/04/24 revealed Resident #7 was on a mechanical soft, ground meats diet with no added table salt.	D 310	10A NCAC 13F. 0904 (e)(4) Executive Director and/or designee will conduct a staff training with care staff on therapeutic diets to include what diets are available to be served to the residents, the importance of physician ordered diets and where to locate the list of resident diets for meal and snack services. Executive Director and/or designee will monitor no less than 3 meals per week for 90 days to ensure residents receive physician ordered therapeutic diet.	3/30/2025

Division of Health Service Regulation

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

TITLE

(X6) DATE

Sarah Lingham

Administrator

02/24/25

STATE FORM

6899

RZLR11

If continuation sheet 1 of 4

AS Reviewed and Acknowledged 02/28/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER THE HERMITAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 185 BRICKFARM ROAD DILLSBORO, NC 28725		
(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 310	Continued From page 1 Review of the therapeutic menu spreadsheet for 02/12/25 dinner menu (substituted and served for the lunch menu on 02/12/25) revealed Resident #7 was to be served a "ground meat" bologna sandwich, soup, "bite-sized, moistened" chocolate chip cookie, and milk. Observation of the lunch meal service on 02/12/24 revealed: -Resident #7 was served a bologna and cheese sandwich on white bread and cut in half with a slice of tomato and onion on her plate, chicken noodle soup, water and coffee. -The bologna was a solid round piece of meat that had been cut in a half slice. -Resident #7 removed 3 of the 4 half slices of bread from her sandwich. -Resident #7 cut her remaining sandwich contents with her knife and fork into small, chewable bite sized pieces without assistance from staff. -Resident #7 was not observed to have difficulty chewing or swallowing during the lunch meal. Interview with a personal care aide (PCA) on 02/12/25 at 12:58pm revealed Resident #7 was not on a special diet. Interview with a medication aide (MA) on 02/12/25 at 1:00pm revealed: -She did not normally work first shift. -Resident #7 was not on a special diet that she knew of. Interview with the Dietary Manager on 02/12/25 at 3:23pm revealed: -The Special Care Coordinator (SCC) let him know when there were dietary changes for the residents in the SCU.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER THE HERMITAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 185 BRICKFARM ROAD DILLSBORO, NC 28725		
(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 310	Continued From page 2 -He knew Resident #7 was on a mechanical soft, ground meats diet with no added table salt. -He prepared Resident #7's bologna for lunch on 02/12/25 by placing the bologna in the puree machine and using the bump feature to chop the bologna into very small pieces. -He placed plastic wrap over Resident #7's lunch plate with her name on it before Resident #7's lunch plate was sent to the SCU. Telephone interview with the PCP on 02/12/25 at 3:44pm revealed: -She could not remember why she had written the order for Resident #7 to be placed on a mechanical soft, ground meats diet with no added table salt without looking at Resident #7's medical chart. -She thought Resident #7 would not be at risk for choking if the bologna and cheese sandwich was cut into quarter slices. Interview with the SCC on 02/13/25 at 10:39am revealed: -The staff knew there was a diet order list kept at the nurse's station for each resident on the SCU. -The PCAs and MAs knew they were responsible for knowing what the diets were for each of the residents on the SCU. -If the PCAs and MAs had a question about a diet for any resident on the SCU they could refer to the diet order list at the nurse's station or ask him. Interview with the Administrator on 02/12/25 at 4:00pm revealed: -There was a current, updated diet order list kept at the nurse's station of all special diets in the SCU. -The PCAs and the MAs could take a copy of the diet order list with them to the dining room at each meal.	D 310		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL050017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER THE HERMITAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 185 BRICKFARM ROAD DILLSBORO, NC 28725		
(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 310	Continued From page 3 -All special diets were labeled with the individual resident's name on the plastic wrap covering the meal plate. -The staff that gave Resident #7 her lunch meal plate on 02/12/25 made a mistake.	D 310		