

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2025
NAME OF PROVIDER OR SUPPLIER LAWSON'S ADULT ENRICHMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405		
(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 21, 2025.	D 000		
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, interviews, and record reviews, the facility failed to have a matching therapeutic diet menu for the guidance of food service staff for 3 of 3 sampled residents (#1, #2, #3), who was ordered a mechanical soft (#1), chopped meats (#1, #2), and a diabetic carbohydrate-controlled diet (#3). The findings are: Review of the facility's menus on 10/21/25 at 11:35am revealed there was no current therapeutic diet menu available for staff guidance. 1. Review of Resident #1's current FL2 dated 10/07/25 revealed diagnosis included cerebral palsy, hypertension, glaucoma, and hyperlipidemia.	D 296		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2025
NAME OF PROVIDER OR SUPPLIER LAWSON'S ADULT ENRICHMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405		
(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 296	Continued From page 1 Review of Resident #1's diet order dated 04/16/25 revealed an order for a mechanical soft (MS) and chopped meats (CM) diet. Observation of the breakfast meal on 10/21/25 at 8:04am revealed Resident #1 was served a piece of toast with butter, boiled eggs, grits, a cut up sausage patty, and mandarin oranges. Observation of the lunch meal on 10/21/25 at 12:05pm revealed Resident #1 was served butter noodles, chopped meatballs and gravy, lima beans, cornbread and pudding. Refer to interview with the Dietary Manager (DM) on 10/21/25 at 3:03pm. Refer to interview with the Administrator on 10/21/25 at 3:24pm. Refer to interview with the Executive Director (ED) on 10/21/25 at 12:35pm. 2. Review of Resident #2's current FL2 dated 09/23/25 revealed diagnosis included diabetes, renal insufficiency, lymphedema, poliomyelitis, and bipolar. Review of Resident #2's diet order dated 09/23/25 revealed an order for a chopped meats (CM) diet. Observation of the breakfast meal on 10/21/25 at 8:04am revealed Resident #2 was served a piece of toast with butter, boiled eggs, grits, a cut up sausage patty, and mandarin oranges. Observation of the lunch meal on 10/21/25 at 12:05pm revealed Resident #2 was served butter noodles, chopped meatballs and gravy, lima	D 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/21/2025
NAME OF PROVIDER OR SUPPLIER LAWSON'S ADULT ENRICHMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405		
(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 296	Continued From page 2 beans, cornbread and pudding. Refer to interview with the Dietary Manager (DM) on 10/21/25 at 3:03pm. Refer to interview with the Administrator on 10/21/25 at 3:24pm. Refer to interview with the Executive Director (ED) on 10/21/25 at 12:35pm. 3. Review of Resident #3's current FL2 dated 08/28/25 revealed diagnosis included type 2 diabetes and hypertension. Review of Resident #3's diet order dated 08/03/25 revealed an order for a diabetic carbohydrate-controlled diet. Observation of the breakfast meal on 10/21/25 at 8:04am revealed Resident #3 was served a piece of toast with butter, boiled eggs, grits, a sausage patty, and mandarin oranges. Observation of the lunch meal on 10/21/25 at 12:05pm revealed Resident #3 did not eat lunch. Refer to interview with the Dietary Manager (DM) on 10/21/25 at 3:03pm. Refer to interview with the Administrator on 10/21/25 at 3:24pm. Refer to interview with the Executive Director (ED) on 10/21/25 at 12:35pm. Interview with the DM on 10/21/25 at 3:03pm revealed: -He was aware of all residents who had on therapeutic diet orders.	D 296			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2025
NAME OF PROVIDER OR SUPPLIER LAWSON'S ADULT ENRICHMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1319 WOODBRIAR AVENUE GREENSBORO, NC 27405		
(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 296	Continued From page 3 -There was a binder, located in the facility's kitchen, with all the residents therapeutic diet orders. -The therapeutic diet menu was supposed to be in the binder as well. -He was not aware the therapeutic diet menu was not in the binder. -The Administrator was in charge of printing the therapeutic diet menu. -When preparing meals, he looked at each resident's therapeutic diet order to see "what they got". -He knew how to prepare therapeutic diets from memory. Interview with the Administrator on 10/21/25 at 3:24pm revealed: -She was aware there were no therapeutic diet menu available for any therapeutic diet in the facility's kitchen. -The computer used to print the therapeutic diet menus was not working and she was unable to print the therapeutic diet menus section. -She expected the DM to have a menu for each therapeutic diet. Interview with the ED on 10/21/25 at 12:35pm revealed: -She was not aware there was no therapeutic diet menu available for any therapeutic diet in the facility's kitchen. -The Administrator may not have known how to print the therapeutic diet menu section from the online website.	D 296		