STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041015	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWSON'S ADULT ENRICHMENT CENTER	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	The Kitchen staff will ensure that they have both the menu and the diet extensions printed wkly on Fridays for the upcoming week. The Administrator/ Designee will ensure the menus and diet extensions are printed and placed in the dietary binder on a weekly basis for one month then monthly thereafter.	10/31/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Karen McSwain 11-14-25 | TITLE: Administrator | (X6) DATE

Reviewed and approved 12/05/25 BB

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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		