STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032146	A. BUILDING _____ B. WING _____	05/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANGING PLACES FAMILY CARE HOME OF DURHA	725 HANSON ROAD DURHAM, NC 27713

(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
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on May 5, 2016.	C 000		
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on review of the facility's menu and interviews, the facility failed to assure foods and beverages appropriate to resident's diets were offered or made available to all residents as snacks between meals for a total of three snacks per day. The findings are: Review of the facility's menu dated 2006 revealed: -Documentation of snacks being offered between breakfast and dinner and dinner and supper. -No documentation of a snack being offered after supper. Confidential interviews with 6 of 6 residents revealed: -They were offered 1-2 snacks per day. -If they requested snacks, the staff would give them a snack. Interview with the Supervisor on 5/05/16 at 3:00	C 272	- All snack times (3) are listed in the dinning area for client observation. 5/10/16 - Snack times are announced per staff. 5/10/16 + All menus have been updated. 5/10/16 + Supervisor at administrator will follow up to ensure that this does not Reoccur + Supervisor at administrator will monitor weekly. 4:08 p.m 8/4/16 per telephone interview Snack times 10-3-8 served by staff on duty DDR	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Hattie Davham — TITLE: Administrator — (X6) DATE: 7/15/16

8/4/16 DDR
"Reviewed and Accepted"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CHANGING PLACES FAMILY CARE HOME OF I	725 HANSON ROAD DURHAM, NC 27713

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C 272	Continued From page 1 p.m. revealed: -The residents were offered snacks between breakfast and lunch, lunch and dinner. -"A snack was given with residents' medications." -Residents received three snacks per day. -There was no monitoring system in place to give out residents' snacks at a designated time after each meal.	C 272		