

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>FCL001113</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/22/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WE CARE FAMILY CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1718 MORGANTON ROAD<br/>BURLINGTON, NC 27217</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 000                                                          | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey on November 22, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C 000                                                                                        |                                                                                                                          |                                                        |
| C 272                                                          | 10A NCAC 13G .0904(d)(2) Nutrition and Food Service<br><br>10A NCAC 13G .0904 Nutrition and Food Service<br>(d) Food Requirements in Family Care Homes:<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review, observations, and interviews, the facility failed to offer snacks to residents three times a day for 5 residing in the facility.<br><br>The findings are:<br><br>Review of the undated menu spreadsheets posted on the dining room wall revealed:<br>-The facility offered a Regular diet to all residents.<br>-The menus did not include planned snack menus for the Regular or diabetic diets.<br>-Three daily snacks were not listed as part of the menu developed by a Registered Dietitian for the five residents listed to receive a regular diet.<br><br>Interview with the Cook for the facility on 11/22/16 at 11:30 a.m. revealed:<br>-All five residents were served snacks at 10 a.m., 2 p.m. and 8 p.m. every day.<br>-He was not aware of the facility having any snack menus.<br>-The diabetic resident was given no sugar added | C 272                                                                                        |                                                                                                                          |                                                        |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| C 272                                                          | <p>Continued From page 1</p> <p>canned fruits, crackers with peanut butter, and sandwiches with a sugar free beverage for snacks at the facility.</p> <p>-The other non-diabetic residents were served potato chips, crackers, and cookies with a beverage of choice for snacks at the facility.</p> <p>-He usually served the snacks at the facility.</p> <p>Review of all five Residents' diet orders on 11/22/16 at 11:40 a.m. revealed:</p> <p>-Resident #1 received a renal diet.</p> <p>-Resident #2 received a low fat, low cholesterol and 2 grams sodium diet.</p> <p>-Three residents received a Regular Diet with no modifications noted.</p> <p>Interview with a resident on 11/22/16 at 11:50 p.m. revealed:</p> <p>-She was a diabetic and had "kidney problems."</p> <p>-She could not remember when she was asked if she "wanted a snack."</p> <p>-She was not given snacks at any time at the facility.</p> <p>-She was not aware the facility was required to provide or offer snacks 3 times a day.</p> <p>Observation on 11/22/16 from 10:00 a.m. through 11:50 a.m. revealed no snacks were offered to any of the five residents present in the facility.</p> <p>Interview with a second resident on 11/22/16 at 11:56 p.m. revealed:</p> <p>-He received snacks sometimes at bedtime "if he asked for something."</p> <p>-When he asked for a snack, he received "chips, cookies, or crackers."</p> <p>-He knew he was supposed to receive a low salt and low cholesterol diet.</p> <p>-He did not receive any snacks throughout the day and most of the time at bedtime.</p> | C 272                                                                                        |                                                                                                                          |                                                        |

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| C 272                                                          | <p>Continued From page 2</p> <p>-He did not know they could receive three snacks a day.</p> <p>Interview with a third resident on 11/22/16 at 12:05 p.m. revealed:</p> <p>-He could not remember when the last time he was offered a snack.</p> <p>-He had not seen anyone else receive a snack during the day or at night.</p> <p>-He was unaware they could receive three snacks a day.</p> <p>-Sometimes he received juice and milk with his medications.</p> <p>-He did not have a problem with the diet he received.</p> <p>Interview with a fourth resident on 11/22/16 at 12:10 p.m. revealed:</p> <p>-He was on a regular diet.</p> <p>-He never was offered a snack at "any time."</p> <p>-He was not a "big eater and snacks didn't matter to him."</p> <p>-He was not aware the facility was required to offer and provide snacks 3 times a day.</p> <p>Interview with the fifth resident on 11/22/16 at 12:15 p.m. revealed:</p> <p>-Snacks were sometimes given at 8 p.m. at the facility to the resident who would "ask for it."</p> <p>-He did not remember the last time the staff offered him a snack at the facility.</p> <p>-He did not know he could have asked for a snack.</p> <p>-He was not aware the facility was required to provide or offer snacks 3 times a day.</p> <p>-He received a regular diet.</p> <p>Interview with the Supervisor in Charge (SIC) on 11/22/16 at 12:30 p.m. revealed:</p> <p>-All residents received snacks at 10 a.m., 2 p.m.,</p> | C 272                                                                                        |                                                                                                                          |                                                        |

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| C 272                                                          | <p>Continued From page 3</p> <p>and 8 p.m. every day.</p> <p>-Snacks are offered to all residents but they "wanted different food and snack items at different times."</p> <p>-She said "it was difficult to follow any menu so they didn't."</p> <p>-The two residents who received a therapeutic diet were given sugar-free snack and food items with no salt added.</p> <p>-Non-diabetic residents were given chips, cookies, honey buns, snack cakes, and peanut butter crackers for snack time at the facility.</p> <p>Observation on 11/22/16 from 2:00 p.m. through 4:30 p.m. revealed no snacks were offered to any of the five residents present in the facility.</p> <p>Second interview with five residents on 11/22/16 at 4:55 p.m. revealed no staff person had offered them a snack after the breakfast meal or after the lunch meal.</p> <p>Interview with the Administrator on 11/22/16 at 5:40 p.m. revealed:</p> <p>-She was not aware of the facility having a snack menu for the residents in the facility.</p> <p>-She said snacks should be offered and provided three times a day to residents.</p> <p>-Snacks were supposed to be offered and prepared by the Cook or SIC.</p> <p>-The sweet snacks were not offered to the diabetic resident.</p> <p>-Residents were given whatever was on hand at the facility for snacks like potato chips, cookies, peanut butter crackers, or fruit.</p> <p>-No residents had voiced concerns or complained about being hungry or not having snacks.</p> <p>-The facility did not have a snack menu or a listing of approved snacks for the residents.</p> <p>-She would have to contact the Registered</p> | C 272                                                                                        |                                                                                                                          |                                                        |

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| C 272                                                          | Continued From page 4<br><br>Dietitian to get a snack menu and listing of<br>approved snacks for the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C 272                                                                                        |                                                                                                                          |                                                        |
| C992                                                           | G.S. § 131D-45 G.S. § 131D-45. Examination<br>and screening for<br><br>G.S. § 131D-45. Examination and screening for<br>the presence of controlled substances required<br>for applicants for employment in adult care<br>homes.<br><br>(a) An offer of employment by an adult care home<br>licensed under this Article to an applicant is<br>conditioned on the applicant's consent to an<br>examination and screening for controlled<br>substances. The examination and screening shall<br>be conducted in accordance with Article 20 of<br>Chapter 95 of the General Statutes. A screening<br>procedure that utilizes a single-use test device<br>may be used for the examination and screening<br>of applicants and may be administered on-site. If<br>the results of the applicant's examination and<br>screening indicate the presence of a controlled<br>substance, the adult care home shall not employ<br>the applicant unless the applicant first provides to<br>the adult care home written verification from the<br>applicant's prescribing physician that every<br>controlled substance identified by the<br>examination and screening is prescribed by that<br>physician to treat the applicant's medical or<br>psychological condition. The verification from the<br>physician shall include the name of the controlled<br>substance, the prescribed dosage and frequency,<br>and the condition for which the substance is<br>prescribed. If the result of an applicant's or<br>employee's examination and screening indicates<br>the presence of a controlled substance, the adult<br>care home may require a second examination<br>and screening to verify the results of the prior | C992                                                                                         |                                                                                                                          |                                                        |

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| C992                                                           | <p>Continued From page 5</p> <p>examination and screening.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to assure examination and screening for the presence of controlled substances was performed for 1 of 1 sampled staff (Staff C) who was hired after 10/01/13.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed:<br/>-She was hired as a Supervisor-in-Charge (SIC) on September 2016.<br/>-No documentation of a controlled substance screen test was found in Staff C's record.</p> <p>Staff C was unavailable for interview on 11/22/16.</p> <p>Interview with the Administrator on 11/22/16 at 4:30 p.m. revealed:<br/>-She forgot to complete the controlled substance screen test for Staff C.<br/>-She was aware the controlled substance screen test for staff should be completed, prior to hire.<br/>-She was responsible for making sure that staff were tested for the presence of controlled substances, prior to hire.<br/>-No time frame was given on when Staff C would be tested for the presence of controlled substances.</p> | C992                                                                                         |                                                                                                                          |                                                        |