Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
050239	FCL001113	A. BUILDING _____ B. WING _____	11/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

(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 November 22, 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 record review, observations, and interviews, the facility failed to offer snacks to residents three times a day for 5 residing in the facility. The findings are: Review of the undated menu spreadsheets posted on the dining room wall revealed: -The facility offered a Regular diet to all residents. -The menus did not include planned snack menus for the Regular or diabetic diets. -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. Interview with the Cook for the facility on 11/22/16 at 11:30 a.m. revealed. -All five residents were served snacks at 10 a.m., 2 p.m. and 8 p.m. every day. -He was not aware of the facility having any snack menus. -The diabetic resident was given no sugar added	C 272	The snack list posted was developed by a registered dietician. However, moving forward, all residents will be offered three snacks per day and listed on menu as "snacks" and will be listed according to residents diet. Snack times will be posted as follows 10 am 2 pm 8 pm SIC Staff and administrator will monitor daily	11/23/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sharon Bruce TITLE: Administrator (X6) DATE: 1/4/17

POC "reviewed and accepted"
3/14/17
DDE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING: _____ B. WING _____	11/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING: _____ B. WING _____	11/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING. _____ B. WING _____	11/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING _____ B. WING _____	11/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

(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 272	Continued From page 4 Dietitian to get a snack menu and listing of approved snacks for the facility.	C 272		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior	C992	Forthcoming all new hire @ We Care Family Care Home will be drug tested prior to employment by the administrator. Drug test will be kept in employee's file for one year.	1/30/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001113	A. BUILDING _____ B. WING _____	11/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE FAMILY CARE	1718 MORGANTON ROAD BURLINGTON, NC 27217

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