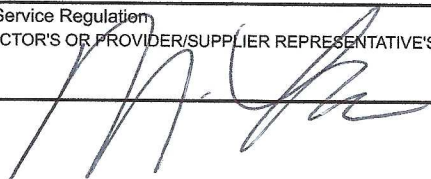


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2021
NAME OF PROVIDER OR SUPPLIER KANNAPOLIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027		
(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 and the conducted an annual survey on 03/25/21.	C 000	Measures put in place: Facility will clarify orders upon admission. Orders will be clarified with primary provider. Diet clarification must be signed + completed by provider. RN/Supervisor must ensure orders are clear + signed by	4/27/21
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets 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 2 of 2 residents for a pureed diet (Resident #1) and a mechanical altered/ground diet (Resident #2). The findings are: 1. Review of Resident #1's current FL-2 dated 01/21/21 revealed: -Diagnoses included stroke with right sided weakness. -There was a physician's order for a pureed diet. Review of Resident #1's care plan dated 01/21/21 revealed Resident #1 was on a pureed diet and required assistance with feeding. Review of the facility's lunch menu for 03/25/21 revealed residents on a regular diet should be served chicken marsala, parsley egg noodles, yellow squash, baked roll and blackberry vanilla parfait.	C 270		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

administrator

(X6) DATE

4/29/21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2021
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C 270	Continued From page 1 Observation on 03/25/21 at 11:06am revealed: -The facility's contracted Registered Nurse (RN) wrote substitutions on the regular diet menu. -She wrote substitutions of sautéed chicken, rice with margarine, carrots, one slice of light toasted bread and peaches to replace the entire regular diet on the menu to be served that day. Review of the facility's therapeutic diets menu revealed there was no menu available for the pureed diet. Observation on 03/25/21 at 11:45am of lunch being served revealed: -Resident #1 was being served a chicken breast cut into bite size pieces, carrots, rice, and peaches. -Resident #1 consumed the peaches. -A surveyor stopped food service to Resident #1. -The facility's contracted RN served Resident #1 a bowl of grits while the Supervisor left to purchase a blender. -The Supervisor blended the sautéed chicken, carrots, and rice to a pureed consistency. -Resident consumed 100% of her meal. Interview with the medication aide (MA) on 03/25/21 at 12:15pm revealed: -The Supervisor told her Resident #1 was on a regular diet. -Resident #1 required assistance with cutting up her food and eating it. -There was not a therapeutic diet menu for a pureed diet for Resident #1. -Resident #1 had a good appetite and typically ate everything that was served to her. Interview with the facility contracted RN on 03/25/21 at 12:30pm revealed: -She completed Resident #1's care plan on	C 270	provider. Measures put in place to prevent the problem from occurring again Diets will be audited weekly by either the contracted RN or Supervisor. If there is a variance it must be corrected immediately by Supervisor or RN. Administrator should	4/27/21

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NAME OF PROVIDER OR SUPPLIER KANNAPOLIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027		
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C 270	Continued From page 2 01/21/21. -She notified the Supervisor and faxed the care plan to Resident #1's Nurse Practitioner (NP). -She told the Supervisor Resident #1 was on a pureed diet and required assistance with feeding. Telephone interview with Resident #1's NP on 03/25/21 at 12:40pm revealed: -Resident #1 was supposed to be on a regular diet. -She did not know how it was overlooked. -Resident #1 completed speech therapy in the past and she was changed to a regular diet. -She was faxing a clarification order to the facility today or planned to make an onsite visit to assess the resident and correct the order. Interview with the Supervisor on 03/25/21 at 3:00pm revealed: -She did not see Resident #1's FL2 and care plan to confirm her diet order. -She did not routinely review the residents' FL2's and care plans. -Resident #1 completed speech therapy prior to her admission on 01/21/21. -Resident #1's NP told her that Resident #1 was on a regular diet upon admission to the facility. -She did not get a verbal clarification order from the NP until today. -She would have requested a pureed diet menu for Resident #1 if she was ordered a pureed diet. Telephone interview with the facility's contracted dietician on 03/25/21 at 2:24pm revealed: -The facility did not request a pureed diet menu for Resident #1. -The staff would need to contact her to request this option to be initiated in their diet program. -The chicken breast, carrots, rice, and peaches all required to pureed making sure the liquid does	C 270	be notified in weekly reports to ensure an additional plan if any variances are found. Who will monitor the situation ① The contracted RN will monitor the situation weekly & correct any issues found immediately. Administration should be notified in writing.	4/27/21 4/27/21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2021
NAME OF PROVIDER OR SUPPLIER KANNAPOLIS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2216 KANNAPOLIS HIGHWAY CONCORD, NC 28027		
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C 270	Continued From page 3 not separate from the solid. 2. Review of Resident #2's current FL-2 dated 02/05/21 revealed: -Diagnoses included Parkinson's dementia and history of aspiration pneumonia. -There was a physician's order for a mechanical altered/ground diet with honey nectar thickened liquids. Review of Resident #2's diet order dated 02/16/21 revealed Resident #2 was changed from honey nectar liquids to nectar thickened liquids. Review of Resident #2's diet order dated 03/25/21 revealed a written clarification order from his Hospice Nurse Practitioner "effective 02/11/21 stated patient able to tolerate regular diet and thickened liquids". Review of Resident #2's care plan dated 02/07/21 revealed Resident #2 was on a mechanical altered diet with nectar thickened liquids feed resident in upright position. Review of the facility's therapeutic diets menu revealed there was no menu available for the mechanical altered/ground diet. Observation on 03/25/21 at 12:00pm of lunch being served revealed: -Resident #2 was served a peanut butter and jelly sandwich and peaches cut into bite size portions. -Resident #2 consumed 100% of his food. -After he finished his meal he coughed, and his face turned red. Interview with the medication aide (MA) on 03/25/21 at 12:15pm revealed: -The Supervisor told her Resident #2 was on a	C 270	How + How often the monitoring will take place ① The monitoring will take place weekly via in house assessment of meals, menus & orders on charts.	4/27/21

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2021
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C 270	Continued From page 4 regular diet. -There was not a therapeutic diet menu for a mechanical altered/ground diet for Resident #2. -Resident #2 liked peanut butter and jelly sandwiches most of the time as an alternate to what was served on the menu. Interview with the facility contracted Registered Nurse on 03/25/21 at 12:30pm revealed: -She completed Resident #2's care plan on 02/07/21. -She notified the Supervisor and faxed the care plan to Resident #2's hospice provider. -She told the Supervisor Resident #2 was on a mechanical altered/ground diet and nectar thickened liquids. -She did not see a therapeutic diet menu for a mechanical altered/ground diet. Interview with the Supervisor on 03/25/21 at 3:00pm revealed: -She did not see Resident #2's FL2 and care plan to confirm her diet order. -She did not routinely review the residents' FL2's and care plans. -When Resident #2 was admitted to hospice care he was put on a regular diet with nectar thickened liquids in the middle of February 2021. -She did not get a clarification order from hospice care until today. -She would have requested a mechanical altered/ground diet menu for Resident #2 if he was ordered it. Telephone interview with Resident #2's Hospice Nurse on 03/25/21 at 12:15pm revealed: -The Supervisor reached out to her today requesting an order to clarify Resident #2's diet order because the Supervisor did not have a written order.	C 270		

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C 270	Continued From page 5 -Resident #2 was placed on a regular diet with nectar thickened upon admission when she completed his assessment on 02/11/21. -It was okay for Resident #2 to have nectar thickened liquids and regular of foods he preferred. Telephone interview with the facility's contracted dietician on 03/25/21 at 2:24pm revealed: -The facility did not request a mechanical ground diet menu for Resident #2. -The staff would need to contact her to request this option to be initiated in their diet program. -The chicken breast would have needed to be grinded to an 1/8-inch dice size and moistened with sauce. -The carrots required to be cooked very soft and mashed. -The peaches required grinding or mashing with the liquid. Refer to telephone interview with the Administrator on 03/25/21 at 3:30pm. Telephone interview with the Administrator on 03/25/21 at 3:30pm revealed: -She did not know any of the residents were on therapeutic diets. -She expected the contracted facility Registered Nurse to complete monthly reports on the care needs of the residents. -She had not received a communication from the contracted facility Registered Nurse there were residents requiring therapeutic diet menus. -The Supervisor was told both residents were on regular diets by their primary care providers. -The Supervisor failed to get a clarification of the diet orders for the residents from their providers until today.	C 270		

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C 283	Continued From page 6	C 283			
C 283	10A NCAC 13G .0904 (e-3) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Therapeutic Diets in Family Care Homes: (3) The facility shall maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to maintain an accurate and current listing of residents with physician-ordered therapeutic diets for guidance of food service staff for 2 of 2 sampled residents with an order for a puree diet (Resident #1) and an order for a mechanical ground diet with nectar thickened liquids (Resident #2). The findings are: 1. Review of Resident #1's current FL-2 dated 01/21/21 revealed: -Diagnoses included stroke with right sided weakness. -There was a physician's order for a puree diet. Interview with the medication aide (MA) on 03/25/21 at 12:15pm revealed: -She was told by the Supervisor that Resident #1 was on a regular diet. -She never saw a therapeutic diet list posted in the kitchen.	C 283			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL013046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/25/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KANNAPOLIS FAMILY CARE HOME

**2216 KANNAPOLIS HIGHWAY
CONCORD, NC 28027**

(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 283	Continued From page 7 Interview with the Supervisor on 03/25/21 at 3:00pm revealed: -She was responsible for posting a therapeutic diet list in the kitchen. -She thought Resident #1 was on a regular diet. -She did not know Resident #1 still had an order for a pureed diet. Refer to telephone interview with the Administrator on 03/25/21 at 3:30pm. 2. Review of Resident #2's current FL-2 dated 02/05/21 revealed: -Diagnoses included Parkinson's dementia and history of aspiration pneumonia. -There was a physician's order for a mechanical altered/ground diet with nectar thickened liquids. Interview with the medication aide (MA) on 03/25/21 at 12:15pm revealed: -She gave Resident #2 toast for breakfast because that is what he requested. -She was told by the Supervisor that Resident #2 was on a regular diet. -She never saw a therapeutic diet list posted in the kitchen. Interview with the Supervisor on 03/25/21 at 3:00pm revealed: -She was responsible for posting a therapeutic diet list in the kitchen. -She thought Resident #2 was on a regular diet. -She did not know Resident #2 still had an order for a mechanical altered/ground diet. -She did not think it was necessary to post Resident #2's nectar thickened liquid diet for the staff to reference because he was the only resident with nectar thickened liquids. -She was never told to post a therapeutic diet list in the facility.	C 283		

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C 283	Continued From page 8 Review of the facility's posted therapeutic diet revealed there was no therapeutic diet list posted. Refer to telephone interview with the Administrator on 03/25/21 at 3:30pm. Interview with the Administrator on 03/25/21 at 3:30pm revealed: -If any of the residents were on a therapeutic diet, she expected it to be posted in the kitchen to communicate it with the staff. -As far as she knew none of the residents were on therapeutic diets. -She did not know there was not a listing of the residents on therapeutic diets.	C 283		