STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078111	A. BUILDING: _____ B. WING _____	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME # 7	1685 CANAL ROAD PEMBROKE, NC 28372

(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 Robeson County Department of Social Services conducted an annual survey on June 2, 2021.	C 000		
C 256	10A NCAC 13G .0904(a)(1) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the food storage areas were protected from contamination as evidenced by expired bread in the cabinet and expired milk in the refrigerator. The findings are: Observation of the food in the refrigerator on 06/02/21 at 9:30am revealed there was one unopened gallon of whole milk with an expiration date of 05/31/21. Observation of the kitchen's food cabinet on 06/02/21 at 9:32am revealed: -There was one 20 ounce (oz) unopened loaf of white bread with an expiration date of 05/27/21. -There was one unopened pack of 8 hotdog rolls with an expiration date of 06/01/21.	C 256		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078111	A. BUILDING: _____ B. WING _____	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME # 7	1685 CANAL ROAD PEMBROKE, NC 28372

(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 256	Continued From page 1 Interview with the personal care aide (PCA) on 06/02/21 at 9:35am revealed: -She was not aware that the bread and milk had expired. -She served milk from the opened milk jug with the expiration date of 06/09/21. -She checked the expiration date on the milk prior to serving. -She saw the 2nd gallon of milk unopened in the refrigerator however she did not check the expiration date. -She had not checked the expiration date on any bread prior to serving. -She did not know if staff was monitoring the expiration dates on foods and beverages. -It was the responsibility of the transportation coordinator to purchase the groceries for the facility. Interview with the office manager on 06/02/21 at 3:04pm revealed: -It was the responsibility of the transportation coordinator to purchase the groceries for the facility twice a week. -It was the responsibility of the transportation coordinator to check the expiration date on foods and beverages when the groceries were delivered twice a week. Attempted interview with the transportation coordinator on 06/02/21 at 11:50am was not successful. Attempted interview with the Administrator on 06/02/21 at 3:10pm was not successful.	C 256		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service	C 284		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078111	A. BUILDING: _____ B. WING _____	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME # 7	1685 CANAL ROAD PEMBROKE, NC 28372

(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 284	Continued From page 2 10A NCAC 13G .0904 Nutrition and Food Service (e) Therapeutic Diets in Family Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to serve therapeutic diets as ordered by the primary care physician (PCP) for 3 of 3 sampled residents (#1, #2 and #3). The findings are: Observation of the facility food supply on 06/02/21 at 9:38am revealed: -There were no therapeutic menus available in the facility. -There were (3) 30 oz cans of fruit cocktail in heavy syrup. -There was (1) 15 oz can of mandarin oranges with no sugar added. -There were (2) 15 oz cans of chunky mixed fruit in 100% juice. Observation of the lunch meal on 06/02/21 from 11:32am - 11:50am revealed: -The residents were each served a bowl of vegetable soup, 4 saltine crackers, 4 peanut butter crackers, 1 cup of sugar free lemonade and 1 cup of water. -Resident #1 declined the meal prepared at the facility and consumed fried chicken and potato wedges that were provided by her family. 1. Review of Resident #1's current FL-2 dated	C 284		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078111	A. BUILDING: _____ B. WING _____	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME # 7	1685 CANAL ROAD PEMBROKE, NC 28372

(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 284	Continued From page 3 06/19/20 revealed: -Diagnoses included type II diabetes, hypothyroidism and hyperlipidemia. -There was a diet order for no concentrated sweets (NCS) and no added salt (NAS). Interview with Resident #1 on 06/02/21 at 11:40am revealed: -Her family purchased fried chicken and potato wedges for lunch. -She wanted to eat ½ of the fried chicken and potato wedges for lunch and the other ½ for supper. Refer to interview with a personal care aide (PCA) on 06/02/21 at 9:35am. Refer to a second interview with a PCA on 06/02/21 at 11:32am. Refer to interview with the office manager on 06/02/21 at 3:04pm. Attempted interview with the Administrator on 06/02/21 at 3:10pm was not successful. 2. Review of Resident #2's current FL-2 dated 03/02/21 revealed: -Diagnoses included type II diabetes, hypertension (HTN), chronic kidney disease (CKD), end stage renal disease (ESRD) and gastroesophageal reflux disease (GERD). -There was a diet order for no concentrated sweets (NCS). -There was an order for a nutritional supplement once a day. Interview with Resident #2 on 06/02/21 at 11:45am revealed: -He did not eat the vegetable soup served	C 284		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078111	A. BUILDING: _____ B. WING _____	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME # 7	1685 CANAL ROAD PEMBROKE, NC 28372

(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 284	Continued From page 4 because it had too much corn. -All of the residents were served the same foods at all meals. -He received his nutritional supplement with lunch and consumed 100% of the supplement. Refer to interview with a personal care aide (PCA) on 06/02/21 at 9:35am. Refer to a second interview with a PCA on 06/02/21 at 11:32am. Refer to interview with the office manager on 06/02/21 at 3:04pm. Attempted interview with the Administrator on 06/02/21 at 3:10pm was not successful. 3. Review of Resident #3's current FL-2 dated 05/01/21 revealed: -Diagnoses included type II diabetes, obesity, hypertension (HTN) and hyperlipidemia. -There was a diet order for no concentrated sweets (NCS) and no added salt (NAS). Refer to interview with a personal care aide (PCA) on 06/02/21 at 9:35am. Refer to a second interview with a PCA on 06/02/21 at 11:32am. Refer to interview with the office manager on 06/02/21 at 3:04pm. Attempted interview with the Administrator on 06/02/21 at 3:10pm was not successful. Interview with a personal care aide (PCA) on 06/02/21 at 9:35am revealed: -She prepared the meals for the facility.	C 284		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078111	A. BUILDING: _____ B. WING _____	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAL'S FAMILY CARE HOME # 7	1685 CANAL ROAD PEMBROKE, NC 28372

(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 284	Continued From page 5 -She had not decided what she was going to prepare for lunch. -There had not been a menu available at the facility since the coronavirus pandemic. -She prepared the meals based on the food available in the facility. A second interview with a PCA on 06/02/21 at 11:32am revealed: -There was not meat in the soup because she forgot to take it from the freezer. -The peanut butter crackers were served in the place of the dessert. Interview with the office manager on 06/02/21 at 3:04pm revealed: -It was the responsibility of the Registered Dietician (RD) to plan and provide the facility with daily regular and therapeutic menus. -It was the responsibility of the PCA to prepare meals as outlined by the RD and serve according to resident's diet orders. -The facility menus had not been updated since February 2021 and the staff prepared the food that was available in the facility. -Staff should serve a meat, a vegetable, a starch, a bread and a dessert with lunch and supper until the menus were updated.	C 284		