STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl043037	A. BUILDING: _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE FAMILY CARE II	431 JUNNY ROAD ANGIER, NC 27501

(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 Augusr 5, 2021.	C 000		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled residents had an initial tuberculosis (TB) test upon admission (Resident #2) and 3 of 3 sampled residents had no second TB test since admission (Residents #1, #2, and #3). The findings are: 1. Review of Resident #1's current FL2 dated 07/07/21 revealed diagnoses included schizo-affective disorder, major depressive disorder and hypertension. Review of Resident #1's Resident Register revealed an admission date of 07/29/20.	C 202		

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C 202	Continued From page 1	C 202		

Review of Resident #1's record revealed:
-There was a TB skin test dated 07/16/20 with a negative result.
-There was no documentation of a second TB skin test being completed.

Based on observations and interviews, it was determined Resident #1 was not interviewable.

Attempted telephone interview with the Resident Care Director (RCD) on 08/05/21 was unsuccessful.

Refer to interview with the Administrator on 08/05/21 at 3:20pm.

2. Review of Resident #2's current FL2 dated 02/03/21 revealed diagnoses included Type II diabetes mellitus (DM), depression and hypertension.

Review of Resident #2's Resident Register revealed an admission date of 12/01/20.

Review of Resident #2's record revealed:
-There was a TB skin test dated 09/18/17 with a negative result.
-There was no documentation of a second TB skin test being completed.

Based on observations and interviews, it was determined Resident #2 was not interviewable.

Attempted telephone interview with the RCD on 08/05/21 was unsuccessful.

Refer to interview with the Administrator on 08/05/21 at 3:20pm.

3. Review of Resident #3's current FL2 dated

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C 202	Continued From page 2 12/02/20 revealed diagnoses included diabetes mellitus (DM) Type 2, paranoid schizophrenia and dementia. Review of Resident #3's Resident Register revealed an admission date of 11/25/20. Review of Resident #3's record revealed there was no documentation of a first or second TB skin test being completed. Based on observations and interviews, it was determined Resident #3 was not interviewable. Attempted telephone interview with the RCD on 08/05/21 was unsuccessful. Refer to interview with the Administrator on 08/05/21 at 3:20pm. _____ Interview with Administrator on 08/05/21 at 3:20pm revealed: -The Resident Care Director (RCD) was responsible for ensuring the initial TB tests for the residents were administered prior to admission and a second TB test was placed and read after admission. -She thought the registered nurse (RN) who assessed the residents with the Licensed Health Professional Support (LHPS) quarterly tasks also administered the TB tests. -The RCD was not available at this time.	C 202		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service	C 270		

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C 270	Continued From page 3 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 staff guidance for 2 of 3 sampled residents (Residents #2 and #3), who had a physician's order for a low carbohydrate diabetic diet. The findings are: Review of Resident #2's current FL2 dated 02/03/21 revealed: -Diagnoses included Type II diabetes mellitus (DM), osteoporosis, anemia and hypertension. -There was a diet order for no concentrated sweets. Observation of the facility's diet menu in the kitchen revealed: -There was a 4 week Cycle 1 2021 menu in a binder that listed three meals and snacks, Sunday though Saturday, for a regular diet with no added salt. -There were no therapeutic diet menus available to serve as guidance for the staff in the binder. -There was no low carbohydrate diabetic diet menu available for staff to reference. Observation of the lunch meal service on 08/05/21 from 12:00pm to 12:35pm revealed: -There were no diet orders for the residents posted in the kitchen or located in the kitchen. -There were 6 residents at the lunch meal, including Resident #2.	C 270		

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C 270	Continued From page 4 -All the residents were served turkey and noodle casserole, green beans, bread and pears in sweetened juice for dessert. -Beverages served were a 6 ounce glass of water and an eight ounce glass of sweetened lemonade. Without a therapeutic diet menu it could not be determined if Resident #2 was served the appropriate meal. Based on observations, interviews and record reviews it was determined Resident #2 was not interviewable. Refer to interview with the cook on 08/04/21 at 2:50pm. Refer to a telephone interview with Resident #2's primary care provider (PCP) on 08/05/21 at 2:10pm. Refer to a telephone interview with the Administrator on 08/05/21 at 3:20pm. 2. Review of Resident #3's current FL2 dated 12/02/20 revealed: -Diagnoses included paranoid schizophrenia, anemia and Type II diabetes mellitus (DM). -There was a diet order for a low carbohydrate diabetic diet. Observation of the lunch meal service on 08/05/21 from 12:00pm to 12:35pm revealed: Resident #3 was served turkey and noodle casserole, green beans, bread and pear in sweetened juice for dessert. -Beverages served were a 6 ounce glass of water and an eight ounce glass of sweetened lemonade.	C 270		

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C 270	Continued From page 5 Without a therapeutic diet menu it could not be determined if Resident #3 was served the appropriate meal. Based on observations, interviews and record reviews it was determined Resident #3 was not interviewable. Refer to interview with the cook on 08/04/21 at 2:50pm. Refer to telephone interview with Resident #3's PCP on 08/05/21 at 2:10pm. Refer to telephone interview with the Administrator on 08/05/21 at 3:20pm. _____ Interview with the cook on 08/04/21 at 2:50pm. -She was responsible for preparing the breakfast and lunch meals for the residents. -She served the same meal to all the residents in the facility. -She thought all the residents were on a regular diet. -She did not know two of the residents were on low carbohydrate diabetic diets. -There was no list posted in the kitchen with the residents' diet orders. -She did not know if there was any guidance for preparing meals for residents on a therapeutic diet. -She only served regular diets, chopped meats and pureed meals. -She had not been instructed to follow any other menu except the regular menu. Interview with the primary care physician (PCP) on 08/05/21 at 2:10pm revealed: -She did not know there was no menu guidance	C 270		

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C 270	Continued From page 6 for residents on a therapeutic diet. -She did not supervise meals when she was visiting the residents. -Her expectation was residents should be served the appropriate meal for their physician ordered diets. Telephone interview with the Administrator on 08/04/21 at 3:52pm revealed: -She had contracted with their food distributor for a cycle of menus for regular, no salt and no concentrated sweets diets. -This 4 week cycle of menus were delivered to the facility every quarter. -She had been using this cycle of menus for several years. -There were diet orders for each resident in a red binder in the kitchen of each building. -The food was prepared in one building on the campus and delivered to each building in a warmer. -The kitchen where the food was prepared should have a regular menu and therapeutic menus posted or available for the cook. -They should also have a list of the residents diets in each building. -It was the responsibility of the cooks to check the diet of each resident and prepare the correct menu items as directed on the therapeutic menu guidance. -There were 2 cooks in the facility and they have both been trained to review the diet orders for each resident before meals were prepared in case there has been a change in orders, and to follow the menu for that diet. -She was responsible for the training and supervision of the cooks and their preparation of meals. -She did not know the cook was serving all the residents from the regular diet menu.	C 270		

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