

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fc1043037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/05/2021
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE FAMILY CARE II		STREET ADDRESS, CITY, STATE, ZIP CODE 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 August 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	"See Attachment"	10/15/21	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

Candyn W. Stearns, Owner, MSW, Administrator 10/15/21
 8903 TOEV11 If continuation sheet 1 of 8

Received: Acknowledged Kim Polce 10/18/21

PRINTED: 08/20/2021
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C 202	Continued From page 1 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	C 202	"see Attachment"	10/15/21	

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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	"See Attachment"	10/15/21
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 through 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	"See Attachment"	10/15/21

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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	"See Attachment"	10/15/21	

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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 pursed meats. -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	"See Attachment"	10/15/21	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ABSOLUTE CARE FAMILY CARE II

431 JUNNY ROAD
ANGIER, NC 27501

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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	"See Attachment"	10/15/21

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			"See Attachment"	10/15/21	



Absolute Care Assisted Living, LLC

"A Place to Call Home"

431 Junny Road

Angier, NC 27501

Office: 919-639-5500, Fax: 919-639-5504

Date: October 15, 2021

To: Division of Health Service Regulation, Adult Care Licensure Section, NC Department of Health and Human Services

From: Administrator

Ref: Plan of Correction Absolute Care Family Care Home II

C 202 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination

In order to be in compliance with 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination, 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 .025 including subsequent amendments and editions. The Administrator/ Resident Care Coordinator will ensure that all residents will have a Negative T.B. test completed prior to admission or a Chest Ex-ray that is signed by physician stating the results as negative for T.B. result prior to admission. The second T.B. test will be administered within time frame as described above. The RCC will check all resident charts within 48 hours and ensure that all residents are current with their TB. All residents that need to have a TB will be completed by September 01, 2021. The RCC will monitor monthly for the next 90 days and then check for all new admissions to verify that there 2nd test is completed within first 30 days.

C 270 10A NCAC 13G .0904, Nutrition and Food Service

10A NCAC 13G .0904 (c-7) Nutrition and Food Service Menus in Family Care Homes

The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.

In order to be in compliance with 10A NCAC 13G .0904 Nutrition and Food Service and 10A NCAC 13G .0904(c-7) Nutrition and Food Service, Menu in Family Care Homes the facility shall have a matching therapeutic diet menu from all physicians—ordered therapeutic diets for guidance of food service staff. The Administrator / RCC will check all resident charts to ensure that a current diet order is signed and in place for all residents. The updated diet orders will be completed signed and/ or update and added to the resident diet log book. A resident diet list will

be revised, updated and posted on the refrigerators immediately within 24 hours. The resident diet list will be updated and revised within 24 hours of all new admission and discharges. and added to the resident diet log book and kept current. The resident diet log book and resident diet list will be reviewed monthly for the next 30 days moving forward. The cooks will be trained on how to check and read the menu book and follow the instructions on specialty diet orders and how to prepare and serve the correct portions as required by the menu book by September 01, 2021. The cooks will be monitored by the RCC for the next 90 days and quarterly thereafter to ensure that the new policies and procedures are being implemented and followed.