

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE FAMILY CARE HOME		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 4, 2021.	C 000		
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 staff guidance for 2 of 3 sampled residents (Residents #1 and #3), who had a physician's order for a low carbohydrate diabetic diet. The findings are: Review of Resident #1's current FL2 dated 07/07/21 revealed: -Diagnoses included schizoaffective disorder and Type II diabetes mellitus (DM). -There was a diet order for a low carbohydrate diabetic diet. Observation of the facility's diet menu in the kitchen revealed: -There was a four 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.	C 270	"See Attachment"	10/15/21

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

Carol Western, owner, MSW, Administrator

KBLB11

If continuation sheet 1 of 6

Reviewed and Acknowledged Kelplee 10/18/21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE FAMILY CARE HOME		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 270	Continued From page 1 -There was no low carbohydrate diabetic diet menu available for staff to reference. Observation of the lunch meal service on 08/04/21 from 12:00pm to 12:35pm revealed: -There were no diet menus listed in the kitchen of Building #1. -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 #1. -All were served macaroni and ground beef with a red sauce, broccoli, bread, and a piece of cake. -Beverages served were a 6 ounce glass of water and an eight ounce glass of sweetened tea. Without a therapeutic diet menu it could not be determined if Resident #1 was served the appropriate meal. Based on observations, interviews and record reviews it was determined Resident #1 was not interviewable. Refer to interview with the cook on 08/04/21 at 2:50pm. Refer to telephone interview with Resident #1's primary care provider (PCP) on 08/05/21 at 2:10pm. Refer to telephone interview with the Administrator on 08/05/21 at 3:20pm. 2. Review of Resident #3's current FL2 dated 02/03/21 revealed: -Diagnoses included major depressive disorder and Type II diabetes mellitus (DM). -There was a diet order for a low carbohydrate diabetic diet.	C 270	"See Attachment"	10/15/21	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE FAMILY CARE HOME			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 270	Continued From page 2 Observation of the facility's diet menu in the kitchen revealed: -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 08/04/21 from 12:00pm to 12:35pm revealed: -There were 6 residents at the lunch meal, including Resident #3. -She was served macaroni and ground beef with a red sauce, broccoli, bread, and a piece of cake. -Beverages served were a 6 ounce glass of water and an eight ounce glass of sweetened tea. 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	C 270	"See Attachment"	10/15/21	

PRINTED: 08/20/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE FAMILY CARE HOME		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 270	Continued From page 3 diet. -She did not know two of the residents were on a low carbohydrate diabetic diet. -There was no list posted in the kitchen with the resident's 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. -She did not have any formal training at the facility since her hire. Interview with the primary care physician (PCP) on 08/05/21 at 2:10pm revealed: -She did not know there was no menu guidance 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. -The four week cycle of menus were delivered to the facility every quarter. -She had been using these 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	C 270	"See Attachment"	10/15/21	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER ABSOLUTE CARE FAMILY CARE HOME		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 270	Continued From page 4 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 both had been trained to review the diet orders for each resident before meals were prepared in case there had 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 there was not a menu being followed for the low concentrated sweets diet.	C 270	"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

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.