

PRINTED: 10/03/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL033006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/22/2022
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NAME OF PROVIDER OR SUPPLIER YOUR LOVING FAMILY CARE HOME I	STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET ROCKY MOUNT, NC 27801
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(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 and follow-up survey on 09/22/22.	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 observation, record reviews, and interview, the facility failed to have a matching menu for 1 of 1 sampled residents (#1) on a modified diet for guidance of food service staff related to a cardiac (heart healthy) diet. The findings are: Review of Resident #1's current FL-2 dated 01/19/22 revealed: -Diagnoses included pure hypercholesterolemia, asthma, dementia, depression, hypertension and coronary artery disease. -His nutrition status was a cardiac diet. Review of Resident #1's Resident Register revealed an admission date of 01/19/21. Review of Resident #1's Care Plan dated 01/18/22 revealed his diet restrictions was a cardiac diet. Review of Resident #1's visit summary report with his primary care provider (PCP) dated 04/26/22	C 270	<i>Nutrition and Food Service: The menus was posted but not followed. The cardiac diet was past. The resident was to have turkey only but was all's given ham.</i> <i>From this day going forward the staff and I will go through training for food service. We will also go over all menus.</i>	10/13/22

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

Beatrice Letway

TITLE

Owner

(X6) DATE

10/12/22

STATE FORM

6200

1P9G11

If continuation sheet 1 of 3

Reviewed / Acknowledged SCM 10/27/22

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

YOUR LOVING FAMILY CARE HOME I

730 MARIGOLD STREET
ROCKY MOUNT, NC 27801

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C 270	Continued From page 1 revealed: -There was a recommendation for healthy plate meals with ½ vegetables, ¼ lean protein, and ¼ starch. -There was a note that a low cholesterol diet was reviewed. Review of Resident #1's visit summary with his pulmonologist dated 05/26/22 revealed: -Resident #1 should continue to follow a low fat and low cholesterol diet. -Avoid salts in diet, including processed and canned foods. Review of menus maintained in the facility kitchen revealed: -There was a menu for a regular diet. -There was a matching menu for a 4-gram sodium diet. -There was a matching menu for a 2-gram sodium. -There was a matching menu for a 1-gram sodium diet. -There was a matching menu for a mechanical soft diet. -There was a matching menu for a low/fat cholesterol diet. -There was a matching menu for a renal diet. Review of the menu to be served for 09/22/22 revealed: -The menu was for a regular diet. -There was an entry for beef vegetable soup. -There was an entry for a lean ham and swiss cheese sandwich with mayonnaise on 2 slices of rye bread. -There was an entry for a pickle. -There was an entry for sliced tomato salad. -There was an entry for 2 small plums. -There was an entry for a beverage.	C 270	When residents go to Dr office the staff that go with resident will come back and go over with all staff about what the Dr. has said. I as the owner will see to this being carried out. I will be checking all residents FL 2 and care plans. We will check residents books each month to make sure this doesn't happen again.	10/12/22

Division of Health Service Regulation
STATE FORM

Signature of Day/owner 10/12/22

1P9G11

If continuation sheet 2 of 3

Division of Health Service Regulation

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**730 MARIGOLD STREET
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C 270	Continued From page 2 -There was no matching menu for a cardiac diet for Resident #1. Observation of the lunch meal on 09/22/22 at 11:30am revealed: -Resident #1 ate 100% of the lunch meal provided at the facility according to the regular diet. -The lunch meal included a ham and turkey sandwich with cheese and mayonnaise on 2 slices of white bread. -The lunch meal included a bowl of vegetable soup. -The lunch meal included a sliced tomato. -The lunch meal included water and an orange drink. Interview with the Administrator on 09/22/22 at 12:15pm revealed: -She was not aware that Resident #1 was on a cardiac diet. -She was not aware of what a cardiac diet was. -She usually accompanied Resident #1 to his appointments with his PCP. -She did not recall the PCP mentioning that Resident #1 was on a cardiac diet. -She reviewed the FL-2 and the Care Plan, but did not recall seeing a cardiac diet listed for Resident #1. -It was her responsibility to clarify diet orders with Resident #1's PCP. -It was important for Resident #1 to follow the diet as ordered for his health.	C 270		