

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/28/2023
NAME OF PROVIDER OR SUPPLIER DIAL'S FAMILY CARE HOME # 7		STREET ADDRESS, CITY, STATE, ZIP CODE 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 conducted an annual and follow- up survey on 02/28/23.	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 food in the food pantry. The findings are: Observation of the food pantry on 02/28/23 at 10:15am revealed: -There were 2 bags of dried beans with an expiration date of 04/16/21. -There was a bag of dried beans with an expiration date of 04/14/21. -There was a bag of dried beans with an expiration date of 03/20 (no specific date was on the bag, only the month and year). -There was a bag of dried beans with an expiration date of 10/03/20. -There was an opened container of peanut butter with an expiration date of 10/08/21.	C 256		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/28/2023
NAME OF PROVIDER OR SUPPLIER DIAL'S FAMILY CARE HOME # 7		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a personal care aide (PCA) on 02/28/23 at 10:21am revealed: -She did not check the expiration dates on the food before she served it to the residents. -The managers of the facility were responsible to ensure that food was not expired in the kitchen. Interview with the facility manager on 02/28/23 at 10:57am revealed: -She checked the expiration dates of the food every week. -She did not know why those items were in the pantry because they were not food items the facility purchased. -She always informed the staff to check the expiration dates of the food before it was cooked. Interview with the Administrator on 02/28/23 at 2:20pm revealed she was not aware of the expired foods in the facility.	C 256		
C 258	10A NCAC 13G .0904 (a-3) Nutrition And Food Service 10A NCAC 13G .0904 Nutrution And Food Service Food Procurement and Safety in Family Care Homes: (3) All meat processing shall occur at a USDA-approved processing plant. This Rule is not met as evidenced by: Based on observations and interviews, the facility	C 258		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/28/2023
---	---	--	--

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 258	Continued From page 2 failed to have a 3-day supply of perishable foods. The findings are: Observation of the refrigerator and the refrigerator freezer on 02/28/23 at 10:11am revealed: -There were 2 hard shell eggs. -There was one jar of jelly. -There was an opened container of mayonnaise. -There were about 3 cucumbers. -There was one pound of ground beef. -There was an opened package of luncheon meat. -There was less than a 1 cup from a gallon of milk. -There was one 16-ounce package of frozen french fry potatoes. -There was an opened container of ice cream. -There was one 16-ounce bag of a frozen vegetables. Interview with a personal care aide (PCA) on 02/28/23 at 10:21am revealed: -She notified management of the food that was needed in the kitchen. -The management staff usually ensures food was stocked in the kitchen but lately that had not been happening. Interview with the facility manager on 02/28/23 at 10:57am revealed: -She did not have control of the food budget. -She was aware there needed to be a 3-day supply of perishable food. Interview with the Administrator on 02/28/23 at 2:20pm revealed: -She was aware there should be a 3-day supply of perishable food in the facility.	C 258		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/28/2023
---	---	--	--

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 258	Continued From page 3 -She was not aware there was not a 3-day supply of perishable food in the facility. -She was responsible to ensure the facility was stocked with food.	C 258		