Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL 074053	A. BUILDING: _____ B. WING _____	03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERVANTS HEART FAMILY CARE HOME	3201 CHARLES BLVD GREENVILLE, NC 27858

(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 intial survey on March 23, 2023.	C 000		3/25/2023
C 254	10A NCAC 13G .0903(c) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist, respiratory care practitioner, or physical therapist in the on-site review and evaluation of the residents' health status, care plan, and care provided, as required in Paragraph (a) of this Rule, is completed within 30 days after admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a Licensed Health Professional Support (LHPS) evaluation was completed for 1 of 1 sampled residents (#2) with a LHPS task of fingerstick blood sugar (FSBS) checks.	C 254	Resident 2 LHPS form was found and RN returned to the facility to complete. LHPS has been updated with assessment in residents chart. LHPS will be updated quarterly or if residents status in care changes. The form has been placed in the residents chart with a LHPS review tracker.	Completed

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nicole Sanders | TITLE: Administrator | (X6) DATE: 4/3/2023

Reviewed and Acknowledged PHR 04/03/23

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C 254	Continued From page 1 The findings are: Review of Resident #2's current FL2 dated 01/30/23 revealed: -Diagnoses included dizziness. -There was an order for fingerstick blood sugar (FSBS) check twice daily. Review of Resident #2's Resident Register revealed she was admitted to the facility on 11/21/22. Review of Resident #2's physician order sheet dated 01/04/23 revealed there was an order to check FSBS twice daily. Review of Resident #2's January 2023 electronic medication administration record (eMAR) revealed: -There was an entry for FSBS check scheduled for 8:00am and 5:00pm. -FSBS was documented as performed at 8:00am and 5:00pm on 01/04/23 to 01/31/23. Review of Resident #2's February 2023 eMAR revealed: -There was an entry for FSBS check scheduled for 8:00am and 5:00pm. -FSBS was documented as performed at 8:00am and 5:00pm on 02/01/23 to 02/28/23. Review of Resident #2's March 2023 eMAR revealed: -There was an entry for FSBS check scheduled for 8:00am and 5:00pm. -FSBS was documented as performed at 8:00am and 5:00pm on 03/01/23 to 03/22/23. Review of Resident #2's record revealed there	C 254	Staff will be made aware of the continued order for fingerstick blood sugar order for resident 2. Staff will continue fingersticks twice a day and report any changes to administrator.	3/25/23 complete

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C 254	Continued From page 2 was no Licensed Health Professional Support (LHPS) evaluation. Interview with Resident #2 on 03/23/23 at 12:44pm revealed she received FSBS checks twice a day. Interview with the Administrator on 03/23/23 at 12:25pm revealed: -She was not aware that there were certain tasks that required residents to have a LHPS evaluation completed. -Resident #2 received FSBS checks twice a day. -She was not aware that Resident #2 needed a LHPS evaluation completed because she received FSBS checks. Attempted telephone interview with the facility's nurse on 03/23/23 at 12:03pm was unsuccessful.	C 254	RN was contacted after survey to ensure Compliance with LHPS requirements. The RN returned and assessed resident 2 for any changes and updated LHPS form.	3/25/23 completed
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 any resident's physician-ordered therapeutic diet 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 ensure there was a matching therapeutic diet menu for 2 of 2 sampled residents (#1, #2) who had physician ordered therapeutic diets.	C 270	Therapeutic diet menu for resident 2 was placed in the weekly food menu for staff to view when preparing meals for that day. A therapeutic diabetic menu was placed in food preparation area for staff to view as they prepare meals.	3/25/23 Completed

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C 270	Continued From page 3 The findings are: Observation of the kitchen on 03/23/23 revealed no therapeutic menus were available for reference by facility staff. 1. Review of Resident #1's current FL2 dated 02/13/23 revealed: -Diagnoses included inadequate pain control. -Diet was not indicated. Review of Resident #1's diet order form dated 11/08/22 revealed diet was regular reduced concentrated sweet and no added salt (NAS). Refer to interview with the Administrator on 03/23/23 at 12:25pm. 2. Review of Resident #2 current FL2 dated 01/30/23 revealed: -Diagnoses included dizziness. -Diet was low carbohydrates and low sugar. Interview with Resident #2 on 03/23/23 at 12:44pm revealed: -She had diabetes. -She only ate sugar-free sweets at the facility. Refer to interview with the Administrator on 03/23/23 at 12:25pm. _____ Interview with the Administrator on 03/23/23 at 12:25pm revealed: -She did not know that she needed to have a therapeutic diet menu for each therapeutic diet that was ordered. -She did not cook with salt. -She provided sugar-free desserts and artificial sweeteners for the residents with reduced sugar	C 270	A visible printable document was made for resident 1 and resident 2 therapeutic diets. Document was placed in the food preparation area for staff to view in food preparation area. Both resident 1 and resident 2 diets have been placed in food preparation area with name and diet according to resident.	3/25/23 Completed

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C 270	Continued From page 4 diets.	C 270	A visible color coded document for all residents was placed in the food preparation area for staff to view during meal preparation. All residents are listed with desired diet by PCP. A list for regular, ground meat, no salt added, reduced concentrated sweets and puree with color code for each is in food prep area for staff to view.	3/25/23 Completed completed
C 283	10A NCAC 13G .0904 (e)(3) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Therapeutic Diets in Family Care Homes: (3) The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure a listing of residents with physician-ordered therapeutic diets was available for the guidance of the facility staff. The findings are: Observation of the kitchen during the initial tour on 03/23/23 revealed there was no diet listing of residents with therapeutic diets available for reference. 1. Review of Resident # Review of Resident #1's current FL2 dated 02/13/23 revealed: -Diagnoses included inadequate pain control. -Diet was not indicated. Review of Resident #1's diet order form dated 11/08/22 revealed diet was regular reduced concentrated sweet and no added salt (NAS). Refer to interview with the Administrator on 03/23/23 at 12:25pm.	C 283		

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C 283	Continued From page 5 2. Review of Resident #2 current FL2 dated 01/30/23 revealed: -Diagnoses included dizziness. -Diet was low carbohydrates and low sugar. Refer to interview with the Administrator on 03/23/23 at 12:25pm. Interview with the Administrator on 03/23/23 at 12:25pm revealed: -She was not aware that a diet menu needed to be listed for residents who received a therapeutic diet. -She had other facility staff that prepared resident's meals. -She told other facility staff what type of diet each resident was on but she did not have it written on a list to which they could refer.	C 283	A list of diabetic options for resident 2 was placed in the residents chart, food menu log and posted in the food preparation area for staff to prepare meals with alternatives for residents 2 diet order. All therapeutic meals have been updated in chart and in food prep area for staff to refer to.	3/25/23 Complete.