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
	FCL032142	A. BUILDING: _____ B. WING _____	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	1120 BENNING STREET DURHAM, NC 27703

(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 with an exit date of March 8, 2024.	C 000		
C 264	10A NCAC 13G .0904(c)(1) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service (c) Menus in Family Care Homes: (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the daily food requirements in Paragraph (d) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to prepare menus at least one week in advance with serving quantities specified and in accordance with the daily food requirements. The findings are: Observation of the kitchen on 03/08/24 at 7:45am revealed: -There was a weekly menu posted on the refrigerator from 03/03/24 to 03/09/24. -There were hand-written entries for breakfast, lunch, and dinner for each day of the week, Sunday through Saturday. -The hand-written entry consisted of two or three foods for each meal. -There was no serving size listed on the menu. -There were no liquids to be served on the weekly menu.	C 264	Administrator held trainings to work with Supervisors-In-Charge on the correct way to use the menu system per state statute 10A NCAC 13G .0904 Nutrition And Food Service. Information covered in the training is attached. The rule area was reviewed and a quiz was given to SICs in attendance. In-service training was also done with the Head SIC, Michelle Miller for the upcoming menu cycle.	3/21/2024

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cheryl Mitchell	Administrator	May 6, 2024

Reviewed and acknowleged 05/13/24

Janet Thornburg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032142	A. BUILDING: _____ B. WING _____	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	1120 BENNING STREET DURHAM, NC 27703

(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 264	Continued From page 1 -The menu was not signed by a Registered Dietician (RD). Observation of the breakfast service meal on 03/08/24 at 7:48am revealed the residents were served waffles, applesauce, and a cup of water. Interview with 2 residents on 03/08/24 between 7:50am and 8:00am revealed the residents were served waffles, applesauce, and a cup of water. Interview with the medication aide (MA) on 03/08/24 at 7:45am and 11:21am revealed: -He prepared breakfast, lunch, and dinner for the residents. -He prepared what was listed on the menu. -This morning, 03/08/24, he served waffles, applesauce, and water to the residents. -He did not serve anything other than what was on the menu. -He did not know he should have served bacon or sausage with the waffles this morning; it was not on the menu to be served. -He did not know the residents were to receive juice or citrus fruit daily. -He did not know the residents were to be served milk or a milk product three times daily. -He did not know the residents were to be served eggs at least three times weekly. -He did not know residents were required to have a specific amount or serving of each food or liquid. Telephone interview with the Director on 03/08/24 at 11:12am revealed: -The facility purchased cycle menus for each season from a RD years ago. -She did not leave the menus in the facility because they would get destroyed by the Residents and the staff.	C 264	Menus signed by a RD will be copied and maintained in the home at all times. Copies will be posted for the residents review.	4/5/2024

Cheryl Mitchell Administrator May 6, 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032142	A. BUILDING: _____ B. WING _____	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	1120 BENNING STREET DURHAM, NC 27703

(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 264	Continued From page 2 -She hand-wrote a menu each week and placed it in the kitchen on the refrigerator. -She wrote the main foods for the meal but left it open for the staff to serve what the residents wanted. Interview with the Administrator on 03/08/24 at 11:00am and 11:30am revealed: -The Director prepared the menu for the facility. -The Director prepared the menu based on the food that was available in the home. -The facility had signed menus from a RD that were kept in a book with the Director. -The Director would shop for food based on the menu. -She was aware the Director wrote the menus out by hand because there was a problem keeping the signed menus in the facility. -The hand-written menu needed to be a complete menu to include all food groups and servings of each food/liquid. -The menu on the refrigerator for the week of 03/03/24 to 03/09/24 was an incomplete menu. -She did not know the menus were incomplete. -She expected the menus to be complete and the residents served three balance meals a day.	C 264		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.	C 330		

Cheryl Mitchell Administrator May 6, 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032142	A. BUILDING: _____ B. WING _____	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	1120 BENNING STREET DURHAM, NC 27703

(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 330	Continued From page 3 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents (#1) related to treat anxiety and depression. The findings are: Review of Resident #1's current FL-2 dated 11/21/23 revealed diagnoses included schizophrenia disorder bipolar type and autism spectrum disorder. There was a signed physician's order dated 12/01/23 for mirtazapine 15mg (used to treat anxiety and depression) at bedtime. There was a signed physician's order dated 03/04/24 to increase mirtazapine to 30mg at bedtime. Review of Resident #1's March 2024 electronic medication administration record (eMAR) from 03/04/24 to 03/07/24 revealed: -There was an entry for mirtazapine 15mg at bedtime with a discontinued date of 03/04/24. -There was an entry for mirtazapine 30mg at bedtime with a scheduled administration time of 8:00pm. -There was documentation mirtazapine 30mg was administered at 8:00pm from 03/05/24 to 03/07/24. Observation of Resident #1's medications on hand on 03/08/24 at 10:30am revealed: -There was a bubble pack of mirtazapine 15mg available for administration with a dispensed date	C 330	Administrator provided Supervisor-In-Charge additional training with medication orders and dispensing of medication. Administrator allowed SIC more time to study under the more experienced staff and the administrator to ensure processes policies and procedures are followed. Had all Supervisors-In-Charge review the Pharmacy Policy and Procedure manual and take their quiz ensure all policies and procedures are followed All orders and medications are currently in facility and being dispensed as directed.	4/5/2024

Cheryl Mitchell Administrator May 6, 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032142	A. BUILDING: _____ B. WING _____	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	1120 BENNING STREET DURHAM, NC 27703

(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 330	Continued From page 4 of 02/16/24. -The pharmacy dispensed 29 mirtazapine 15mg. -There were 10 of 29 mirtazapine remaining. -There was no mirtazapine 30mg available for administration. Telephone interview with a representative from the facility's contracted pharmacy on 03/08/24 at 10:45am revealed: -The pharmacy had an order for mirtazapine 30mg at bedtime dated 03/04/24 for Resident #1. -The pharmacy dispensed 11 mirtazapine 30mg on 03/04/24 and delivered the medication to the facility the same evening. -Mirtazapine was used for mood and sleep. Observation of the Administrator on 03/08/24 at 10:48am revealed the Administrator unlocked the locked box on the front porch and removed three bags of medication; one bag contained 11 mirtazapine 30mg for Resident #1. Telephone interview with the medication aide (MA) on 03/08/24 at 10:40am revealed: -He administered Resident #1 mirtazapine 15mg. -He did not know Resident #1's mirtazapine had been changed to 30mg at bedtime. -The Primary Care Provider (PCP) faxed the prescription to the pharmacy. -He did not know the PCP had faxed a new prescription to the pharmacy. -He did not notice the new entry on the eMAR for mirtazapine 30mg at bedtime. Interview with the Administrator on 03/08/24 at 10:42pm revealed: -The PCP faxed all prescriptions to the pharmacy. -The pharmacy enters the new medication order into the eMAR. -The pharmacy sends the new medication out the	C 330		

Cheryl Mitchell Administrator May 6, 2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032142	A. BUILDING: _____ B. WING _____	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPREME FAMILY CARE HOME	1120 BENNING STREET DURHAM, NC 27703

(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 330	Continued From page 5 same night as they receive the new order. -The delivery of the medication would be placed inside the locked box on the front porch. -The MA would retrieve the medication from the locked box the following morning. -The MA did not know there was a new medication ordered, so he did not know to look in the locked box of the front porch. -The MA did not check the locked box daily; the MA checked the locked box monthly when the cycled medications were due to be delivered and if he was aware of a new medication being delivered. Resident #1 was unavailable for an interview. Attempted telephone interview with the PCP on 03/08/24 at 11:00am was unsuccessful.	C 330	Administrator directed Medication Aide to check box daily and while dispensing medication always check the medication against the MAR to ensure the proper medication, dose, resident, time, and route are adhered to.	3/8/24

Cheryl Mitchell Administrator May 6, 2024

102 Main Street
Wadsworth, Ohio 44281

Nutrition Management Systems

This manual has been prepared according to generally accepted nutritional practices and guidelines. It utilizes four-four week cycle menus, which are color - coded to each season and will assure your residents a well balanced diet. These menus do meet the current USDA dietary guidelines as of this date. They meet the 2010 USDA MyPlate recommendations. They reflect the accepted diabetic exchange units of the American Diabetes Association and the American Dietetic Association. These menus also meet all state-specific dietary guidelines as required by the states of North Carolina, Maryland and Virginia.

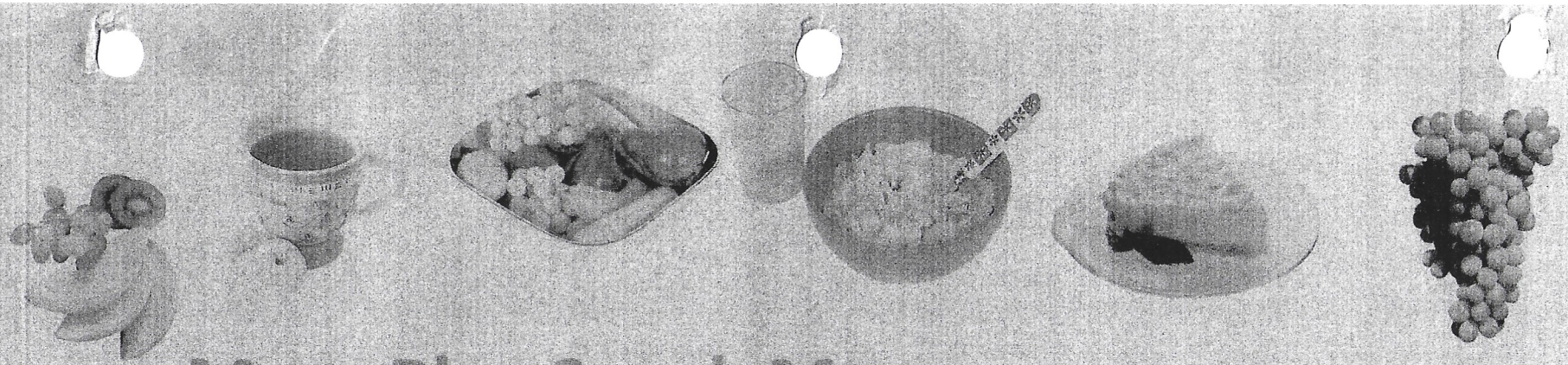
Nutrition Management Systems President, Deborah Kemokai-Wright authors for professional journals and newsletters and has provided professional research by way of poster sessions at both the Ohio and American Dietetic Associations. Deborah serves on the board of directors of the Ohio Dietetic Association, including serving as President of the Association in 1996-1997. She has served as President and Council on Practice Chairman for the Greater Akron Dietetic Association as well as Council on Practice Chairman for the Ohio Dietetic Association. She has also held national positions with the American Dietetic Association's Networking Task Force, Diversity Committee and Commission on Dietetic Registration

Deborah Kemokai-Wright R.D. , L.D.

December, 2019

Deborah Kemokai-Wright, RD, LD

Dietitian's Registration Number
R496902/LI601



MenuPlus Snack Menu

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Milk 2% 4 oz OR Fruit Juice 4 oz. AND CHOICE OF ONE:	Milk 2% 4 oz OR Fruit Juice 4 oz. AND CHOICE OF ONE:	Milk 2% 4 oz OR Fruit Juice 4 oz. AND CHOICE OF ONE:	Milk 2% 4 oz OR Fruit Juice 4 oz. AND CHOICE OF ONE:	Milk 2% 4 oz OR Fruit Juice 4 oz. AND CHOICE OF ONE:	Milk 2% 4 oz OR Fruit Juice 4 oz. AND CHOICE OF ONE	Milk 2% 4 oz OR Fruit Juice 4 oz. AND CHOICE OF ONE
Grapes 15 each Pudding ½ cup	Fresh Apple 1 medium Low Fat Yogurt ½ cup	Fresh Pear 1medium Ice Cream ½ cup	Fresh Banana 1 mediur Sherbet ½ cup	Fresh Orange 1 mediu Low Fat Cottage Cheese ½ cup	Grapefruit ½ section Frozen Pudding Bar	Cantaloupe 1/8 section Cheese 1 oz.
Chocolate Chip Cookies 2 each	Peanut Butter Cookies 2 each	Lemon Cookies 2 each	Apple Crisp 2" x 2" sq.	Brownie 2" x 2" sq.	Angel Food Cake 1 slice	Fruited Muffin 1 each
Ritz crackers 6 each Ginger Snaps 3 each Fruited Jello ½ cup	Wheatworth Crackers 6 Fig Newton's 3 each	Saltines 6 each Oreo's 3 each	Pretzels 1 oz. Shortbread Cookies 4 e	Popcorn 1 cup Oatmeal cookies 2 ea	Graham Crackers 4 e Granola Bar 2 oz	Corn Chips 1 oz. Sugar Cookies 2 each
Celery ½ stalk w/ Peanut butter 1 tbsp Ginger Snaps 3 each	Carrot ½ sliced & Celery ½ stalk	Fresh Broccoli Florets w/veggie dip 1 tbsp	Tomato Slices 2 each	Celery ½ stalk w/ Cream cheese 1 tbsp	Cereal ½ cup	Sandwich ½ w/ 1 oz Meat or cheese

Above snack suggestions are for REGULAR DIETS ONLY. The snacks for ADA MODIFIED DIETS and the othe MODIFIED DIETS are listed at the bottom of each day. The recommended calorie level for the regular diet 2000 calories and assumes 1 serving from each category will be given each day.

APPROVED BY

Deborah Kumokita-Wright, RD, LD

April, May & June

	REGULAR	4 GRAM SODIUM	2 GRAM SODIUM	1 GRAM SODIUM	MECHANICAL SOFT	LOW / FAT CHOLESTEROL	RENAL
BREAKFAST	Orange Juice 4 oz. Cream of Rice ½ cup French Toast 2 sl. Margarine 2 tsp. Syrup ¼ cup Banana 1 medium Milk 2% 8 oz.	Orange Juice 4 oz. Cream of Rice ½ cup French Toast 2 sl. Margarine 2 tsp. Syrup ¼ cup Banana 1 medium Milk 2% 8 oz.	Orange Juice 4 oz. Cream of Rice ½ cup French Toast 2 sl. SF Margarine 2 tsp. Syrup ¼ cup Banana 1 medium Milk 2% 8 oz.	Orange Juice 4 oz. Cream of Rice ½ c SF French Toast 2 sl. SF (made w white br. SF) Margarine 2 tsp. SF Syrup ¼ cup Banana 1 medium Milk 2% 8 oz.	Orange Juice 4 oz. Cream of Rice ½ c SF French Toast 2 sl. Margarine 2 tsp. Syrup ¼ cup Banana 1 medium Milk 2% 8 oz.	Orange Juice 4 oz. Cream of Rice ½ cup French Toast 2 sl. made w eggbeaters Margarine 2 tsp. LF Syrup ¼ cup Banana 1 medium Skim Milk 8 oz.	Grape Juice 4 oz. Cream of Rice ½ cup French Toast 2 sl. Margarine 2 tsp. Syrup ¼ cup Applesauce ½ cup Milk 2% 4 oz.
LUNCH	Quick Oriental Beef & Noodles (3 oz. ground turkey) (½ cup noodles) Tossed Salad Greens 1 cup Vinegar & Oil 2 tbsp. SF Broccoli ½ cup Garlic Bread 1 slice Fruited Gelatin ½ cup Beverage	Quick Oriental Beef & Noodles (3 oz. ground turkey) (½ cup noodles) Tossed Salad Greens 1 cup Vinegar & Oil 2 tbsp. SF Broccoli ½ cup Garlic Bread 1 slice Fruited Gelatin ½ cup Beverage	Quick Oriental Beef & Noodles (3 oz. ground turkey) (½ cup noodles) Tossed Salad Greens 1 cup Vinegar & Oil 2 tbsp. SF Broccoli ½ cup SF Garlic Bread 1 sl. SF Fruited Gelatin ½ cup Beverage	Quick Oriental Beef & Noodles (3 oz. ground turkey (½ cup noodles) Tossed Salad Greens 1 cup Vinegar & Oil 2 tbsp. SF Broccoli ½ cup SF White Bread 1 sl. SF Margarine 1 tsp SF Fruited Gelatin ½ cup Beverage	Quick Oriental Beef & Noodles (3 oz. ground turkey) (½ cup noodles) Tossed Salad Greens 1 cup Vinegar & Oil 2 tbsp. SF Broccoli ½ cup Italian Bread 1 slice Fruited Gelatin ½ cup Beverage	Quick Oriental Beef & Noodles (3 oz. ground turkey) (½ cup noodles) Tossed Salad Greens 1 cup Vinegar & Oil 2 tbsp. Broccoli ½ cup LF Italian Bread 1 slice Margarine 1 tsp LF Fruited Gelatin ½ cup Beverage	Quick Oriental Beef & Noodles (3 oz. ground turkey) (½ cup noodles) Tossed Salad Greens 1 cup Vinegar & Oil 2 tbsp. SF Broccoli ¼ cup SF Garlic Bread 1 slice SF Margarine 1 tsp Fruited Gelatin ½ cup Beverage
DINNER	Creole Fish Fillet 3 oz Tartar Sauce 1 tbsp. Hash Brown Pattie 3 oz. Coleslaw ½ cup Cornbread 2"x 2" sq. Margarine 1 tsp. Sliced Peaches ½ cup Milk 2% 8 oz.	Creole Fish Fillet 3 oz. SF Tartar Sauce 1 tbsp. Hash Brown Pattie 3 oz. Coleslaw ½ cup Cornbread 2"x 2" sq. Margarine 1 tsp. Sliced Peaches ½ cup Milk 2% 8 oz.	Chicken 3 oz. SF Hash Brown Pattie 3 oz. SF Coleslaw ½ cup SF Cornbread 2"x 2" SF Margarine 1 tsp. Sliced Peaches ½ cup Milk 2% 8 oz.	Chicken 3 oz SF Hash Brown Pattie 3 oz. SF Coleslaw ½ cup SF White Bread 1 sl. SF Margarine 1 tsp. SF Sliced Peaches ½ cup Milk 2% 8 oz.	Creole Fish Fillet 3 oz Tartar Sauce 1 tbsp. Hash Brown Pattie 3 oz. Coleslaw ½ cup Cornbread 2"x 2" SF Margarine 1 tsp. Sliced Peaches ½ cup Milk 2% 8 oz.	Baked Chicken 3 oz LF (boneless & skinless) Mashed Pot. ½ cup LF Coleslaw ½ cup (made with FF Mayo) Wheat Bread 1 slice Margarine 1 tsp. LF Sliced Peaches ½ cup Skim Milk 8 oz.	Chicken 3 oz SF Tartar Sauce 1 tbsp. But Noodles ½ cup SF Coleslaw ½ cup SF White Bread 1 slice Margarine 1 tsp. Sliced Peaches (drain fruit no syrup) Beverage
SNACK		Apple Juice 4 oz. Ginger Snaps 3 each	Apple Juice 4 oz. Ginger Snaps 3 each	Apple Juice 4 oz. Ginger Snaps 3 each	Apple Juice 4 oz. Ginger Snaps 3 each	Apple Juice 4 oz. Ginger Snaps 3 each	Apple Juice 4 oz. Ginger Snaps 3 each

SPRING CYCLE
WEEK 3
MONDAY

MODIFIED DIETS (NO ADDED SALT TO BE USED IN PREPARATION OR AT THE TABLE)

APPROVED BY
Deborah Komokia-Wright, RD, LD

Sold to:

Supreme Family Care Home
1120 Benning Street
Durham, NC 27703

Date:

12/2/2019

Please mail remittance to
David Groetzinger
MenuPlus
2983 Littledale Rd.
Akron, Ohio 44319

Date	Product	Charges	Payments	Balance
	Dietary Manual	$295.00		$295.00
	Additional Manuals (1/2 price)	$150.00		
	CD-Rom (not sold separately)	$100.00		
	Marketing Manual and CD-ROM	$295.00		
	Dietary Manual & CD-ROM and Marketing Manual & CD-ROM	$495		
	Postage	$10.00		10
				305

ExpressCare Pharmacy

presents

Certificate of Completion

to

Michelle Miller

NC State Approved 3 Continuing Education Hours of

“Policy and Procedures”

You passed this certification on March 20, 2024.

PRESENTER  RPh DATE March 20, 2024

ExpressCare Pharmacy

presents

Certificate of Completion

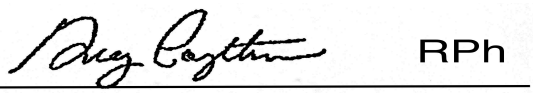
to

Emphanie Mines

NC State Approved 3 Continuing Education Hours of

“Policy and Procedures”

You passed this certification on March 20, 2024.

PRESENTER  RPh DATE March 20, 2024

ExpressCare Pharmacy

presents

Certificate of Completion

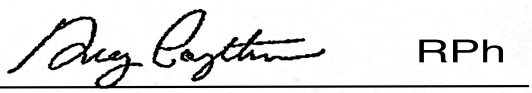
to

Cheryl Mitchell

NC State Approved 3 Continuing Education Hours of

“Policy and Procedures”

You passed this certification on March 16, 2024.

PRESENTER  RPh DATE March 16, 2024

NUTRITIONAL GUIDELINES TRAINING APRIL 5, 2024

Nutrition guidelines for an adult care home involve considering the unique dietary needs and preferences of the residents while ensuring that meals are balanced, nutritious, and enjoyable. Steps the Administrator has taken to ensure we meet or exceed nutritional goals are listed here.

1. **Consult with a Dietitian**: Consult with a registered dietitian or nutritionist. They can provide valuable insights into the specific nutritional requirements of the residents based on their age, medical conditions, and dietary restrictions. They are the ones who create menus based on the dietary needs of our residents.

2. **Balance and Variety**: Switch it up sometimes to offer a balanced diet that includes a variety of foods from all food groups. This typically includes fruits, vegetables, whole grains, lean proteins, and healthy fats.

3. **Portion Control**: Pay attention to portion sizes to prevent overeating or undereating. Adjust portions based on individual needs, such as age, activity level, and any medical conditions.

4. **Special Dietary Needs**: Accommodate residents with special dietary needs, such as diabetes, food allergies, or intolerances. Ensure that meals are tailored to meet these requirements while still being flavorful and satisfying. Diabetics usual cannot have products with added sugar.

5. **Hydration**: Encourage adequate hydration by providing residents with access to water throughout the day. Offer other beverages like herbal teas or low-sugar fruit juices as alternatives.

6. **Limit Processed Foods**: Minimize the use of highly processed foods that are high in added sugars, unhealthy fats, and sodium. Instead, focus on whole, minimally processed foods whenever possible. Canned foods are used minimally.

7. **Food Safety**: Follow strict food safety guidelines to prevent foodborne illnesses. Ensure that food is stored, prepared, and served at safe temperatures, and regularly inspect kitchen facilities for cleanliness.

8. **Cultural Sensitivity**: Respect residents' cultural and religious dietary practices when planning menus. Offer diverse meal options that cater to different cultural backgrounds and preferences.

9. **Promote Social Interaction**: Meals should be served in a communal setting whenever feasible to encourage social interaction and a sense of community among residents.

10. **Regular Menu Reviews**: Regularly review and update the menu based on resident feedback, dietary guidelines, and nutritional trends. Solicit input from residents to ensure that their preferences are taken into account.

11. **Nutrition Education**: Give the residents nutritional education and resources to help them make informed food choices. This can include nutrition workshops, cooking demonstrations, and access to informational materials.

12. **Collaborate with Staff**: Collaborate with each staff, caregivers, and other relevant personnel to ensure that nutrition guidelines are effectively implemented and monitored.

By following these guidelines and tailoring them to the specific needs of our adult care home residents, we will be promoting the optimal health and well-being of each resident through nutrition.

10A NCAC 13G .0904 NUTRITION AND FOOD SERVICE

(a) Food Procurement and Safety in Family Care Homes:

(1) Food services shall comply with Rules Governing the Sanitation of Residential Care Facilities set forth in 15A NCAC 18A .1600 which are hereby incorporated by reference, including subsequent amendments, assuring storage, preparation, and serving food under sanitary conditions.

(2) Only meat processed at a USDA-approved processing plant shall be served.

(3) There shall be a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus established in Paragraph (c) of this Rule, for both regular and therapeutic diets. For the purpose of this Rule "perishable food" is food that is likely to spoil or decay if not kept refrigerated at 40 degrees Fahrenheit or below, or frozen at zero degrees Fahrenheit or below and "non-perishable food" is food that can be stored at room temperature and is not likely to spoil or decay within seven days.

(b) Food Preparation and Service in Family Care Homes:

(1) Table service shall include a napkin and non-disposable place setting consisting of a knife, fork, spoon, plate, and beverage containers.

(2) Hot foods shall be served hot and cold foods shall be served cold as set forth in Rule 15A NCAC 18A .1620(a) which is hereby incorporated by reference, including subsequent amendments.

(3) If residents require feeding assistance, food shall be maintained at serving temperature until assistance is provided.

(c) Menus in Family Care Homes:

(1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the daily food requirements in Paragraph (d) of this Rule.

(2) Menus shall be maintained in the kitchen and identified as to the current menu day for guidance of food service staff.

(3) Any substitutions made in the menu shall be of equal nutritional value, in order to maintain the daily dietary requirements in Subparagraph (d)(3) of this Rule, appropriate for therapeutic diets, and documented in records maintained in the kitchen to indicate the foods actually served to residents.

(4) Menus shall be planned to take into account the food preferences of the residents as documented on the Resident Register.

(5) Menus as served, invoices, and other receipts for food or beverage purchases shall be maintained in the facility for 30 days.

(6) Menus for all therapeutic diets shall be planned or reviewed by a licensed dietitian/nutritionist. The facility shall maintain verification of the licensed dietitian/nutritionist's approval of the therapeutic diets.

(7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.

(d) Food Requirements in Family Care Homes:

(1) Each resident shall be served a minimum of three nutritionally adequate meals based on the requirements in Subparagraph (d)(3) of this Rule. Meals shall be served at regular times comparable to normal meal times in the community. There shall be at least 10 hours between the breakfast and evening meals.

(2) Foods and beverages shall be offered in accordance with each residents' prescribed diet or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.

(3) Daily menus for regular diets shall be based on the U.S. Department of Agriculture Dietary Guidelines for Americans 2020-2025, which are hereby incorporated by reference, including subsequent amendments and editions. These guidelines can be found at https://dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020- 2025.pdf, at no cost.

(4) Water shall be served to each resident at each meal, in addition to other beverages.

(e) Therapeutic Diets in Family Care Homes:

(1) All therapeutic diet orders including thickened liquids shall be in writing from the resident's physician. Where applicable, the therapeutic diet order shall be specific to calorie, gram, or consistency, such as for calorie-controlled ADA diets, low sodium diets, or thickened liquids, unless there are written orders that include the definition of any therapeutic diet identified in the facility's therapeutic menu approved by a licensed dietitian/nutritionist. For the purpose of this Rule "therapeutic diet" is a diet ordered by a physician, physician assistant, nurse practitioner, or a licensed dietician/nutritionist as delegated by the physician that is part of the treatment for a disease or clinical condition, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium or potassium), or to provide mechanically altered food when indicated.

(2) Physician orders for nutritional supplements shall be in writing from the resident's physician and be brand-specific, unless the facility has defined a house supplement in its communication to the physician, and shall specify quantity and frequency.

(3) The facility shall maintain a current listing of residents with physician-ordered therapeutic diets for guidance of food service staff.

(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.

(f) Individual Feeding Assistance in Family Care Homes:

(1) The facility shall provide staff for individual feeding assistance as in accordance with residents' needs.

(2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect.

(g) Variations from the required three meals or time intervals between meals to meet individualized needs or preferences of residents shall be documented in the resident's record. Each resident shall receive three meals in accordance with resident preferences as documented in the resident's record.

History Note: *Authority G.S. 131D-2.1(4); 131D-2.16; 131D-4.4; 143B-165; Eff. Jan 1, 1977; Amend Eff. Oct 1, 1977; Apr 22, 1977; Readopt Eff. Oct 31, 1977; Amend Eff. Aug 3, 1992; July 1, 1990; Sept 1, 1987; Apr 1, 1987; Temp Amend Eff. July 1, 2003; Amend Eff. June 1, 2004; Readpt Eff. March 1, 2023.*

FAMILY CARE HOME FOOD AND NUTRITION TRAINING
QUIZ

1. What is required regarding menu planning in adult care homes according to 10A NCAC 13G .0904?

   a) A written menu plan for at least a one-week cycle of meals and snacks
   b) A written menu plan for at least a two-week cycle of meals and snacks
   c) A verbal menu plan for each day's meals and snacks
   d) A monthly menu plan submitted to the state health department

2. Which of the following is NOT a requirement related to food service outlined in the statute?

   a) Providing modified diets as prescribed by a physician
   b) Ensuring the dining area is clean and well-maintained
   c) Conducting a nutritional assessment for residents upon admission
   d) Offering a variety of foods and resident choice in menus

3. How often should residents receive a nutritional assessment according to 10A NCAC 13G .0904?

   a) Monthly
   b) Quarterly
   c) Upon admission and periodically thereafter
   d) Annually

4. What should be readily available for review by regulatory agencies during inspections, as per the statute?

   a) Resident care plans
   b) Staff training records
   c) Menus and documentation of modifications to diets
   d) Facility maintenance logs

5. True or False: Facilities are not required to provide modified diets for residents with specific medical conditions or dietary restrictions.

6. What aspect of food preparation and service is emphasized in the statute to prevent foodborne illness?

   a) Using locally sourced ingredients
   b) Providing disposable utensils and dishes
   c) Preparing and serving food in a sanitary manner
   d) Offering pre-packaged meals

7. Which of the following is NOT a component of staff training requirements outlined in the statute?

   a) Nutrition education
   b) Food safety
   c) Resident entertainment
   d) Meal planning

8. True or False: Residents in adult care homes are not required to have access to fluids throughout the day to maintain hydration.

FAMILY CARE HOME FOOD AND NUTRITION TRAINING
QUIZ ANSWERS

Answers:
1. b) A written menu plan for at least a two-week cycle of meals and snacks
2. c) Conducting a nutritional assessment for residents upon admission
3. c) Upon admission and periodically thereafter
4. c) Menus and documentation of modifications to diets
5. False
6. c) Preparing and serving food in a sanitary manner
7. c) Resident entertainment
8. False