FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL078120	A. BUILDING: _____ B. WING _____	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CARE HOME OF DIALS #1	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 on 10/08/24.	C 000	Administrator will ensure that there will be a 3day supply of perishable food and 5 days of non perishable food in all buildings at all times. Administrator will Check the food supply once a Week.	11/15/24
C 259	10A NCAC 13G .0904(a)(3) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (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. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to have a 3-day supply of perishable foods. The findings are: Observation of the refrigerator on 10/08/24 at 9:15am revealed: -There were 6 hard shell eggs. -There was a ½ gallon of milk. -There was a gallon of orange juice -There was an opened bottle of salad dressing.	C 259		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lori Worcester TITLE: Administrator (X6) DATE: 10/31/24

Reviewed and Acknowledged 11/18/24

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C 259	Continued From page 1 -There were 2 small, containers of barbecue. Interview with a personal care aide (PCA) on 10/08/24 at 9:15am revealed: -She would notify the Administrator when she ran out food. -The Administrator purchased the food weekly for the facility. Interview with the Administrator on 10/08/24 at 12:00pm revealed: -She used the menu to purchase food weekly for the facility. -She was aware there should be a 3-day supply of perishable food in the facility. -She was on a food budget.	C 259		