STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:				
		FCL045127	B. WING		12	R 12/27/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
FORE'S H	OME # 22		E'S DRIVE	00			
0(1)15		TATEMENT OF DEFICIENCIES	LAT ROCK, NC 287	PROVIDER'S PLAN OF C		0(5)	
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
		nsure Section completed an p survey on 12/27/18.					
C 261	10A NCAC 13G .09 Service	04 (b-2) Nutrition And Food	C 261				
	10A NCAC 13G .09	04 Nutrition And Food Service					
	Food Preparation ar Homes:	nd Service in Family Care					
	non-disposable plac a knife, fork, spoon, containers. Exception individual basis and	ons may be made on an					
	failed to ensure resid	on and interviews the facility dents received a complete set ded a knife, fork and spoon in					
	The findings are:						
	12/27/18 at 9:00am	upervisor-In-Charge (SIC) on revealed there were 5 ntly resided in the facility.					
	12:24pm during the -There were 3 reside -One resident was e	27/18 from 11:44am through lunch meal revealed: ents in the dining room. eating her meal in her room. dent out of the facility during					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
FORE'S H	OME # 22		E'S DRIVE				
			AT ROCK, NC 287				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
C 261	Continued From page 1 -The meal consisted of grilled chicken cut into small square pieces, okra and tomatoes, a whole		C 261				
	baked potato and a re						
	-The place setting for each of the residents consuming their meal included a fork and a						
	napkin.						
	-Residents were provided the soft drink of their						
	choice.						
	-There were 11 knives in the drawer labeled						
	"utensils" in the kitchen.						
	-One resident was poking her potato with her fork but could not figure out how to split the potato to						
	eat it.						
	-The SIC went over and cut the residents potato						
	after it was called to her attention the resident						
	was having trouble with her potato.						
	-The Facility Manager came over to the dining						
	room table and proceeded to further assist the						
		ato by adding butter to it, and					
	cutting it up more.						
	-The resident was the	en able to eat the potato.					
	Interviews with 4 resi	dents on 12/27/18 from					
	11:44am through 12:2	24pm during the noon meal					
	revealed they had no setting.	preference about the place					
	Interview on 12/27/18 revealed:	3 at 12:41pm with the SIC					
		supposed to get a fork, knife,					
		lat ware she thought they					
	needed.	in the circ thought they					
		thing with a fork, they don't					
		ving trouble with her potato."					
	Interview on 3/7/17 a	t 12:52pm with the Facility					
	Manager revealed:						
	-She was aware that	residents were supposed to					

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	FCL045127	B. WING			R 12/27/2018	
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
OME # 22	41 TORI	E'S DRIVE				
OME # 22	EAST F	LAT ROCK, NC 287	26			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Continued From page	e 2	C 261				
-The residents should with "everything but t -"It's a safety issue." -They will poke each -There had been no s this facility with reside their knives. -She would be sure	d have a full place setting he knives." other with their knives. safety concerns or issues in ents poking each other with staff were aware all					
10A NCAC 13G .090 Food Service	4(d)(3)(H) Nutrition and	C 280				
(d) Food Requirement(3) Daily menus for refollowing:(H) Water and Other	nts in Family Care Homes: egular diets shall include the Beverages: Water shall be					
Based on observation	ns and interviews, the facility					
The findings are:						
between 11:44am an -There were 3 place meal. -The residents were chicken, okra and tor roll and a 6 ounce ca	d 12:24pm revealed: settings on the table for the served their meal of grilled natoes, a baked potato, a n of soda.					
	ROVIDER OR SUPPLIER OME # 22 SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page have a complete place -The residents should with "everything but t -They will poke each -There had been no se this facility with reside their knives. -She would be sure as residents should be g each meal. 10A NCAC 13G .090 Food Service 10A NCAC 13G .090 (d) Food Requirement (3) Daily menus for ref following: (H) Water and Other served to each reside to other beverages. This Rule is not met Based on observation failed to assure that ref water at every meal. The findings are: Observation of the lu between 11:44am an -There were 3 place as meal. -The residents were as chicken, okra and tor roll and a 6 ounce ca -There were 3 reside	IDENTIFICATION NUMBER: IDENTIFICATION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION IDENTIFICATION <td>PF CORRECTION IDENTIFICATION NUMBER: A BUILDING: FCL045127 B. WING STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 261 A a complete place setting with their meals. The residents should have a full place setting with "everything but the knives." -The residents should have a full place setting with "everything but the knives." C 261 Continued From page 2 have a complete place setting with their knives. -The residents should have a full place setting with "everything but the knives." C 261 -The residents should be given a full place setting at each meal. C 280 10A NCAC 13G .0904(d)(3)(H) Nutrition and Food Service C 280 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: C 280 (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure that residents were being served water at every meal. The findings are: Observation of the lunch meal on 12/27/18 between 11:44am and 12:24pm revealed: -There were 3 place sett</td> <td>OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: FCL045127 B. WING OWE # 22 STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (RACH CORRECTIVE ADDRESS, CITY, STATE, ZIP CODE 10 PROVIDER'S DRIVE EAST FLAT ROCK, NC 28726 Continued From page 2 C 261 Continued From page 2 C 261 Continued From page 2 C 261 The residents should have a full place setting with "everything but the knives." -There had been no safety concerns or issues in this facility with residents poking each other with their knives. -There had been no safety concerns or issues in this facility with residents poking each other with their knives. -She would be sure staff were aware all residents should be given a full place setting at each meal. C 280 10A NCAC 13G .0904(d)(3)(H) Nutrition and Food Service C 280 10A NCAC 13G .0904(d)(3)(H) Nutrition and Food Service C 280 10A NCAC 13G .0904 Mutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (H) Water and Other Beverages: Water shall be served to each resident at each meal, in addition to other beverages. 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Division of Health Service Regulation STATE FORM

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			AT ROCK, NC 287				
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C 280	Continued From page	e 3	C 280				
	-One resident was out of the facility during the noon meal.						
	-One resident ate her meal in her room and was served a can of soda and a cup of ice with her meal.						
	-None of the residents consuming the meal were offered or served water with their meal.						
	Review of the facility's seven day menu for the week of 12/23/18 to 12/29/18 revealed:						
	-Residents were to be given beverages of choice for each meal.						
	Interviews on 12/28/18 between 11:44am and 12:24pm during the noon meal with 4 of 5 residents revealed:						
	-One resident stated she fixed her own beverage for the noon meal and did not fix water.						
	-Two residents did not respond when asked. -One resident who ate in her room had no preference in having water.						
		ut of the facility during the					
	Interview on 12/27/18 Supervisor-in-Charge	8 at 12:00pm with the e (SIC) revealed:					
	-She had worked with year and a half but u	h the company for about a sually did not work in this					
	facility. -She was the relief S	•					
	the residents plates of	he was responsible to make once they came from the table and serve the resident					
	their drinks.	gets her own drink, and she					
	would fix something tresidents.	to drink for the other					
		usually served tea and water and they received juice for					

STATE FORM

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If continuation sheet 4 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		FCL045127	B. WING		12	R 2/27/2018	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 280	Continued From page 4 -She could not explain why she did not serve water with the noon meal. Interview on 12/27/18 at 12:10pm with the Facility Manager revealed: -The expectation was for each resident to be		C 280				
	served water with each meal. -She would educate the SIC on serving water with each meal.						