Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER: A. BUILDING:			COMPLI	ILED
		FCL017022	B. WING		06/23/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
D & H FAN	MILY CARE HOME		OROUGH ROA	AD		
		MILTON, NO	C 27305			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	The Adult Care Licens annual survey on Jun	sure Section conducted an e 23, 2021.				
C 283	C 283 10A NCAC 13G .0904 (e-3) Nutrition And Food Service		C 283			
	10A NCAC 13G .0904	1 Nutrition And Food Service				
	Therapeutic Diets in F	Family Care Homes:				
	current listing of resid	maintain an accurate and ents with physician-ordered juidance of food service				
	facility failed to mainta listing of residents wit therapeutic diets for g	and record reviews, the ain an accurate and current th physician-ordered juidance of food service d residents with an order for				
	The findings are:					
		dent diet list posted in the it 8:07am revealed Resident g on a regular diet.				
	09/11/20 revealed: -Diagnoses included smitral regurgitation, m					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL017022	B. WING			06/23/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
D & H FAI	MILY CARE HOME	1111 YAF	RBOROUGH ROA	D			
Dania	THE TOTAL HOME	MILTON,	NC 27305				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 283	Continued From page	: 1	C 283				
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Telephone interview with Resident #3's primary care provider (PCP) on 06/23/21 at 3:26pm revealed: -She ordered a low sodium diet for Resident #3 because her blood pressure had gone upResident #3 was also on medication to lower her blood pressure but the PCP wanted to also control her diet to help lower her blood pressureResident #3's blood pressure had come down to normal levels, but she still wanted the resident to continue with a low sodium dietShe expected the facility to follow a diet order and she thought the low sodium order for Resident #3 was carried out by the facility Interview with the Supervisor-in-Charge (SIC) on 06/23/21 at 4:39pm revealed: -The Administrator made the diet list and updated it as neededShe did not know Resident #3 was on a low sodium diet because the diet list had her list as served regular dietNo one told her Resident #3 was on a low sodium dietIf she had known Resident #3 was on a low sodium dietIf she had known Resident #3 was on a low sodium dietIf she had known Resident #3 was on a low sodium dietIf she had known Resident #3 was on a low sodium dietShe updated the resident diet list when a resident had a diet change; she did not know the last time the diet list had been updatedShe did not know Resident #3 was on a low sodium diet; she thought Resident #3 was on a regular diet. Based on observation, record reviews and interviews it was determined Resident #3 was not						

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interviewable.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		FCL017022	B. WING		0.6	6/23/2021	
NAME OF D	ROVIDER OR SUPPLIER	•	ADDRESS, CITY, STATE	ZIP CODE	1 0	72072021	
NAME OF F	NOVIDER ON SUFFLIER		RBOROUGH ROAD				
D & H FAI	MILY CARE HOME		I, NC 27305				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	/E ACTION SHOULD BE COMPLETE D TO THE APPROPRIATE DATE		
C 284	Service 10A NCAC 13G .090 Service (e) Therapeutic Diets (4) All therapeutic di supplements and thic served as ordered by	4(e)(4) Nutrition and Food 4 Nutrition and Food s in Family Care Homes: ets, including nutritional ckened liquids, shall be the resident's physician.	C 284				
	interviews, the facility therapeutic diet was sampled residents (# low sodium diet.	ns, record reviews, and					
	The findings are:						
	09/11/20 revealed: -Diagnoses included mitral regurgitation, n						
	care provider (PCP) or revealed: -She had ordered a low state with a because her blood-Resident #3 was also blood pressure but the control her diet to held the resident #3's blood normal levels, but she continue with a low state with a low stat	with Resident #3's primary on 06/23/21 at 3:26pm ow sodium diet for Resident d pressure had gone up. o on medication to lower her be PCP wanted to also la lower her blood pressure. pressure had come down to e still wanted the resident to odium diet. cility to follow a diet order					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL017022	B. WING		06/2	3/2021
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA		1 00/2	0/2021
D & H FAI	MILY CARE HOME	1111 YARB MILTON, N	OROUGH ROA C 27305	AD .		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
C 284	and she thought the le Resident #3 was bein Interview with the Sup 06/23/21 at 4:39pm re-She did not know Resodium diet because served regular diet. -No one told her Resisodium diet. -If she had known Resodium diet, she wou sodium diet. Interview with the Adr 4:42pm revealed: -She did not know Resodium diet; she thour regular diet. -She would have mad served the correct diet the diet order for a low	ow sodium order for g followed by the facility opervisor-in-Charge (SIC) on evealed: esident #3 was on a low the diet list had her list as dent #3 was on a low sident #3 was on a low ld have prepared her a low ministrator on 06/23/21 at esident #3 was on a low ght Resident #3 was on a low ght Resident #3 was on a low side sure Resident #3 was on a low ght Reside	C 284			

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