8/05/21 Via

PRINTED: 07/09/2021 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: FCL017022 06/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1111 YARBOROUGH ROAD D & H FAMILY CARE HOME MILTON, NC 27305 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initial Comments C 000 The Adult Care Licensure Section conducted an annual survey on June 23, 2021, C 283 10A NCAC 13G ,0904 (e-3) Nutrition And Food C 283 Service 10A NCAC 13G .0904 Nutrition And Food Service Therapeutic Diets in Family Care Homes: (3) The facility shall maintain an accurate and The Administrator got verbal current listing of residents with physician-ordered approval from primary care thysican @ 33 21 therapeutic diets for guidance of food service to use the low sodium diet that staff. the facility has on 4/23/21. the Administrator received written approval on 7/19/21. This Rule is not met as evidenced by: The Administrator made a new Based on Interviews and record reviews, the facility failed to maintain an accurate and current diet list for Resident #3 for listing of residents with physician-ordered low sodium and posted it on therapeutic diets for guidance of food service 6/23/21. staff for 1 of 3 sampled residents with an order for In the future the Administrator a low sodium diet (Resident #3). will check all residents diets The findings are: upon admission and post it. If any of the residents diet Observation of a resident diet list posted in the orders are changed the Administrator kitchen on 06/23/21 at 8:07am revealed Resident #3 was listed as being on a regular dlet. will list the new dietorderin the same day. The Administrator Review of Resident #3's current FL-2 dated will let the supervisor in charge 09/11/20 revealed: be aware of the change in the -Diagnoses included seizure disorder, colitis, mitral regurgitation, malignant hyperthermia, same day. The Administrator urinary incontinence, hypertension, impulse will check diets once aweek disorder hypertrophic scar. for all residents. There was order for a low sodium diet. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (A1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED FCL017022 B. WING 06/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1111 YARBOROUGH ROAD D & H FAMILY CARE HOME MILTON, NC 27305 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 283 Continued From page 1 C 283 Telephone interview with Resident #3's primary care provider (PCP) on 06/23/21 at 3:26pm -She ordered a low sodium diet for Resident #3 because her blood pressure had gone up. -Resident #3 was also on medication to lower her blood pressure but the PCP wanted to also control her diet to help lower her blood pressure. -Resident #3's blood pressure had come down to normal levels, but she still wanted the resident to continue with a low sodium dlet. -She 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 needed. -She did not know Resident #3 was on a low sodium diet because the diet list had her list as served regular diet. -No one told her Resident #3 was on a low sodium diet. -If she had known Resident #3 was on a low sodium diet, she would have prepared her a low sodium diet. Interview with the Administrator on 06/23/21 at 4:42pm revealed: -She updated the resident diet list when a resident had a diet change; she did not know the last time the diet list had been updated. -She did not know Resident #3 was on a low sodium dlet; she thought Resident #3 was on a regular diet. Based on observation, record reviews and interviews it was determined Resident #3 was not Interviewable. Division of Health Service Regulation STATE FORM 6896

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A, SUILDING:  |   |  | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|---|--|---|--|-------------------------------|--|
|   | <del></del>  | FCL017022   | B. WING  | 06/23/2021  |  |                               |  |
| NAME OF P   | ROVIDER OR SUPPLIER  | STREET  | ADDRESS, CITY, 81  | FATE ZIP COOR   |  | 23/2021                       |  |
| D & H FA  | MILY CARE HOME   |   | RBOROUGH RO  |   |  |                               |  |
|   |  |   | I, NC 27305  |   |  |                               |  |
| (X4) ID<br>PREFIX<br>YAG                            | LEACH DEFICIEN   | STATEMENT OF DEFICIENCIES<br>ICY MUST BE PRECEDED BY FULL<br>R LSC (DENTIFYING INFORMATION)   | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY) |   |  | BE ander                      |  |
| C 284   | 10A NCAC 13G .09<br>Service  | 04(e)(4) Nutrition and Food   | C 284  |   |  |                               |  |
|   | 10A NCAC 13G .0904 Nutrition and Food Service  (e) Therapeutic Diets in Family Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.  This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility falled to ensure a therapeutic diet was served as ordered for 1 of 3 sampled residents (#3) who had an order for a low sodium diet.  |   | (a) a demonstration (c) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   | The super visor in charge checked the diet of Resident and all other residents to m sure they had the correct listed. The supervisor in charserved the correct foods to a residents by the correct diplan on bladlar. The Administration charge.  In the future the Administration checked diets once a week. |  | blayla                        |  |
|   |  |   |  |   |  |                               |  |
|   | 09/11/20 revealed;<br>-Diagnoses included :<br>mitral regurgitation, m   | 3's current FL-2 dated<br>selzure disorder, colitis,<br>palignant hyperthermia,<br>hypertension, impulse<br>scar.<br>ow sodlum diet,  |  | The Administrator and in Charge will make su proper foods are scru residents by the correct the Administrator will supervisor be a ware or diet changes in the so and post it.  | the Supervisor<br>the the<br>ed to all<br>it diet. |                               |  |
| # - F   | eare provider (PCP) of everaled:  She had ordered a lower of the second ordered a lower of the second ordered a lower of the second ordered at the lower of the second ordered | with Resident #3's primary n 06/23/21 at 3:26pm w sodium diet for Resident pressure had gone up, on medication to lower her PCP wanted to also lower her blood pressure, ressure had come down to still wanted the resident to dium diet, lity to follow a diet order |  |   |  |                               |  |

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If continuation sheet 3 of 4

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| AND PLAN   | T OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE (<br>A. BUILDING:   |             | (X3) DATE SURVEY<br>COMPLETED  |                        |
|--|--|---|---|-------------|--|------------------------|
|  |  | FCL017622   | B. WING   |             |  |                        |
| NAME OF PROVIDER OR CURRILIES  |  |   |   | 06          | 06/23/2021   |                        |
|  |  | SIREE   | ADDRESS, CITY, STATE  | E, ZIP CODE |  |                        |
| O GL IT FAN  | MLY CARE HOME  |   | RBOROUGH ROAD<br>, NC 27305   | )           |  |                        |
| OX4) fD  | SUMMARY  | STATEMENT OF DESIGNATE  | , NC 2/305  |             |  |                        |
| PREFIX   | CEACH DEFICIEN   | ACY MUST BE PRECEDED BY FULL<br>R LSC IDENTIFYING INFORMATION)  | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |             |  | (X5)<br>COMPLE<br>DATE |
| C 284  | Continued From page  | ge 3  | C 284   |             | .,   | -                      |
| s se th  | and she thought the low sadium order for<br>Resident #3 was being followed by the facility |   | 0204  |             |  | i                      |
|  | Interview with the Si<br>06/23/21 at 4:39pm  | upervisor-in-Charge (SIC) on  |   |             |  |                        |
|  | sodium diet because<br>served regular diet.<br>-No one told her Res                        | esident #3 was on a low<br>the diet list had her list as<br>sident #3 was on a low                            |   |             | <u>R</u>   | 2                      |
|  | sodium diet.<br>If she had known Re  | esident #3 was on a low<br>ald have prepared her a low  |   | ts          |  |                        |
|  | .42pm ravealed:<br>She did not know Re<br>odium diet; she thou<br>egular diet.             | ministrator on 06/23/21 at<br>esident #3 was on a low<br>eght Resident #3 was on a<br>de sure Resident #3 was |   |             | Annual Property of the Park of |                        |
|  | erved the correct die<br>ne diet order for a lov   | it if she had been aware of<br>v sodium diet.   |   |             | nonemprenary consumer  |                        |
|  | ased on observation<br>terviews it was deter<br>terviewable.                               | , record reviews and<br>rmined Resident #3 was not  |   |             |  | ä                      |
|  |  |   |   |             |  |                        |
| And the same and t |  |   |   |             |  | (Committee)            |
| of Health Se   | arvice Regulation  |   |   |             |  | ***                    |
| ORM  | J-THO!   |   |   |             |  |                        |

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