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
	FCL092309	A. BUILDING _____ B. WING _____	07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO HEART FAMILY CARE HOME 2	221 EAST BARBEE STREET ZEBULON, NC 27697

(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 on 07/06/23.	C 000		
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 and 5-day supply of non-perishable foods based on the census and the menus in the facility as evidence of the refrigerator and the food pantry having limited food items stored. The findings are: There were 4 residents residing in the facility.	C 259	10A NCAC 13G .0904 (a)(3) Nutrition and Food Services The facility will comply with the rule by making sure that the facility is equipped with the proper amount of food. Three day supply of perishable food and five day supply of non-perishable food. The administrator will do weekly checks to make sure the facility doesn't run low on food and will also do scheduled grocery shopping once a month to make sure that the facility remains in compliance.	8/21/23

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X5) DATE: 8/14/23

STATE FORM 6899 P0N011 — If continuation sheet 1 of 6

Reviewed and Acknowledged
8/21/23

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C 259	Continued From page 1 Review of the facility's breakfast menu for the week revealed: -Sunday, 07/02/23, 1 scrambled egg, 1 slice of whole wheat toast, 8-ounces low-fat milk, 4-ounces of orange juice were to be served. -Monday, 07/03/23, whole grain cereal, 6 ounces yogurt with fruit, 8-ounces low-fat milk, and 4-ounce orange juice were to be served. -Tuesday, 07/04/23, 1 cooked egg, 1 sliced whole wheat toast, 8-ounces of low-fat milk, and 4-ounces of orange juice were to be served. Review of the facility's lunch menu for the week revealed: -Monday, 07/03/23, 1 grilled cheese sandwich (2-ounces cheese and 2 slices of whole wheat bread), ½ cup of mixed vegetables ½ cup of pineapples, and 8-ounces low-fat milk were to be served. -Tuesday, 07/04/23, 1 tuna salad sandwich (2-ounces of tuna salad and 2 slices of whole wheat bread), ½ cup mixed fruit and 8-ounces of low-fat milk were to be served. -Wednesday, 07/05/23, ham and cheese sandwich (2-ounces ham, 1 slice of cheese and 2 slices whole wheat bread), 1 cup garden salad, 1 banana and 8-ounces of low-fat milk were to be served. Observations of the refrigerator in the facility on 07/05/23 at 9:02am revealed: -There was one 16-ounce bottle of soda. -There were 3 water bottles labeled with residents' name. -There was one 12-ounce bottle of a beverage. -There was an opened 64-ounce bottle of orange juice, that was half full. -There was one 12 ounce can of soda. -There was no cheese, eggs, orange juice, milk, ham, lettuce or yogurt.	C 259		

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C 259	Continued From page 2 Observations of the food pantry in the facility on 07/05/23 at 9:05am revealed: -There were 2 packets of a single serving of noodles. (These packets would serve 2 residents in one meal). -There were 4 cans of peas with a serving of 3.5 per can. (The facility would need to use 2 cans per meal to serve 4 residents). -There were 8 cans of pasta with a single serving per can. (The facility would need to use 4 cans with one meal to serve 4 residents. Therefore, the pasta would be used in 2 meals). -There were 2 cans of vegetables with a serving of 2.5 per can. (The facility would need to use 2 cans to serve 4 residents in one meal). -There was no bread, cereal, pineapples, tuna, mixed fruit or bananas. Interview with a resident on 07/05/23 at 9:02am revealed: -The facility was out of milk. -She liked to drink milk daily. -She did not remember how long the facility was out of milk. -She was told they were going grocery shopping today. Interview with the medication aide on 07/05/23 at 9:30am revealed: -The facility had been out of milk for 2 days (not sure of exact date). -The facility had been out of eggs since Tuesday, 07/04/23. -The facility had been out of juice since Monday, 07/03/23. -The Administrator shopped monthly for groceries for the facility. -She told the Administrator the facility was out of milk and was low on food this week (not sure of	C 259		

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C 259	Continued From page 3 exact date). Interview with the Administrator on 07/05/23 at 10:13am revealed: -She was not aware there needed to be a 3-day food supply of perishable foods. -She was aware there needed to be a food supply of non-perishable foods, but she thought it was a 3-day requirement. -She was aware Monday, 07/03/23, the facility had a low stock of food. -She planned to grocery shop today for the facility.	C 259		
C 415	10A NCAC 13G .1201 (a) Resident Records 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Facility Services and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable, (2) Resident Register, (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates, (B) house rules as specified in Rule .0704(a)(2) of this Subchapter, (C) Declaration of Residents' Rights (G.S. 131D-21), (D) the home's grievance procedures, and (E) civil rights statement, (4) resident assessment and care plan,	C 415	10A NCAC 13G .1201 (a) Resident Records It is the administrator responsibility to make sure that all Resident records are maintained and kept in a orderly manner and readily available for DHHS and the county's DSS. The facility plans to remain in compliance by creating a check list at the front of each chart and doing monthly chart audits.	8/21/25

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C 415	Continued From page 4 (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on interviews, the facility failed to have the resident records for 3 of 3 sampled residents (Resident #1, Resident #2 and Resident#3) available for review. The findings are: Request for resident records on 07/06/23 at 9:00am revealed the resident records were not available for review, including the FL2s, the care plans, the resident register, physician contact and orders, admission packets and documentation of tuberculosis testing and immunization records. Resident records were locked in a file cabinet and the Medication Aide (MA) did not have a key to access records. Interview with the MA on 07/06/23 at 9:00am	C 415		

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C 415	Continued From page 5 revealed: -The Administrator kept the key to the records cabinet where resident files were kept. -She did not have access the resident files. -If a resident had an emergency she would call 911 then call the Administrator to get any medical information needed. Interview with the Administrator on 07/06/23 at 10:30am revealed: -The MA did not have the key to the file cabinet where the resident records are kept. -The MA should have the key to be able to access the resident records when needed. -She forgot to leave the key with the MA that morning.	C 415		