

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/02/2024
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NAME OF PROVIDER OR SUPPLIER L & L FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3023 CHANDLER MILL ROAD PELHAM, NC 27311
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(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 survey on January 2, 2024.	C 000	Facility manager, Kendall Haley, will contact a registered dietitian to approve/plan all therapeutic diets. Verification of approval by the registered dietitian of all therapeutic diets will be kept on file and readily accessible by all staff members to follow during meal preparation. Facility manager, Kendall Haley, will monitor the staff to ensure that the therapeutic diet menus are followed.	January 31, 2024
C 269	<p>10A NCAC 13G .0904 (c)(6) Nutrition And Food Service</p> <p>10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (6) Menus for all therapeutic diets shall be planned or reviewed by a licensed dietitian/nutritionist. The facility shall maintain verification of the licensed dietitian/nutritionist's approval of the therapeutic diets.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure therapeutic menus were planned or reviewed by a Registered Dietician (RD).</p> <p>The findings are:</p> <p>Observation of the kitchen on 01/02/24 at 9:00am revealed there was no menu available for staff to reference during meal preparation.</p> <p>Observation of the breakfast meal on 01/02/24 at 9:03am revealed: -There were three residents seated at the dining room table. -Each resident was served scrambled eggs, ham, ½ banana, toast, grits, water, and coffee or hot tea.</p> <p>Interview with 2 residents on 01/02/24 between 9:45 and 10:15am revealed:</p>	C 269		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE: Kendall Haley *[Signature]* 1-12-24

Manager 01/11/2024

STATE FORM

6899

RO5J11

RECEIVED

If continuation sheet 1 of 2

JAN 16 2024

Received and Acknowledged on 01/16/24

Janet Thornburg

ADULT CARE LICENSURE SECTION
RALEIGH

Division of Health Service Regulation

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C 269	<p>Continued From page 1</p> <ul style="list-style-type: none"> -One resident received enough food to eat at each meal. -She enjoyed the meals she was served. -Another resident was satisfied with the meals he was served. -He ate all his food and was never hungry. <p>Interview with the Manager on 01/02/24 at 11:00am revealed:</p> <ul style="list-style-type: none"> -The facility did not have a RD to prepare or review menus for the facility. -He did not know a RD was needed to prepare or review menus for the facility. -He knew there was a menu for one week, but that was all the facility had. -He knew the menu was not followed when meals were being prepared. <p>Interview with the Administrator on 01/02/24 at 11:12am revealed:</p> <ul style="list-style-type: none"> -She had a hand-written menu for one week that she had received from another family care home. -The menu was not posted in the kitchen. -The menu was not followed when preparing meals. -She did not have a RD prepare or review menus for her facility. -She did not realize she needed a RD to prepare and review the menu. 	C 269		
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