

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL091017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/25/2014
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NAME OF PROVIDER OR SUPPLIER RISING HOPE HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 233 GHOLSON AVENUE HENDERSON, NC 27536
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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 initial survey on November 25, 2014.	C 000		
C 270	<p>10A NCAC 13G .0904 (c-7) Nutrition And Food Service</p> <p>10A NCAC 13G .0904 Nutrition And Food Service</p> <p>Menus in Family Care Homes:</p> <p>(7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff.</p> <p>This Rule is not met as evidenced by: Based on record review, interview and observation the facility failed to have matching therapeutic diet menus for 2 of 2 sampled residents (Residents #1 and #2) who had physician orders for therapeutic diets.</p> <p>The findings are:</p> <p>1. Resident #1's current FL-2 dated 11/10/2014 revealed:</p> <ul style="list-style-type: none"> - The resident's diagnoses included Schizophrenia, Hypertension, and Diabetes Mellitus. - The resident had a diet order for No Added Salt (NAS) <p>Interview with the Supervisor-in-Charge (SIC) on 11/25/2014 at 11:30am revealed:</p> <ul style="list-style-type: none"> - Resident #1 is served a diet according to the menu in the facility. - The facility had menus for regular diets only. - The resident's diet is supposed to be changed to a regular diet. 	C 270		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 270	<p>Continued From page 1</p> <p>Review of facility menus revealed regular diets.</p> <p>Interview with Resident #1's primary care physician on 11/25/2014 at 11:35pm revealed:</p> <ul style="list-style-type: none"> - Resident #1 should be on a No Added Salt diet. - Resident #1's diet will not be changed to a Regular diet. <p>Interview with the Administrator on 11/25/2014 at 11:45am revealed:</p> <ul style="list-style-type: none"> - The dietician will be contacted to review the menus. - Menus for therapeutic diets will be in place right away. <p>Observation of the lunch meal on 11/25/2014 at 12:00 noon revealed: The resident received sliced turkey (lunch-meat) sandwich (2gm sodium), serving of mixed vegetables, mixed fruit cup, and 8oz glass water/tea.</p> <p>2. Resident #2's current FL-2 dated 8/6/2014 revealed:</p> <ul style="list-style-type: none"> - The resident's diagnoses included Obesity, Schizophrenia, and Diabetes Mellitus - The resident had a diet order for 1500 ADA diet. <p>Interview with the Supervisor-in-Charge (SIC) on 11/25/2014 at 11:30am revealed:</p> <ul style="list-style-type: none"> - Resident #2 is served a diet according to the menu in the facility. - The facility did not have a menu for 1500 ADA diet. - The Resident's diet is supposed to be changed to a regular diet. <p>Interview with the Administrator on 11/25/2014 at 11:45am revealed:</p>	C 270		

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C 270	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The dietician will be contacted to review the menus. - Menus for therapeutic 1500 calorie ADA diets will be in place right away. <p>Observation of the lunch meal on 11/25/2014 at 12:00noon revealed: The resident was served a turkey sandwich, mixed vegetables, yogurt, 8oz water/tea.</p> <p>Interview with Resident #1's primary care physician on 11/25/2014 at 12:35pm revealed:</p> <ul style="list-style-type: none"> - Resident #1 should be on a 1500 ADA diet. - Resident #1's diet must remain 1500 ADA diet. 	C 270		