

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UNITED FAMILY CARE I	STREET ADDRESS, CITY, STATE, ZIP CODE 10183 HWY 210 N ANGIER, NC 27501
---	--

(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 December 12, 2014, with an exit conference via telephone on December 17, 2014.	C 000		
C 274	<p>10A NCAC 13G .0904(d)(3)(B) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure residents received 2 serving of fruit daily.</p> <p>The findings are:</p> <p>Resident interviews revealed the following: - We get 3 meals a day but we are never served fruit juice or fresh fruit. I would love to have fruit and juice with meals. - We got sausage biscuits at a fast food restaurant this morning on our way to our day program. We had lunch at the day program, no fruit today. We had cookies tonight for dessert. We never have juice or fresh fruit at home or at the day program. - I like fruit juice and fresh fruit, but the facility</p>	C 274		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UNITED FAMILY CARE I	STREET ADDRESS, CITY, STATE, ZIP CODE 10183 HWY 210 N ANGIER, NC 27501
---	--

(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 274	<p>Continued From page 1</p> <p>never serves them.</p> <ul style="list-style-type: none"> - Sometimes we have canned fruit at the evening meal. - We have fruit-flavored soda instead of juice at breakfast. - We have water, soda, and tea to drink. <p>Review of the facility's menu revealed 2 servings of fruit/fruit juice everyday.</p> <p>Observation made of the evening meal on 12/12/14 at 6:30pm revealed the residents were not served fruit or fruit juice.</p> <p>Observation of the facility food supply revealed no 100% fruit juice in stock.</p> <p>Interview with the Manager on 12/12/14 at 7:30pm revealed the following:</p> <ul style="list-style-type: none"> - She picked up the residents at 6:15am to transport them to a day program in a neighboring town. - She frequently stopped at fast food restaurants to pick up sausage biscuits so they could eat breakfast while traveling. - When residents ate breakfast at the facility, they were served fruit punch or fruit-flavored soda instead of juice. - The day program served residents their noon meal. She did not know what residents were served. - The Supervisor prepared and served the supper meal. Sometimes fruit was included in the evening meal plan, but facility staff would substitute cookies and other sweets that were available in the facility. - The residents liked the the fruit sodas that were substituted to 100% fruit juice. They enjoyed the desserts or snacks that were substituted for fruit. - She had no receipts to verify fruit and 100% fruit 	C 274		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL043023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER UNITED FAMILY CARE I	STREET ADDRESS, CITY, STATE, ZIP CODE 10183 HWY 210 N ANGIER, NC 27501
---	--

(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 274	<p>Continued From page 2</p> <p>juice was purchased for the facility residents.</p> <ul style="list-style-type: none"> - She was not aware one of the two required fruit servings had to provide 100% of the required daily allowance for vitamin C in 6 ounces of single strength juice or in 1 serving of citrus fruit. <p>Interview with the Supervisor at 8:30pm on 12/12/14 revealed:</p> <ul style="list-style-type: none"> - He cooked and served what was available in the facility. - He followed the planned menus as best he could. - There was rarely any fruit in the facility. Canned fruit was sometimes available. - There was no 100% fruit juice available in the facility. - He was told to substitute fruit-flavored soda for juice at the breakfast meal. 	C 274		