Division of Health Service Regulation

PRINTED: 11/24/2014
FORM [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	COMPLETED
	FCL001142		11/12/2014

NAME OF PROVIDER OR SUPPLIER: FAVOR AND FAITH FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 217 N GURNEY STREET BURLINGTON, NC 27215

(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 November 12, 2014.	C 000		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service 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 observation, record review and interview, the facility failed to clarify and serve 2 of 2 sampled Residents (#2, #3) with orders for therapeutic diets. The findings are: 1. Review of Resident #2's current FL-2 dated 8/11/14 revealed: - The Resident's diagnoses included stroke, hypertension, hyperlipidemia, arrhythmia, and hypothyroidism. - The resident had an order for a cardiac diet. Observation on 11/12/14 at 10:40 a.m. revealed there was no diet list available in the kitchen. Interview with the Administrator on 11/12/14 at 10:15 a.m. revealed Resident #2 was on a Cardiac Diet. Interview with Resident #2 on 11/12/14 at 11:00 a.m. revealed the Resident is not on a special diet.	C 284	all Therapeutic Diets in FCH will be followed according to Dr. orders. → Cardiac Diet will always be posted in Kitchen inside cabinet door.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary B. Tyler
TITLE: Owner / Administrator
(X6) DATE

STATE FORM IVQU11 If continuation sheet 1 of 6

RECEIVED JAN 28 2015 ADULT CARE LICENSURE SECTION RALEIGH

Mary B. Tyler
Owner / Administrator

2/27/15

Vig 2/27/15

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
	FCL001142	A. BUILDING: _____ B. WING _____	11/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAVOR AND FAITH FAMILY CARE HOME	217 N GURNEY STREET BURLINGTON, NC 27215

(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 November 12, 2014.	C 000		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service 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 observation, record review and interview, the facility failed to clarify and serve 2 of 2 sampled Residents (#2, #3) with orders for therapeutic diets. The findings are: 1. Review of Resident #2's current FL-2 dated 8/11/14 revealed: - The Resident's diagnoses included stroke, hypertension, hyperlipidemia, arrhythmia, and hypothyroidism. - The resident had an order for a cardiac diet. Observation on 11/12/14 at 10:40 a.m. revealed there was no diet list available in the kitchen. Interview with the Administrator on 11/12/14 at 10:15 a.m. revealed Resident #2 was on a Cardiac Diet. Interview with Resident #2 on 11/12/14 at 11:00 a.m. revealed the Resident is not on a special diet.	C 284 →	all Therapeutic Diets in FCH will be followed according to Dr. order. Cardiac Diet will always be posted in Kitchen inside cabinet door.	

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

Mary B. [signature] Owner / Administrator

STATE FORM 6899 IVQU11 If continuation sheet 1 of 6

RECEIVED
JAN 28 2015
ADULT CARE LICENSURE SECTION
RALEIGH

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	FCL001142		11/12/2014

NAME OF PROVIDER OR SUPPLIER
FAVOR AND FAITH FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
217 N GURNEY STREET
BURLINGTON, NC 27215

(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 284	Continued From page 1 Review of the facility's diet menu for Week 2 revealed menus for Regular, No Added Salt (NAS), Mechanical soft/pureed, Low Fat/Low Cholesterol (LFLC), Renal/No Concentrated Sweets, and a No Concentrated Sweets diet. There was no menu for a Cardiac diet. Review of the lunch menu for the Low Fat/Low Cholesterol diet for 11/12/14 revealed, lean meat, low fat new potatoes, low fat mixed greens, cornbread, fruit cobbler, margarine, coffee, tea and water. Observation of the lunch meal on 11/12/14 at 12:21 p.m. revealed: - Resident #2 received 3 ounces roasted turkey chunks covered with gravy, ½ cup mixed greens, ½ cup creamed mashed potatoes with gravy, 2 small corn muffins, and ½ cup apple cobbler, 1 cup each of tea, coffee and water. - Resident #2 consumed 100% of the meal. Telephone interview with the nurse at Resident #2 doctor's office on 11/12/14 at 1:03 p.m. revealed: - The nurse could not find the order for a "cardiac diet". - The nurse found an order dated 10/6/14 for a "low fat diet related to hyperlipidemia" but she needed to clarify the diet with Resident #2's doctor. Interview with the Administrator on 11/12/14 at 4:20 p.m. revealed: - The Administrator does not have a "diet list". - The Administrator goes by the medication administration record (MAR) for diet orders. - The Administrator was aware Resident #2 had an order for a cardiac diet. - The Administrator was not aware of a diet order for a LFLC diet.	C 284	DR. provided Res. w/ recc Diet order & is being followed as ordered & posted in Kitchen on inside cabinet door.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	FCL001142		11/12/2014

NAME OF PROVIDER OR SUPPLIER: FAVOR AND FAITH FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 217 N GURNEY STREET, BURLINGTON, NC 27215

(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 284	Continued From page 2 - The Administrator paid a dietician to make sure she had diet menus to use for all of the diets. - For specific diets, she used "diet book" the dietician had given her. - For a cardiac diet she would use a "low sodium/low cholesterol diet". - The Administrator does not "add" salt to any meals prepared for residents. - For a cardiac diet she "just know not to use fat and stay away from the salt". - It is her responsibility to clarify orders. - She is awaiting the doctor office to call her back to clarify Resident #2's diet. By the end of the survey on 11/12/14 at 5:45 p.m. the primary care physician had not return call to the facility to clarify Resident #2's diet order. 2. Resident #3's current FL-2 dated 1/31/14 revealed: -The resident's diagnoses included high blood pressure, seizure disorder and "hypolipidemia." -The resident had a diet order for No Added Salt (NAS)/Low Fat Low Cholesterol (LFLC) diet. Review of Resident #3's physician's orders dated 1/31/14 revealed the resident had a diagnosis of hyperlipidemia. Interview with the Administrator on 11/12/14 at 10:15 a.m. revealed Resident #3 was to receive a NAS diet. Interview with Resident #3 on 11/12/14 at 11:00 a.m. revealed the resident was not on a special diet. Review of the Week 2 lunch menu being served on 11/12/14 for the NAS diet included 2 ounces	C 284	Addendum: Telephone interview with the Administrator on 2/27/15 at 3:57pm revealed: The Administrator will make sure orders are clarified by the residents Dr. if needed immediately. The Administrator will make sure to follow a matching menu when serving the residents' meals, according to the diet order. The date of correction is 4/15/15. MG	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	FCL001142		11/12/2014

NAME OF PROVIDER OR SUPPLIER: FAVOR AND FAITH FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 217 N GURNEY STREET, BURLINGTON, NC 27215

(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 284	Continued From page 3 (oz) roast beef sandwich, 1 cup lettuce/tomatoe/onion, 1 cup pasta salad, 2 slices bread, 1/2 cup fruit cocktail, 1 cup milk, 1 cup coffee/tea/water. Review of the lunch menu being served for the LFLC diet included 2 oz low fat roast beef sandwich, 1 cup lettuce/tomatoe/onion, 1 cup pasta salad, 2 slices bread, 1/2 cup fruit cocktail, 1 cup milk, 1 cup coffee/tea/water. Observation of the lunch meal on 11/12/14 at 12:21 p.m. revealed: Resident #3 was served 3 oz roasted turkey chunks covered with gravy, 1/2 cup green peas, 1/2 cup creamed mashed potatoes with gravy, 2 small corn muffins, 1/2 cup apple cobbler, 10 oz tea and 6 oz water. Interview with the Administrator on 11/12/14 at 4:30 p.m. revealed: -For lunch on 11/14/14, she sliced the roast turkey breast and added gravy. -"I just added the gravy. The gravy was not on the menu." -The mashed potatoes were prepared using water and margarine -The greens were canned and did not have any added seasoning. -She added 1 teaspoon of margarine to the green peas. -The Administrator did not use salt when preparing the lunch meal. Observation on 11/12/14 at 12:45 p.m. revealed Resident #3 ate all of the lunch meal. Interview with Resident #3 during the same observation on 11/12/14 at 12:45 p.m. revealed the resident had enough to eat.	C 284	Gravy will not be added to menu unless ordered.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	FCL001142		11/12/2014

NAME OF PROVIDER OR SUPPLIER: FAVOR AND FAITH FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 217 N GURNEY STREET, BURLINGTON, NC 27215

(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 284	Continued From page 4 Review of Resident #3's progress notes revealed the resident had seen the primary care physician on 7/22/14. Interview with the Administrator on 11/12/14 at 4:20 p.m. revealed: -The Administrator goes by the diet listed on the medication administration record (MAR). -The Administrator is aware that Resident #3 had an order for a NAS/LFLC diet. -The Administrator does not "add" salt to any meals prepared for residents. -The Administrator did not have a combination diet menu for the NAS/LFLC diet. -The Administrator revealed she just followed the NAS menu and the LFLC menu to prepare Resident #3's meals. -If a diet order needed to be clarified, she would contact the resident's primary care physician. -The Administrator is waiting to hear from Resident #3's primary care physician to clarify the diet order. Observation on 11/12/14 at 5:25 p.m revealed the Administrator was roasting the roast beef for the dinner meal on 11/12/14. Interview with the Administrator during the same observation on 11/12/14 at 5:25 p.m. revealed: -For the dinner meal on 11/12/14 the residents would receive roast beef (trimmed fat for the low fat diet), pasta salad, lettuce, tomatoes/onion and fruit cocktail -The Administrator used lean meat for the LFLC diets By the end of the survey on 11/12/14 at 5:45 p.m., the residents had not been served the dinner meal and Resident #3's primary care physician	C 284	Res. was seen by Phys. + clarified Diet Order for Res. + is posted + being followed.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	FCL001142		11/12/2014

NAME OF PROVIDER OR SUPPLIER
FAVOR AND FAITH FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
217 N GURNEY STREET
BURLINGTON, NC 27215

(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 284	Continued From page 5 had not clarified the diet order.	C 284	Resident saw & primary Phys. & diet order was clarified, posted & is being followed accordingly.	

Herring, Belverly G

From: Gant, Kimberly
Sent: Friday, February 27, 2015 4:47 PM
To: Desiree.lewis@alamance-nc.com
Cc: Herring, Belverly G
Subject: Favor and Faith Family Care Home 11-12-14 POC (Durham County)
Attachments: Favor and Faith Family Care Home 2015-02-27-15 POC IVQU11.pdf

Kimberly Gant, MS, RD, LDN
N.C. Department of Health and Human Services
Division of Health Service Regulation
Adult Care Licensure Section
Facility Survey Consultant I
805 Biggs Drive
Raleigh, NC 27603
Phone: 919 855-3765
Fax: 919 733-9379
Kimberly.Gant@dhhs.nc.gov
www.ncdhhs.gov/dhsr

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this e-mail in error, please notify the sender immediately and delete all records of this e-mail.