

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL092106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A GOOD LIFE FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4013 TRYON ROAD RALEIGH, NC 27606</b>
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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 survey on February 4-5, 2015.	C 000		
C 075	<p>10A NCAC 13G .0315(a)(2) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (2) have no chronic unpleasant odors; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the facility did not have an unpleasant odor.</p> <p>The findings are:</p> <p>Observation upon entrance to the facility on 2/4/15 at 8:30 a.m. revealed the facility smelled like urine.</p> <p>Observations of all three resident rooms on 2/4/15 at 9:12 a.m. and of the community bathroom on 2/4/15 at 9:58 a.m. revealed: -The trash can was full with wet bed pads, incontinent wear and wet paper towels. -The resident rooms and the bathroom smelled like urine.</p> <p>Interview with the Administrator on 2/4/15 at 9:20 a.m. revealed the facility had four residents who were incontinent.</p> <p>Observation on 2/4/15 at 11:30 a.m. revealed the Supervisor-in-Charge (SIC) was cleaning the facility.</p>	C 075		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 075	<p>Continued From page 1</p> <p>Interview with the SIC in training on 2/4/15 at 4:34 p.m. revealed:                      -No residents had complained about the odor inside of the facility.                      -The SIC wiped the plastic on the mattresses; used air freshner and opened up the windows to get fresh air.                      -The facility had smelled like urine since she started working at the facility (1/26/15).                      -The scent of urine is strongest in one of the resident's room, because the resident will urinate on the floor. The SIC checked the same resident for incontinent care "all of the time" especially after meals and when the resident was drinking liquids.</p> <p>Interview with the Administrator on 2/4/15 at 4:27 p.m. revealed:                      -The facility had always smelled like urine.                      -There is a resident at the facility who may urinate on the floor. The resident may deny needing to go to the bathroom when staff had asked the resident.                      -The Administrator had been working on trying to get rid of the urine scent inside of the facility "for a long time."</p> <p>Observation of the facility on 2/5/15 at 11:05 a.m. revealed the urine scent was not as strong inside of the facility.</p> <p>Observation of the trash cans inside of all three resident rooms and the community bathroom on 2/5/15 at 11:30 a.m. revealed the trash cans were emptied.</p> <p>Interview with a resident on 2/4/15 at 8:41 a.m., a second resident on 2/4/15 at 8:53 a.m. and a third resident on 2/5/15 at 11:20 a.m. revealed:</p>	C 075		

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C 075	Continued From page 2  -The residents did not have a problem with the odor inside of the facility. -The first and second resident revealed staff cleaned the resident rooms daily.  Interview with the Administrator on 2/4/15 at 9:20 a.m. revealed two of the three residents interviewed were competent for an interview. The other residents at the facility had dementia.	C 075		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis  10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 Staff (B) were tested for tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test.  The findings are:	C 140		

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C 140	<p>Continued From page 3</p> <p>Review of Staff B's, Sitter, personnel file revealed: -There was no documentation when Staff B started working at the facility. -There was no documentation of any TB tests.</p> <p>Interview with the Administrator on 2/4/15 at 3:31 p.m. revealed Staff B was hired to work at the facility as a sitter for all the residents on 7/18/14.</p> <p>Further interview with the Administrator on 2/4/15 at 4:10 p.m. revealed: -Staff B sat with residents, assisted residents with dressing and toileting. -The Administrator kept up with staff personnel files. -Staff B had a Step 1 TB test completed 7/18/14, but the Administrator could not locate the test. Staff B had not had any other TB tests. -Before staff are hired, a 2 step TB test should be completed. -The Administrator was aware she did not have documentation of a 2 Step TB tests for Staff B. -The Administrator revealed she had not kept up with staff personnel files, because of personal reasons.</p> <p>Interview with Staff B on 2/4/15 at 5:20 p.m. revealed: -Staff B had a TB test done 4 years ago. -Staff B did not have a TB test completed upon hire at the facility.</p>	C 140		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home</p>	C 145		

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C 145	<p>Continued From page 4</p> <p>shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, interview and record review, the facility failed to assure 2 of 3 Staff (A, B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (NCHCPR) before hired.</p> <p>The findings are:</p> <p>A. Review of Staff A's, Supervisor-in-Charge (SIC), personnel file revealed: -There was no documentation of Staff A's hire date. -There was no documentation of a HCPR check.</p> <p>Further review of Staff A's personnel file on 2/5/15 revealed: -The Administrator completed a HCPR check on Staff A on 2/5/15. -Staff A was not listed on the HCPR check and did not have substantiated findings.</p> <p>Interview with the Administrator on 2/4/15 at 3:45 p.m. revealed Staff A was hired to work at the facility on 1/6/15 as a SIC in training.</p> <p>Interview with Staff A on 2/4/15 at 3:35 p.m. revealed she did not have an HCPR check completed upon hired at the facility.</p> <p>Interview with a resident on 2/4/15 at 8:41 a.m., a second resident on 2/4/15 at 8:53 a.m. and a third</p>	C 145		

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C 145	<p>Continued From page 5</p> <p>resident on 2/4/15 at 9:05 a.m. revealed the residents did not have a problem with Staff A at the facility.</p> <p>Refer to interview with the Administrator on 2/4/15 at 4:10 p.m.</p> <p>B. Review of Staff B's, Sitter, personnel file revealed: -There was no documentation of Staff B's hire date. -There was no documentation of a HCPR check.</p> <p>Further review of Staff B's personnel file on 2/5/15 revealed: -The Administrator completed a HCPR check on Staff B on 2/5/15. -Staff B was not listed on the HCPR check and did not have substantiated findings.</p> <p>Interview with the Administrator on 2/4/15 at 3:31 p.m. revealed Staff B was hired to work at the facility on 7/18/14 as a Sitter.</p> <p>Interview with Staff B, Sitter, on 2/4/15 at 5:20 p.m. revealed she did not have an HCPR check upon hired at the facility.</p> <p>Interview with a resident on 2/4/15 at 8:41 a.m., a second resident on 2/4/15 at 8:53 a.m. and a third resident on 2/4/15 at 9:05 a.m. revealed the residents did not have a problem with Staff B at the facility.</p> <p>Refer to interview with the Administrator on 2/4/15 at 4:10 p.m.</p> <p>Interview with the Administrator on 2/4/15 at 4:10 p.m. revealed:</p>	C 145		

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C 145	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-The Administrator kept up with staff personnel files.</li> <li>-The Health Care Personnel Registry (HCPR) checks should be completed before staff are hired to work at the facility.</li> <li>-The Administrator had not completed HCPR checks on Staff A or Staff B, because the Administrator had gotten behind in staff personnel paperwork.</li> <li>-The Administrator was asked by the surveyor to have the HCPR checks completed by 2/5/15 for Staffs A and B.</li> </ul> <p>_____</p> <p>The Administrator submitted a Plan of Protection dated 2/4/15 which revealed:</p> <ul style="list-style-type: none"> <li>-The facility will immediately check the Health Care Personnel Registry (HCPR) for Staff A and Staff B to make sure the staff did not have substantiated findings.</li> <li>-The Administrator will make sure staff had a HCPR check completed before hired.</li> <li>-The Administrator will monitor staff personnel files monthly to assure requirements are documented in the files.</li> </ul> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 22, 2015</p>	C 145		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications</p> <p>(a) Each staff person of a family care home shall:</p> <p>(7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p>	C 147		

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C 147	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: <b>TYPE B VIOLATION</b></p> <p>Based on observation and review of staff personnel files, the facility failed to provide documentation of a criminal background check for 2 of 3 Staff (A, B) upon hire.</p> <p>The findings are:</p> <p>A. Review of Staff A's, Supervisor-in-Charge (SIC), personnel file revealed: -There was no documentation of Staff A's hire date. -There was no documentation of a criminal background check.</p> <p>Interview with the Administrator on 2/4/15 at 3:45 p.m. revealed Staff A was hired to work at the facility on 1/6/15 as a SIC in training.</p> <p>Interview with Staff A on 2/4/15 at 3:35 p.m. revealed she did not have a criminal background check completed upon hired to work at the facility.</p> <p>Refer to interview with the Administrator on 2/4/15 at 4:10 p.m.</p> <p>B. Review of Staff B's, Sitter, personnel file revealed: -There was no documentation of Staff B's hire date. -There was no documentation of a criminal background check.</p> <p>Interview with the Administrator on 2/4/15 at 3:31 p.m. revealed Staff B was hired to work at the facility on 7/18/14 as a Sitter.</p>	C 147		

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C 147	<p>Continued From page 8</p> <p>Interview with Staff B on 2/4/15 at 5:20 p.m. revealed she did not have a criminal background check completed upon hired at the facility.</p> <p>Refer to interview with the Administrator on 2/4/15 at 4:10 p.m.</p> <p>Interview with the Administrator on 2/4/15 at 4:10 p.m. revealed: -The Administrator kept up with staff personnel files. -The criminal background checks should be completed before staff are hired to work at the facility. -The Administrator had not completed the criminal background checks on Staff A or Staff B, because the Administrator had gotten behind in staff personnel paperwork.</p> <p>The Administrator submitted a Plan of Protection dated 2/4/15, which revealed: -Immediately, the Administrator will get a criminal background check on all three staff, and place the results in the staff's personnel file. -The Administrator will complete a criminal background check on new staff before hired. -The Administrator will monitor staff personnel files monthly to assure requirements are documented in the files.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 22, 2015</p>	C 147		
C 153	<p>10A NCAC 13G .0501 (a) Personal Care Training And Competency</p> <p>10A NCAC 13G .0501 Personal Care Training</p>	C 153		

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C 153	<p>Continued From page 9</p> <p>And Competency</p> <p>(a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties.</p> <p>This Rule is not met as evidenced by: Based on interview and review of staff personnel files, the facility failed to assure 1 of 3 Staff (B) received the 25 hour personal care training and competency.</p> <p>The findings are:</p> <p>Review of Staff B's, Sitter, personnel file revealed: -There was no documentation of Staff B's hire date. -There was no documentation of completion of personal care training and competency.</p> <p>Interview with the Administrator on 2/4/15 at 3:31 p.m. revealed Staff B was hired to work at the facility on 7/18/14 as a Sitter.</p> <p>Interview with Staff B on 2/4/15 at 5:20 p.m. revealed -Staff B was a Sitter and had never completed the personal care training and competency.</p>	C 153		

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C 153	<p>Continued From page 10</p> <p>-Staff B helped residents go to the bathroom and get dressed.</p> <p>Interview with the Administrator on 2/4/15 at 4:10 p.m. revealed the Administrator kept up with staff personnel files.</p> <p>Further interview with the Administrator on 2/5/15 at 2:11 p.m. revealed:</p> <ul style="list-style-type: none"> <li>-The facility did not have heavy care residents.</li> <li>-Staff should have the personal care training and competency completed on the first day hired.</li> <li>-Staff B sat with residents, dressed and toileted residents.</li> <li>-The Administrator was aware Staff B did not have the personal care training and competency completed.</li> <li>-The Administrator did not think Staff B needed to have the personal care training and competency completed, because Staff B was a Sitter.</li> <li>-The Administrator would have Staff B complete the personal care training and competency.</li> </ul>	C 153		
C 252	<p>10A NCAC 13G .0903(a) Licensed Health Professional Support</p> <p>10A NCAC 13G .0903 Licensed Health Professional Support</p> <p>(a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks:</p> <ol style="list-style-type: none"> <li>(1) applying and removing ace bandages, ted hose, binders, and braces and splints;</li> <li>(2) feeding techniques for residents with swallowing problems;</li> <li>(3) bowel or bladder training programs to regain</li> </ol>	C 252		

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C 252	<p>Continued From page 11</p> <p>continence;</p> <p>(4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches;</p> <p>(5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter;</p> <p>(6) chest physiotherapy or postural drainage;</p> <p>(7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents;</p> <p>(8) collecting and testing of fingerstick blood samples;</p> <p>(9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage);</p> <p>(10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater;</p> <p>(11) inhalation medication by machine;</p> <p>(12) forcing and restricting fluids;</p> <p>(13) maintaining accurate intake and output data;</p> <p>(14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established);</p> <p>(15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter;</p> <p>(16) oxygen administration and monitoring;</p> <p>(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;</p> <p>(18) oral suctioning;</p> <p>(19) care of well-established tracheostomy, not to include indo-tracheal suctioning;</p> <p>(20) administering and monitoring of tube</p>	C 252		

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NAME OF PROVIDER OR SUPPLIER  <b>A GOOD LIFE FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4013 TRYON ROAD RALEIGH, NC 27606</b>
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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 252	<p>Continued From page 12</p> <p>feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph);                      (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);                      (22) application of prescribed heat therapy;                      (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;                      (24) ambulation using assistive devices that requires physical assistance;                      (25) range of motion exercises;                      (26) any other prescribed physical or occupational therapy;                      (27) transferring semi-ambulatory or non-ambulatory residents; or                      (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.</p> <p>This REQUIREMENT is not met as evidenced by:                      Based on observation, interview and record review, the facility failed to assure the quarterly Licensed Health Professional Support (LHPS) Tasks were completed for 2 of 3 sampled Residents (#1, #3) who required fingerstick blood sugars and insulin administration.</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 6/12/14 revealed the resident diagnoses of diabetes, dementia and arthritis.</p> <p>The Resident Register revealed Resident #1 was admitted to the facility on 5/1/12.</p> <p>The same FL-2 dated 6/12/14 included:</p>	C 252		

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C 252	<p>Continued From page 13</p> <p>-An order for "Humalog insulin use for sliding scale as needed" (fast acting insulin used to help control high blood sugars).</p> <p>-An order for Lantus insulin give 8 units (u) at bedtime (long acting insulin used to help control high blood sugars).</p> <p>Record review for Resident #1 revealed an order dated 6/12/14 to use sliding scale insulin before breakfast injection.</p> <p>Telephone interview with Resident #1's primary physician's nurse on 2/5/15 at 1:40 p.m. revealed the resident had an order for Humalog insulin dated 2/3/15 for the following sliding scale: -If blood sugars are between 120-140 give 3 u; 150-199 give 5 u; 200-249 give 10 u; 250-299 give 12 u; greater than 300 give 15 u; greater than 500 call the physician. -The resident had been on the same sliding scale since 1996.</p> <p>Review of Resident #1's record revealed: -An LHPS review dated 9/24/13 which assessed fingerstick blood sugars and medication administration through injections. -There were no other LHPS reviews.</p> <p>Review of the December 2014, January 2015 and February 2015 Medication Administration Records (MARs) revealed: -The December 2014 blood sugars were taken daily from 12/1-12/31/14 and ranged from 79-140. -The January 2015 blood sugars were taken daily from 1/1-1/31/15 and ranged from 88-157. -The February 2015 blood sugars were taken from 2/1-2/5/15 and ranged from 92-131. -The Humalog insulin was used for the sliding scale for all three months and given as ordered.</p>	C 252		

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C 252	<p>Continued From page 14</p> <p>Refer to telephone interview with the Nurse Practitioner on 2/4/15 at 6:09 p.m.</p> <p>Refer to interviews with the Administrator on 2/4/15 at 9:20 a.m., on 2/4/15 at 4:40 p.m. and on 2/5/15 at 12:26 p.m.</p> <p>2. Review of Resident #3's current FL-2 dated 2/7/14 revealed diagnoses of dementia, Type II Diabetes Mellitus, chronic constipation and high blood pressure.</p> <p>Review of Resident #3's Resident Register revealed the resident was admitted to the facility on 3/1/13.</p> <p>The same FL-2 dated 2/7/14 included: -An order for "Lantus insulin 10 units (u) subcutaneous at night" (long acting insulin used to help control high blood sugars). -An order for "Novolog insulin 10 u with every meal" (fast acting insulin used to help control high blood sugars).</p> <p>Record review revealed Resident #3 had orders dated 9/23/14 which revealed: -Use the Humalog pen and give 8 u three times daily before meals. -If blood sugars remain greater than 250 with Lantus and Novolog and less than 60 on two occasions to contact the primary care physician.</p> <p>Review of Resident #3's record revealed no documentation of the fingerstick blood sugars from September 2014 to February 2015.</p> <p>Observation on 2/4/15 during an interview with the Administrator on 2/4/15 at 2:35 p.m. revealed: -The Administrator pulled out a piece of paper which had one reading for Resident #3's blood</p>	C 252		

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C 252	<p>Continued From page 15</p> <p>sugar.</p> <p>-The blood sugar result was dated 12/1/14 and read 243. The Administrator gave 10 u of insulin</p> <p>Review of Resident #3's February 2015, January 2015, December 2014, November 2014 and October 2014 Medication Administration Records (MARs) revealed the Humalog insulin was given as ordered.</p> <p>Review of Resident #3's September 2014 MARs revealed Novolog insulin was given as ordered.</p> <p>Review of Resident #3's record revealed: -An LHPS review dated 9/24/13 which assessed medication administration through injections. -There were no other LHPS reviews.</p> <p>Refer to telephone interview with the Nurse Practitioner on 2/4/15 at 6:09 p.m.</p> <p>Refer to interviews with the Administrator on 2/4/15 at 9:20 a.m., on 2/4/15 at 4:40 p.m. and on 2/5/15 at 12:26 p.m.</p> <p>Interview with the Administrator on 2/4/15 at 9:20 a.m. revealed: -Three residents at the facility were diabetics. -Two of three of the same residents received insulin.</p> <p>Interview with the Administrator on 2/4/15 at 4:40 p.m. revealed the Nurse Practitioner [named] last completed the LHPS reviews on 8/11/14 on all of the residents at the facility with LHPS tasks.</p> <p>Telephone interview with the Nurse Practitioner [named] on 2/4/15 at 6:09 p.m. revealed: -The Nurse Practitioner was not the LHPS nurse. -The Nurse Practitioner only saw the diabetic</p>	C 252		

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C 252	Continued From page 16  residents and provided diabetic teaching. -The Nurse Practitioner could not remember when she last saw the residents.  Interview with the Administrator on 2/5/15 at 12:26 p.m. revealed: -The LHPS reviews are completed every three months. -The Administrator was aware the LHPS reviews were not up to date. -The Administrator kept up with the LHPS reviews and contacted the LHPS nurse. -The Administrator was not aware the Nurse Practitioner [named] was not the LHPS nurse.	C 252		
C 315	10A NCAC 13G .1002(a) Medication Orders  10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observation, interview and record review, the facility failed to clarify orders with a	C 315		

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C 315	<p>Continued From page 17</p> <p>resident's physician for 1 of 3 sampled residents (#3) related to glucose monitoring and sliding scale insulin administration.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 2/7/14 revealed diagnoses of dementia, Type II Diabetes Mellitus, chronic constipation and high blood pressure.</p> <p>Review of Resident #3's Resident Register revealed the resident was admitted to the facility on 3/1/13.</p> <p>The same FL-2 dated 2/7/14 included:</p> <ul style="list-style-type: none"> <li>-An order for "Lantus insulin 10 units subcutaneous at night" (long acting insulin used to help control high blood sugars).</li> <li>-An order for "Novolog insulin 10 units with every meal" (fast acting insulin used to help control high blood sugars).</li> </ul> <p>Review of Resident #3's record revealed orders dated 9/23/14 for the following:</p> <ul style="list-style-type: none"> <li>-Humalog pen give 8 u three times daily before meals (fast acting insulin used to help control high blood sugars). (Humalog and Novolog are used interchangeable by some health professionals and institutions)</li> </ul> <p>Review of Resident #3's record revealed:</p> <ul style="list-style-type: none"> <li>-The resident saw the resident's primary care physician on 12/1/14.</li> <li>-A summary sheet from the primary care physician's visit on 12/1/14 included blood sugars to be taken twice daily.</li> <li>-The summary sheet dated 12/1/14 also included Humalog insulin using the following sliding scale: If blood sugars are between 200-250 give 3 u;</li> </ul>	C 315		

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C 315	<p>Continued From page 18</p> <p>250-300 give 8 u; 300-350 give 10 u; 350-500 give 15 units; greater or equal to 500 call the doctor.</p> <p>-The summary sheet was not signed by the primary care physician.</p> <p>Review of Resident #3's medication administration records (MARs) revealed: -Humalog insulin 8 units three times daily before meals was transcribed and documented as administered for October 2014 through February 5, 2015. -There was no transcription of a sliding scale insulin order or glucose monitoring on the MARs for December 2014 through February 5, 2015.</p> <p>Review of Resident #3's medication label for the Humalog pen revealed to give 8 u of insulin three times daily before meals. There were no directions regarding administration for a sliding scale.</p> <p>Review of Resident #3's record revealed no documentation of the blood sugars from December 2014 to February 2015.</p> <p>Telephone interview with the Nurse Practitioner [named] on 2/4/15 at 6:09 p.m. revealed: -The Nurse Practitioner was unable to give any other information, because she did not have the resident's information with her. -The Nurse Practitioner did not return phone call.</p> <p>Telephone interview with Resident #3's Guardian on 2/4/15 at 1:58 p.m. revealed the Guardian did not have any problems with Resident #3's medications.</p> <p>Interview with the Administrator on 2/4/15 at 2:35 p.m. revealed:</p>	C 315		

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C 315	<p>Continued From page 19</p> <p>-Resident #3 did not have an order for fingersticks.</p> <p>-The Administrator did not use the sliding scale, which was listed on the summary sheet dated 12/1/14, because it was not signed by the physician. She had not contacted the the resident's primary care physician for an order.</p> <p>Interview with the Administrator on 2/4/15 at 4:10 p.m. revealed the Administrator was the only Medication Aide and was the only person who administered medications at the facility.</p> <p>Observation on 2/4/15 during the same interview with the Administrator on 2/4/15 at 2:35 p.m. revealed:</p> <p>-The Administrator pulled out a folded piece of paper which had one reading for Resident #3's blood sugar.</p> <p>-The blood sugar result was dated 12/1/14 and read 243. The Administrator gave 10 u of insulin.</p> <p>Further interview with the Administrator on 2/5/15 at 2:34 p.m. revealed:</p> <p>-Resident #3's blood sugars were taken at every meal.</p> <p>-The Administrator had not documented the resident's blood sugar results.</p> <p>-Resident #3 had been on a sliding scale since 2013.</p> <p>-The Administrator used the Humalog insulin and the sliding scale order another resident had at the facility dated 1/8/14 which revealed if blood sugars are between 120-140 give 3 u; 150-199 give 5 u; 200-249 give 10 u; 250-299 give 12 u; greater than 300 give 15u; greater than 500 call the physician. The Administrator had used the above sliding scale for insulin administration for Resident #3 at least since 12/1/14.</p> <p>-The Administrator revealed she used the above</p>	C 315		

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C 315	<p>Continued From page 20</p> <p>scale, because she was told to use the scale in a diabetic training.</p> <ul style="list-style-type: none"> <li>-Resident #3's blood sugars ranged from 140-160 at breakfast; 120-130 at lunch; 160-170 at dinner.</li> <li>-Resident #3's primary care physician was not aware the Administrator was using another resident's order for the sliding scale.</li> <li>-If an order needed to be clarified the Administrator called the resident's pharmacy and the resident's primary care physician immediately.</li> <li>-The Administrator should have clarified the order for insulin using the sliding scale and fingerstick blood sugars dated 12/1/14 for Resident #3.</li> <li>- When the Administrator give medications she document the Medication Administration on the resident's MAR.</li> <li>-The Administrator had not clarified the orders for insulin and blood sugar checks or documented the resident's blood sugars or the insulin for the sliding scale, because of personal reasons.</li> </ul> <p>Based on observation, interview and record review, Resident #3 was not interviewable.</p> <p>The facility submitted a Plan of Protection dated 2/5/15 which revealed the following:</p> <ul style="list-style-type: none"> <li>-Immediately, the Administrator will clarify the insulin and blood sugar checks with Resident #3's primary care physician.</li> <li>-The clarified orders will be implemented and filed in Resident #3's record.</li> <li>-The Administrator will monitor resident records daily and clarify orders immediate which are not clear or concise.</li> </ul> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 22, 2015</p>	C 315		

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C 375	Continued From page 21	C 375		
C 375	<p>10A NCAC 13G .1009(a)(1) Pharmaceutical Care</p> <p>10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following: (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure current quarterly pharmaceutical</p>	C 375		

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C 375	<p>Continued From page 22</p> <p>reviews were completed for 3 of 3 sampled Residents (#1, #2, #3).</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>Review of Resident #1's current FL-2 dated 6/12/14 revealed the resident diagnoses of diabetes, dementia and arthritis.</li> </ol> <p>The same FL-2 dated 6/12/14 revealed:</p> <ul style="list-style-type: none"> <li>-An order for Aricept 5 milligrams (mg) 1 tablet by mouth daily at supper (used to help treat dementia).</li> <li>-An order for Sulindac 150 mg 1 tablet by mouth twice daily (used to help treat pain caused by osteoarthritis).</li> <li>-An order for "Humalog insulin use for sliding scale as needed" (fast acting insulin used to help control high blood sugars).</li> <li>-An order for Lantus insulin give 8 units (u) at bedtime (long acting insulin used to help control high blood sugars).</li> </ul> <p>Record review for Resident #1 revealed:</p> <ul style="list-style-type: none"> <li>-An order dated 6/12/14 to use sliding scale insulin before breakfast injection.</li> <li>-An order for Pravastatin 40 mg take 1 tablet by mouth at bedtime (used to help lower cholesterol).</li> </ul> <p>Record review for Resident #1 revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 had pharmaceutical reviews completed on 9/27/14, 5/2/14 and 2/6/14.</li> <li>-There was no recommendation by the pharmacist regarding parameters needed for the sliding scale insulin were needed.</li> <li>-There was no pharmaceutical review after 09/27/14.</li> </ul> <p>Interview with Resident #1 on 2/4/15 at 8:53 a.m.</p>	C 375		

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C 375	<p>Continued From page 23</p> <p>revealed the resident did not have any problems with the medications.</p> <p>Refer to interview with the Pharmacist on 2/4/15 at 4:50 p.m.</p> <p>Refer to interviews with the Administrator on 2/4/15 at 4:55 p.m. and on 2/5/15 at 12:26 p.m.</p> <p>2. Review of Resident #2's current FL-2 dated 4/22/14 included diagnoses of high blood pressure, chronic obstruction pulmonary disease and depression.</p> <p>Review of Resident #2's record revealed no date of admission.</p> <p>Interview with the Administrator on 2/4/15 at 12:10 p.m. revealed Resident #2 was admitted to the facility on 8/1/08.</p> <p>The same FL-2 dated 4/22/14 revealed the following medication orders:</p> <ul style="list-style-type: none"> <li>- "Tamsulosin 0.4 milligrams (mg) daily" (used to help treat problems with urination).</li> <li>- "Prilosec 40 mg daily" (used to help treat acid reflux).</li> <li>- "Amlodipine 10 mg daily" (used to help control high blood pressures).</li> <li>- "Finasteride 5 mg daily" (used to help treat an enlarged prostate).</li> <li>- "Mometasane inhaler 50 micrograms twice daily as needed" (used to help treat allergies).</li> <li>- "Sertraline 50 mg daily" (used to help treat depression).</li> <li>- "Tylenol 325 mg as needed" (used to help treat pain).</li> <li>- "Aspirin 81 mg daily" (used to help treat pain and prevent heart attacks and strokes).</li> </ul>	C 375		

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NAME OF PROVIDER OR SUPPLIER  <b>A GOOD LIFE FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4013 TRYON ROAD RALEIGH, NC 27606</b>
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C 375	<p>Continued From page 24</p> <p>Record review for Resident #2 revealed: -Resident #2 had pharmaceutical reviews completed on 9/27/14, 5/2/14 and 2/6/14. -There was no pharmaceutical review since 09/27/14.</p> <p>Interview with Resident #2 on 2/5/15 at 11:20 a.m. revealed the resident did not have any problems with the medications.</p> <p>Refer to interview with the Pharmacist on 2/4/15 at 4:50 p.m.</p> <p>Refer to interviews with the Administrator on 2/4/15 at 4:55 p.m. and on 2/5/15 at 12:26 p.m.</p> <p>3. Review of Resident #3's current FL-2 dated 2/7/14 revealed diagnoses of dementia, Type II Diabetes Mellitus, chronic constipation and high blood pressure.</p> <p>Review of Resident #3's Resident Register revealed the resident was admitted to the facility on 3/1/13.</p> <p>The same FL-2 dated 2/7/14 revealed the following medication orders: - "Atenolol 100 milligrams (mg) daily" (used to help control high blood pressures). - "Clonidine 0.1 mg twice daily" (used to help control high blood pressures). - Hydralazine 50 mg by mouth twice daily (used to help control high blood pressures). - "Quinapril 20 mg daily" (used to help control high blood pressures). - "Aspirin 81 mg daily" (used to help control pain and prevent heart attacks and strokes). -An order for "Multivitamin daily" (used as a multivitamin/mineral supplement). - "Lantus insulin 10 units subcutaneous at night"</p>	C 375		

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C 375	<p>Continued From page 25</p> <p>(long acting insulin used to help control high blood sugars). - "Novolog insulin 10 units with every meal" (fast acting insulin used to help control high blood sugars). -An order for "Miralax 1 scoop" as needed daily for constipation.</p> <p>Record review revealed Resident #3 ' s insulin was changed on 9/23/14 for Humalog pen give 8 units three times daily before meals.</p> <p>Record review revealed no documentation of pharmaceutical reviews.</p> <p>Refer to Tag C 315 10A NCAC 13G .1002 (a) Medication Orders. Based on observation, interview and record review, the facility failed to clarify orders for glucose monitoring and administration of sliding scale insulin for Resident # 3.</p> <p>Based on observation, interview and record review, Resident #3 was not interviewable.</p> <p>Refer to interview with the Pharmacist on 2/4/15 at 4:50 p.m.</p> <p>Refer to interviews with the Administrator on 2/4/15 at 4:55 p.m. and on 2/5/15 at 12:26 p.m.</p> <p>Telephone interview with the Pharmacist on 2/4/15 at 4:50 p.m. revealed -The facility had a pharmacy review completed either December 2014 or January 2015. -The Pharmacist did not have the documentation available to determine when the last pharmaceutical review was completed.</p> <p>Interview with the Administrator on 2/4/15 at 4:55</p>	C 375		

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C 375	<p>Continued From page 26</p> <p>p.m. revealed:</p> <ul style="list-style-type: none"> <li>-Pharmacy reviews are completed every three months.</li> <li>-The Administrator kept up with the quarterly pharmaceutical reviews.</li> <li>-The last pharmacy review for all of the residents was completed on 9/27/14.</li> <li>-The pharmacy reviews were past due, so the Administrator contacted the Pharmacist the week of January 4-10, 2015 to see why the Pharmacist had not come to complete the pharmacy reviews.</li> <li>-The Pharmacist was supposed to come to the facility on 2/1/15 to do the pharmacy reviews, but the Pharmacist did not come.</li> </ul> <p>Interview with the Administrator on 2/5/15 at 12:26 p.m. revealed when the quarterly pharmacy reviews needed to be completed, she contacted the Pharmacist.</p>	C 375		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights:</p> <p>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents received care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staff North Carolina Health Personnel Registry (NCHCPR) checks, staff criminal background checks and clarification of</p>	C 912		

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C 912	<p>Continued From page 27</p> <p>medication and fingerstick blood sugar orders.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Based on observation, interview and record review, the facility failed to assure 2 of 3 Staff (A, B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (NCHCPR) before hired. [Refer to Tag C145, 10A NCAC 13G .0406 (a)(5). (Type B Violation)]</li> <li>2. Based on observation and review of staff personnel files, the facility failed to provide documentation of a criminal background check for 2 of 3 Staff (A, B) upon hire. [Refer to Tag C146, 10A NCAC 13G .0406 (a)(7). (Type B Violation)]</li> <li>3. Based on observation, interview and record review, the facility failed to clarify orders with a resident's physician for 1 of 3 sampled residents (#3) related to glucose monitoring and sliding scale insulin administration. [Refer to Tag C315, 10A NCAC 13G .1002 (a). (Type B Violation)]</li> </ol>	C 912		
C 934	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training</p>	C 934		

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C 934	<p>Continued From page 28</p> <p>program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on interview and review of staff personnel files, the facility failed to assure 1 of 1 Staff (C) completed the state annual infection control training program.</p> <p>The findings are:</p> <p>Review of Staff C's, Administrator/Medication Aide (MA), personnel file revealed: -There was no documentation of Staff C's hire date. -The Administrator passed the MA testing on 5/6/03. -The Administrator completed a state annual infection control training dated 12/18/12. -There was no documentation of a current state annual infection control training.</p> <p>Interview with the Administrator on 2/4/15 at 3:31 p.m. revealed she started working at the facility 4/25/05 as the Administrator.</p> <p>Further interview with the Administrator on 2/4/15 at 4:10 p.m. revealed: -The Administrator is the only MA who worked at the facility. -The Administrator had thought she had completed the state annual infection control training January 2015, but she could not locate</p>	C 934		

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C 934	Continued From page 29  the documentation. -The Administrator kept up with staff personnel files. -The Administrator had gotten behind in staff personnel paperwork and training.	C 934		
C992	G.S. § 131D-45. Examination and screening for  G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.  (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates	C992		

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C992	<p>Continued From page 30</p> <p>the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on observation and review of staff personnel files, the facility failed to assure 2 of 2 Staff (A, C) hired after 9/30/13 received a drug screening prior to working at the facility.</p> <p>The findings are:</p> <p>A. Review of Staff A's, Supervisor-in-Charge (SIC) in training, personnel file revealed: -There was no documentation of the date Staff A was hired. -There was no documentation of a drug screening consent or test being done.</p> <p>Interview with the Administrator on 2/4/15 at 3:45 p.m. revealed Staff A was hired to work at the facility on 1/6/15 as a SIC in training.</p> <p>Interview with Staff A on 2/4/15 at 3:35 p.m. revealed she did not have a drug screening completed or consent to a drug screening upon hired at the facility.</p> <p>Refer to interview with the Administrator on 2/4/15 at 4:10 p.m.</p> <p>B. Review of Staff B's, Sitter, personnel file revealed: -There was no documentation of Staff B's hire date. -There was no documentation of a drug screening consent or test being</p>	C992		

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C992	<p>Continued From page 31</p> <p>Interview with the Administrator on 2/4/15 at 3:31 p.m. revealed Staff B was hired to work at the facility on 7/18/14 as a Sitter.</p> <p>Interview with Staff B on 2/4/15 at 5:20 p.m. revealed she did not have a drug screening completed or consent to a drug screening upon hired at the facility.</p> <p>Refer to interview with the Administrator on 2/4/15 at 4:10 p.m.</p> <p>Interview with the Administrator on 2/4/15 at 4:10 p.m. revealed:                      -The Administrator kept up with staff personnel files.                      -The drug screening checks should be completed before staff are hired to work at the facility.                      -Staffs A and B were the only staff who worked at the facility with the Administrator.                      -The Administrator had not completed the drug screening checks on Staff A or Staff B, because the Administrator had gotten behind in staff personnel paperwork.</p>	C992		