

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/09/2015
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NAME OF PROVIDER OR SUPPLIER FREEMAN FAMILY CARE HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1408 CHESTNUT STREET GREENVILLE, NC 27834
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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	{C 000}		
{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 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 interviews and employee record reviews the facility failed to assure 1 of 1 live in staff (A) completed the state mandated infection control course. The findings are:</p> <p>Review of Staff A's employee records revealed: -Staff A's hire date was 9/12/1994. -Staff A's job title was Supervisor in Charge. -Staff A passed the Medication Aide written exam 9/28/2000. -Staff A had Medication Clinical Skills validation</p>	{C 934}		

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

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{C 934}	<p>Continued From page 1</p> <p>3/9/2004.</p> <ul style="list-style-type: none"> -Staff A had Licensed Health Professional Skills validation 8/13/03 and 9/26/2013. -Staff A had Diabetes Management training 11/29/2004. -No documentation found for completion of infection control training. <p>Interview with Staff A on 2/9/2015 at 2:00 p.m. revealed:</p> <ul style="list-style-type: none"> -There were 2 diabetic residents at the facility who self-administered their finger-stick blood sugars weekly and did not receive insulin. -She had not taken the state infection control course. -The administrator is responsible for assuring staff get necessary training. <p>Interview with the Administrator on 2/9/2015 at 2:15 p.m. revealed:</p> <ul style="list-style-type: none"> -The local pharmacy is going to come and provide the state infection control training for staff. -He has not scheduled a time yet for the staff to receive the state infection control training. 	{C 934}		