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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032095	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED R [illegible]

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREMIND HOMES	617 SYBIL DRIVE DURHAM, NC 27703

(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 and follow-up survey on November 18-19, 2014 with an exit conference via telephone on November 19, 2014.	C 000		
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 review of staff personnel files, the facility failed to assure 1 of 3 Staff (B) was tested for tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test. The findings are: Review of Staff B's, Supervisor-in-Charge (SIC) personnel file revealed: -Staff B was hired on 3/21/12 as a SIC.	C 140		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE DATE
[signature] x [signature] Administrator 2-27-2015
STATE FORM SUBJECT [illegible]

VB 2/27/15

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C 140	Continued From page 1 -Staff B had a TB test read as negative on 3/19/13. -There was no documentation of a second step TB test. Interview with Staff B on 11/18/14 at 2:55 p.m. revealed: -The only TB test Staff B had was read on 3/19/13. -Staff B was supposed to have the second step completed, but she never did. Interview with the Administrator on 11/18/14 at 3:36 p.m. revealed: -The Administrator was responsible for keeping up with staff qualifications. -The first step TB test should be completed before hired. -The second step TB test should be completed 7 days after the first step is completed. -The Administrator was not aware Staff B did not have the second step TB test completed. -The Administrator stated, "I had not been keeping up with staff qualifications too well."	C 140	A TB skin test has been done on the 12-2-2014 and a second step on the 18th of Dec. 2014 all paper work is part of this report. A policy has been put in place with my Nurse KN to check all employee and resident once a month from now on for any missing information that might be missing. this will be done every 3rd of each month I also Lulu Johns will be checking making sure of this also and a log will kept.	
C 171	10A NCAC 13G .0504(a) Competency Validation For Licensed Health 10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks (a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing	C 171		

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C 171	Continued From page 2 competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on observation and review of staff personnel files, the facility failed to assure staff completed the competency validation for licensed health Licensed Health Professional Support (LHPS) tasks for 2 of 3 Staff (B, C). The findings are: A. Review of Staff B's, Supervisor-in-Charge (SIC) personnel file revealed: -Staff B was hired on 3/21/12 as a SIC. -There was no documentation of the LHPS tasks competency validation. Interview with Staff B on 11/18/14 at 3:26 p.m. revealed: -Staff B had the LHPS competency validation when she first started working at the facility. -Staff B could not remember the date she had the competency validation completed. Interview with the Administrator on 11/18/14 at 3:36 p.m. revealed the Administrator thought Staff B had completed the LHPS competency validation. B. Review of Staff C's, Administrator, personnel file revealed: -The Administrator started working at the facility 10/5/09. -There was no documentation of the LHPS tasks competency validation. Interview with the Administrator on 11/18/14 at 3:36 p.m. revealed: -The Administrator had completed the LHPS	C 171	The LHPS was done on 9/26/14 but the paperwork was misplaced at the time of the survey came a copy enclosed with the report. A new LHPS was also done on 11/20/14 also. I Lulu Tsehas (administrator) will make sure this doesn't happen again by keeping a log of all informations that will be needed to keep Caremind Homes in working condition and keeping up with the rules of the state and kept of file in home	

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C 171	Continued From page 3 tasks competency validation June 2014 or July 2014. -The facility had residents who were diabetics, received finger sticks, received insulin, ambulated with walker without assistance and needed assistance with transferring. -The Administrator was responsible for keeping up with staff qualifications. -The Administrator stated, "I had not been keeping up with staff qualifications too well."	C 171		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by: Based on observation and review of staff personnel files, the facility failed to provide documentation of current training on Cardio-Pulmonary Resuscitation (CPR) for 1 of 3 Staff (C).	C 176	CPR was completed on 12/19/2014 and is kept on file at this time in ~~home~~ the home. CPR for all employment will be scheduled as needed yearly or biyearly with the help of my RN and a log will also be kept for the administrator place on the front page of each employee's file	

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C 176	Continued From page 4 The findings are: Review of Staff C's, Administrator, personnel file revealed: -The Administrator started working at the facility 10/5/09. -There was no documentation of CPR training. Interview with the Administrator on 11/18/14 at 3:36 p.m. revealed: -The Administrator completed a training on CPR June 2014. -The Administrator could not remember the date of the training. -The Administrator could not find the documentation for the training on CPR. -The Administrator was responsible for keeping up with staff qualifications. -The Administrator stated, "I had not been keeping up with staff qualifications too well."	C 176		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902. This Rule is not met as evidenced by:	C 202	A chest X-ray was completed at Duke Urgent care on 12-9-2014 the result shows no evidence of ~~active~~ TB. All new resident will have completed sept 19 Two TB skin test prior to admission and document will be kept on file ~~test re~~ in residents file at the homes.	

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C 202	Continued From page 5 Based on observation, interview and record review of resident records, the facility failed to assure 1 of 3 Residents (#1) was tested tor tuberculosis (TB) in compliance with control measures using the 2 Step TB Skin Test. The findings are: Review of Resident #1's current FL-2 dated 9/30/14 revealed: -The residents' diagnoses included Type 2 Diabetes Mellitus and hepatitis C. -There was no documentation of a 2 Step TB test in the resident's file. Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 8/26/13. Telephone interview with Resident #1's primary care physician's nurse on 11/18/14 at 3:02 p.m. revealed: -The resident had a TB test read as negative on 1/14/13. -There was no other TB tests on file. Interview with the Administrator on 11/18/14 at 3:55 p.m. revealed: -The Administrator was responsible for making sure residents had documentation of a 2 step TB test. -Resident #1 had a 2 Step TB test completed by mental health before the resident was admitted to the facility. -Resident #1's first step TB test was completed 8/24/13 and was positive. The resident had a chest X-ray, which revealed the resident did not have TB. Interview with Resident #1 on 11/18/14 at 4:24	C 202	A TB Skin Test was done on the 11-20-14 the result was Negative on the 11-23-14 A sept 2 Skin was done at Duke Urgent care on the ~~on~~ 12-2-2014 and was read on the 12-4-2014 the result was undetermined which was follow by a Xray which shows No evidence TB	

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C 202	Continued From page 6 p.m. revealed the resident was unsure if a TB test had been completed.	C 202		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, interview and record review, the facility failed to follow-up with the physician for 1 of 1 Resident (#1) with low blood sugars. The findings are: Review of Resident #1's current FL-2 dated 9/30/14 revealed: -Diagnoses included Type 2 Diabetes Mellitus and hepatitis C. -No documentation for the frequency of blood sugar checks. -An order for glucose tablets 4 grams give 1 tablet as needed for low blood sugars. (Glucose tablets are used to help increase blood sugars.) Review of Resident #1's record revealed an order dated 4/14/14 to check blood sugars four times daily. Interview with the Supervisor-in-Charge (SIC) on 11/18/14 at 9:15 a.m. revealed Resident #1 received blood sugar checks. Interview with Resident #1 on 11/18/14 at 9:46	C 246	Daumention of resident blood sugar ~~is done~~ check 4x a day and is been documented the doctor is call to let her know when it is time to pre order. A call to the doctor is been done every time the blood sugar is low two times in a week PRN new order and have been working with the doctor office and they have been changing the orders when Caremind is following carefully all new order are write in this report.	

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C 246	Continued From page 7 a.m. revealed Resident #1 was a diabetic and received blood sugar checks daily. The resident did not say how often the blood sugar checks were taken. Interview with the Administrator on 11/18/14 at 2:36 p.m. revealed: -Resident #1 received blood sugar checks four times daily. -Blood sugar checks four times daily started 9/30/14. -The Administrator started documenting blood sugar checks four times daily until 11/10/14. -Resident #1's blood sugars are taken before each meal and before the resident goes to bed. -Before 9/30/14, Resident #1 had received blood sugar checks three times daily. Review of Resident #1's September 2014 blood sugar monitoring log revealed: -If blood sugars are less than 70 give 4 grams of carbohydrate tablet and recheck the blood sugar one hour later. -The blood sugars were taken at 8 a.m., 12 p.m., 5 p.m. and bedtime. -The 8 a.m. blood sugars were taken from 9/1/14 to 9/30/14 and ranged from 74-145. -The 12 p.m. blood sugars were taken from 9/1/14 to 9/30/14 and ranged from 31-318. There were three times the blood sugar was below 70. On 9/28/14, the blood sugar was 31. Four grams of glucose tabs were given and the blood sugar was rechecked and increased to 72. On 9/20/14, the blood sugar was 63. Four grams of glucose was given and the blood sugar increased to 110. On 9/21/14 the blood sugar was 60. Four grams of glucose were given and the blood sugar increased to 79. -The 5 p.m. blood sugars were taken from 9/1/14 to 9/30/14 and ranged from 54 to 150. There was	C 246	Resident blood sugar ~~too~~ is been chelk if it lower then 70 the sugar tab is given and rechelk and document is been done every time blood sugar is chelk A new order is dated 10-30-14 for three sugar tab for low blood sugar check 15 minutes Staff has been trained informed resident's doctor if resident blood sugar is not in the right range lower then 70 or call the administrator then I can try to get in contact with the doctor also give sugar follow the Doctor's order	

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C 246	Continued From page 8 one time the blood sugar was below 70. On 9/27/14 the blood sugar was 54. Four grams of glucose tabs was given. The blood sugar increased to 75. There was no documentation of the blood sugars at 5 p.m.being taken on 9/21/14 and 9/30/14. -The bedtime blood sugars were taken from 9/22/14 to 9/29/14. The blood sugars ranged from 79 to 127. There was no documentation of the blood sugars at bedtime being taken from 9/1/14 to 9/21/14 and on 9/30/14. Review of Resident #1's October 2014 blood sugar monitor log revealed: -If blood sugars are less than 70 give 4 grams of carbohydrate tablet and recheck the blood sugar one hour later. -The blood sugars were taken at 8 a.m., 12 p.m. and 5 p.m. -The 8 a.m. blood sugars were taken from 10/1/14 to 10/31/14 and ranged from 73-151. -The 12 p.m. blood sugars were taken from 10/1/14 to 10/31/14 and ranged from 60-236. There was one time the blood sugar was below 70. On 10/8/14 the blood sugar was 60. Four grams of glucose tabs were given. There was no documentation the blood sugars were retaken and there was no documentation if the blood sugar was taken at 12 p.m. on 10/29/14. -The 5 p.m. blood sugars were taken from 10/1/14 to 10/31/14 and ranged from 70-216. There was no documentation of the blood sugars at 5 p.m. being taken on 10/29/14 and 10/30/14. -There was no documentation of bedtime blood sugars. On 10/25/14 and 10/26/14 the resident was out of the facility. Review of Resident #1's November 2014 blood sugar monitor log revealed: -If blood sugars are less than 70 give 4 grams of	C 246	A document will be done at all time from now on there was document but this is all in this report.	

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C 246	Continued From page 9 carbohydrate tablet and recheck the blood sugar one hour later. -The blood sugars were taken at 8 a.m., 12 p.m., 5 p.m. and 8 p.m. -The 8 a.m. blood sugars were taken from 11/1/14 to 11/18/14 and ranged from 88-136. There was no documentation of the blood sugars at 8 a.m. taken on 11/1/14 and 11/2/14. -The 12 p.m. blood sugars were taken from 11/1/14 to 11/18/14 and ranged from 48-286. There was one time the blood sugar was less than 70. On 11/18/14 the blood sugar was 48 and there was no documentation glucose tabs were given. There was no documentation the blood sugars at 12 p.m. were taken on 11/1/14 and 11/3/14. -The 5 p.m. blood sugars were taken from 11/1/14 to 11/16/14 and ranged from 63-155. There was one time the blood sugar was less than 70. On 11/11/14 the blood sugar was 63. Four grams of glucose tabs were given. There was no documentation of the blood sugars at 5 p.m. were taken on 11/1/14 and 11/3/14 -The 8 p.m. blood sugars were taken from 11/10/14 to 11/17/14. The blood sugars ranged from 63-116. There was one time the blood sugar was less than 70. On 11/17/14 the blood sugar was 63. Four grams of glucose were given. There was no documentation the blood sugar was retaken. Telephone interview with Resident #1's primary care physician's nurse on 11/18/14 at 3:02 p.m. revealed: -Resident #1 had just recently became the physician's patient. -Resident #1's Endocrinologist should have the order for the blood sugar checks. -The nurse did not say if the primary care physician was aware of the resident's low blood	C 246		

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C 246	Continued From page 10 sugars. Interview with the Administrator on 11/18/14 at 3:55 p.m. revealed: -The Administrator could not find the order for the blood sugar checks. -The Administrator would try to contact Resident #1's physician for an order. -If the blood sugars were less than 70, Resident #1 received 4 grams of glucose tablets. -The blood sugar is retaken one hour later. -If Resident #1's blood sugar had not increased to over 70 in an hour after receiving the glucose tablet, the resident is sent to the hospital. -Resident #1's primary care physician or the Endocrinologist had not been notified if the blood sugars are less than 70. By the end of the survey, the Administrator could not locate the order for blood sugar checks three times daily. Resident #1's Endocrinologist could not be reached by the end of the survey. The Administrator submitted a Plan of Protection dated 12/3/14. Telephone interview with the Administrator on 12/3/14 at 1:20 p.m. revealed: -Immediately, staff will be trained and informed to contact resident physicians if residents are not within the parameters. -The facility will contact the resident's physician to see when the doctor wants to be notified in reference to parameters. -If a resident blood sugars are less than the recommended parameter, glucose tabs will be given and the resident's physician will be notified.	C 246		

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C 246	Continued From page 11 CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 3, 2014	C 246		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement blood sugar checks for 1 of 1 Resident (#1). The findings are: Review of Resident #1's current FL-2 dated 9/30/14 revealed: -Diagnoses included Type 2 Diabetes Mellitus and hepatitis C. -No documentation for the frequency of blood sugar checks. -An order for glucose tablets 4 grams give 1 tablet as needed for low blood sugars. (Glucose tablets are used to help increase blood sugars.) Review of Resident #1's record revealed an order dated 4/14/14 to check blood sugars four times daily. Interview with the Supervisor-in-Charge (SIC) on 11/18/14 at 9:15 a.m. revealed Resident #1	~~C 249~~ C 70	A dietician was consulted for a combination menus and have sent you a copy of the result of two weeks in this package hope may find they are OK The home does have a NAs Menu. The NATS Menu is not use for NAS Menu	

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	FCL032095	A. BUILDING: _____ B. WING _____	R 11/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAREMIND HOMES	617 SYBIL DRIVE DURHAM, NC 27703

(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 249	Continued From page 12 received blood sugar checks. Interview with Resident #1 on 11/18/14 at 9:46 a.m. revealed Resident #1 was a diabetic and received blood sugar checks daily. Interview with the Administrator on 11/18/14 at 2:36 p.m. revealed: -Resident #1 received blood sugar checks four times daily. -Blood sugar checks four times daily started 9/30/14. -The Administrator started documenting blood sugar checks four times daily until 11/10/14. -Resident #1's blood sugars are taken before each meal and before the resident goes to bed. -Before 9/30/14, Resident #1 had received blood sugar checks three times daily. Review of Resident #1's September 2014 blood sugar monitoring log revealed: -If blood sugars are less than 70 give 4 grams of carbohydrate tablet and recheck the blood sugar one hour later. -The blood sugars were taken at 8 a.m., 12 p.m., 5 p.m. and bedtime. -The 8 a.m. blood sugars were taken from 9/1/14 to 9/30/14 and ranged from 74-145. -The 12 p.m. blood sugars were taken from 9/1/14 to 9/30/14 and ranged from 31-318. On 9/28/14, the blood sugar was 31. Four grams of glucose tabs were given and the blood sugar was rechecked and increased to 72. On 9/20/14, the blood sugar was 63. Four grams of glucose was given and the blood sugar increased to 110. On 9/21/14 the blood sugar was 60. Four grams of glucose were given and the blood sugar increased to 79. -The 5 p.m. blood sugars were taken from 9/1/14 to 9/30/14 and ranged from 54 to 150. On	C 249		

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C 249	Continued From page 13 9/27/14 the blood sugar was 54. Four grams of glucose tabs was given. The blood sugar increased to 75. There was no documentation of the blood sugars at 5 p.m. being taken on 9/21/14 and 9/30/14. -The bedtime blood sugars were taken from 9/22/14 to 9/29/14. The blood sugars ranged from 79 to 127. There was no documentation of the blood sugars at bedtime being taken from 9/1/14 to 9/21/14 and on 9/30/14. Review of Resident #1's October 2014 blood sugar monitor log revealed: -If blood sugars are less than 70 give 4 grams of carbohydrate tablet and recheck the blood sugar one hour later. -The blood sugars were taken at 8 a.m., 12 p.m. and 5 p.m. -The 8 a.m. blood sugars were taken from 10/1/14 to 10/31/14 and ranged from 73-151. -The 12 p.m. blood sugars were taken from 10/1/14 to 10/31/14 and ranged from 60-236. On 10/8/14 the blood sugar was 60. Four grams of glucose tabs were given. There was no documentation the blood sugars were retaken and there was no documentation the blood sugars at 12 p.m. were taken on 10/29/14. -The 5 p.m. blood sugars were taken from 10/1/14 to 10/31/14 and ranged from 70-216. There was no documentation of the blood sugars being taken on 10/29/14 and 10/30/14. -There was no documentation of bedtime blood sugars. On 10/25/14 and 10/26/14 the resident was out of the facility. Review of Resident #1's November 2014 blood sugar monitor log revealed: -If blood sugars are less than 70 give 4 grams of carbohydrate tablet and recheck the blood sugar one hour later.	C 249		

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C 249	Continued From page 14 -The blood sugars were taken at 8 a.m., 12 p.m., 5 p.m. and 8 p.m. -The 8 a.m. blood sugars were taken from 11/1/14 to 11/18/14 and ranged from 88-136. There was no documentation of the blood sugars at 8 a.m. were taken on 11/1/14 and 11/2/14. -The 12 p.m. blood sugars were taken from 11/1/14 to 11/18/14 and ranged from 48-286. On 11/18/14 the blood sugar was 48 and there was no documentation glucose tabs were given. There was no documentation the blood sugars at 12 p.m. were taken on 11/1/14 and 11/3/14. -The 5 p.m. blood sugars were taken from 11/1/14 to 11/16/14 and ranged from 63-155. On 11/11/14 the blood sugar was 63. Four grams of glucose tabs were given. There was no documentation of the blood sugars at 5 p.m. being taken on 11/1/14 and 11/3/14 -The 8 p.m. blood sugars were taken from 11/10/14 to 11/17/14. The blood sugars ranged from 63-116. On 11/17/14 the blood sugar was 63. Four grams of glucose were given. There was no documentation the blood sugar was retaken. Telephone interview with Resident #1's primary care physician's nurse on 11/18/14 at 3:02 p.m. revealed: -Resident #1 had just recently became the physician's patient. The nurse did not say how long the resident had the doctor as a primary care physician. -Resident #1's Endocrinologist should have the order for the blood sugar checks. Interview with the Administrator on 11/18/14 at 3:55 p.m. revealed: -The Administrator could not find the order for the blood sugar checks. -The Administrator would try to contact Resident	C 249		

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C 249	Continued From page 15 #1's physician for an order. By the end of the survey, the Administrator could not locate the order for blood sugar checks three times daily. Resident #1's Endocrinologist could not be reached by the end of the survey.	C 249		
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provided matching therapeutic diet menus for 2 of 2 sampled Residents (#1, #2) with combination diet orders. The findings are: 1. Review of Resident #1's current FL-2 dated 9/30/14 revealed: -Diagnoses included Type 2 Diabetes Mellitus and hepatitis C. -A diet order for a No Concentrated Sweets (NCS)/No Added Salt (NAS) diet. Interview with the Supervisor-in-Charge (SIC) on 11/18/14 at 9:15 a.m. revealed Resident #1 was on a Regular No Added Table Salts (NATS) diet.	C 270		

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C 270	Continued From page 16 Interview with Resident #1 on 11/18/14 at 9:46 a.m. revealed: -Resident #1 was a diabetic and the resident was on a low sodium diet. -The resident received enough food to eat. -The resident did not have any complaints about the food. Review of the facility menus revealed there was no menu for a NAS diet and there was no combination menu for a NCS/NAS diet. Review of the diet list revealed Resident #1 was on a Regular NATS/NCS diet. Review of the Week 3 lunch menu being served for the NATS diet revealed 1/3 cup egg salad in pita pocket; 1 cup lettuce/tomatoes; ½ cup pretzels; 1 tangerine/orange; 6-8 ounces (oz) juice; 8 oz water; no additional salt added at table. Review of the Week 3 lunch menu being served for the NCS diet revealed 1/3 cup egg salad in pita pocket; ½ cup sliced peaches; carrot sticks; 6-8 oz juice; 8 oz water; all canned fruit should be unsweetened or packed in juice. Observation of the lunch menu on 11/18/14 at 12:30 p.m. revealed Resident #1 was served 2 slices bread; 1/3 cup egg salad; ½ cup mixed vegetables; 1 cup water; 1 cup tea. Observation on 11/18/14 at 12:48 p.m. revealed Resident #1 ate all of the meal and drank all of the beverages. Observation during a tour in the kitchen on 11/18/14 at 9:25 a.m. revealed no fruit on hand.	C 270	A dietician was consulted for combination menu and have a copy of 2 weeks of combination menus within this report. The above information will also be check once every month to keep all information in order by the state rules this will be on my log of things to check with dietician if ~~the dates~~ a date apply ~~on~~ or how often	

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C 270	Continued From page 17 Interview with the Administrator on 11/18/14 at 10:06 a.m. revealed: -The facility did not have any fruit on hand. -The Administrator had planned to go to the store to get fruit on 11/18/14. -The Administrator did not say how long the facility had not had fruit. Observation and interview with the Administrator on 11/18/14 at 2:30 p.m. revealed the Administrator had purchased fresh oranges, apples and bananas. Interview with the Administrator on 11/18/14 at 3:55 p.m. revealed: -The NAS diet is no added table salt. She did not use too much salt when cooking -The facility did not have a NAS menu. The NATS menu was used for the NAS menu. -The NCS diet is sugar free. -The Administrator did not have combination menus. -Staff followed the NATS and the NCS menu to prepare Resident #1's meals. -The Administrator was not aware she needed combination menus for combination diet orders. Resident #1's primary care physician was unavailable for interview. 2. Review of Resident #2's current FL-2 dated 2/18/14 revealed: -Diagnoses included Type 2 Diabetes Mellitus, hyperlipidemia high blood pressure and edema. -The Type 2 Diabetes Mellitus was controlled. -A diet order for a No Concentrated Sweets (NCS)/No Added Salt (NAS) diet. Interview with the Supervisor-in-Charge (SIC) on 11/18/14 at 9:15 a.m. revealed Resident #2 was	C 270		

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C 270	Continued From page 18 on a Regular No Added Table Salts diet (NATS). Interview with Resident #2 on 11/18/14 at 10:00 a.m. revealed: -The resident was unsure if the resident was on a therapeutic diet. -The resident had no complaints about the food. Review of the facility menus revealed there was no menu for a NAS diet and no combination menu for a NCS/NAS diet. Review of the diet list revealed Resident #2 was on a Regular NATS diet. Review of the Week 3 lunch menu being served for the NATS diet revealed 1/3 cup egg salad in pita pocket; 1 cup lettuce/tomatoes; ½ cup pretzels; 1 tangerine/orange; 6-8 ounces (oz) juice; 8 oz water; no additional salt added at table. Review of the Week 3 lunch menu being served for the NCS diet revealed 1/3 cup egg salad in pita pocket; ½ cup sliced peaches; carrot sticks; 6-8 ounces oz juice; 8 oz water; all canned fruit should be unsweetened or packed in juice. Observation of the lunch menu on 11/18/14 at 12:30 p.m. revealed Resident #2 was served 2 slices bread; 1/3 cup egg salad; ½ cup mixed vegetables; 1 cup water; 1 cup tea. Observation on 11/18/14 at 1:00 p.m. revealed Resident #2 ate all of the meal, drank 2 oz of water and drank all of the tea. Interview with the Administrator on 11/18/14 at 3:55 p.m. revealed: -The NAS diet is no added table salt. She did not	C 270		

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C 270	Continued From page 19 use too much salt when cooking. -The facility did not have a NAS menu. The NATS menu was used for the NAS menu. -Resident #2 was on a NATS diet. -The NCS diet was discontinued for Resident #2, because the resident's blood sugars were controlled. She could not remember when the NCS diet order was discontinued or could she locate the discontinued order for NCS diet order. -The NCS diet is sugar free. -The Administrator did not have combination menus. -The Administrator was not aware she needed combination menus for combination diet orders. Resident #2's primary care physician could not be reached by the end of the survey.	C 270		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. 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 referral and follow-up for low blood sugars. The findings are:	C 912		

Division of Health Service Regulation

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C 912	Continued From page 20 Based on observation, interview and record review, the facility failed to follow-up with the physician for 1 of 1 Resident (#1) with low blood sugars. [Refer to Tag C246, 10A NCAC 13G .0902(b). (Type B Violation)]	C 912	The Dietor has been notified for low blood sugar and new order recence	
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (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 This Rule is not met as evidenced by: Based on interview and review of staff personnel files, the facility failed to assure 2 of 3 Staff (B, C) completed the state annual infection control training program. The findings are: A. Review of Staff B's, Supervisor-in-Charge	C 934	All staff has completed annual infection control training on 11-20-2014 documentation is place in employees files at this time. All staff hired will required to consent to a drug screen for controlled substance before hired date Administrator will maintain file Staff A is no longer working at this home.	

Division of Health Service Regulation

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C 934	Continued From page 21 (SIC) personnel file revealed: -Staff B was hired on 3/21/12 as a SIC. -There was no documentation of completion of the state annual infection control training program. Interview with the Administrator on 11/18/14 at 3:36 p.m. revealed Staff B had not completed the state annual infection control training. Staff B was not available for interview.	C 934	Addendum: Telephone interview with the Administrator on 2/22/15 at 2:02pm revealed: -Rule area .0405(a)(b) staff will have step 1 completed b/f hired, step 2 will be completed within 2 weeks after hired -Rule area .0405(a) staff LHRC competency will be completed by a RN the 1st day staff started working at the facility -Rule area .0702(a) other/current Res. charts will be reviewed for TB. If Res. needed doc. of 2 step TB test, the Res. will either get 2 step completed or make sure doc. was in Res charts -Rule area .0902(b) The Admin or nurse consultant will check Res. charts daily or every other day to make sure (cont)	
	B. Review of Staff C's, Administrator, personnel file revealed: -The Administrator started working at the facility 10/5/09. -There was no documentation of the state annual infection control training. Interview with the Administrator on 11/18/14 at 3:36 p.m. revealed: -The Administrator had not completed the state annual infection control training. -The Administrator was unaware the state annual infection control training was needed within the past month. -The trainer for the infection control was supposed to have come to the facility on 11/17/14 to do the training, but she did not come. -Staff had not completed the state annual infection control training -The Administrator was responsible for keeping up with staff qualifications. -The Administrator stated, "I had not been keeping up with staff qualifications too well."			
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for	C992		

Division of Health Service Regulation

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C992	Continued From page 22 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 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. This Rule is not met as evidenced by: Based on observation and review of staff personnel files, the facility failed to assure 1 of 1	C992	(cont) Spoke with Admin 12/21/15 at 2:02pm orders are carried out according to Rs. physicians. The Admin or nurse consultant will contact the Res. Dr. for vital signs or blood sugar checks. If the resident is outside of the parameters, staff will call the Admin or the Admin will contact the Res. physician to inform the Physician of the outside parameters. If the Admin is not available (Sat) staff will contact the Res. Physician for instructions -Rule area 0902(c)(3)(4) the Admin or nurse consultant will check Res. charts daily or every other day to make sure orders are carried out according to D.'s orders. -Date of Completion for all findings was 12/22/15	12/22/15

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C992	Continued From page 23 Staff (A) received a drug screening prior to working at the facility. The findings are: Review of Staff A's, Supervisor-in-Charge (SIC), personnel file revealed: -Staff A was hired to work at the facility on 11/18/14 as a SIC. -There was no documentation of a drug screening consent or test being done. Interview with Staff A on 11/18/14 at 10:20 a.m. revealed: -Staff A stopped working at the facility May 2014. -Staff A was rehired to work at the facility on 11/18/14 as a SIC. Interview with the Administrator on 11/18/14 at 10:10 a.m. revealed: -Staff A was rehired and started back working at the facility on 11/18/14 as a SIC. -The Administrator was aware Staff A should have had the drug screening completed before being rehired. -The Administrator revealed she had been working on Staff A's "paperwork" and the Administrator had not had a chance to complete a drug screening for Staff A. -She had planned to complete the drug screening on Staff A on 11/18/14. Further interview with the Administrator on 11/18/14 at 3:36 p.m. revealed: -The Administrator was responsible for keeping up with staff qualifications. -The Administrator stated, "I had not been keeping up with staff qualifications too well."	C992		

Herring, Belverly G

From: Gant, Kimberly
Sent: Thursday, March 05, 2015 12:52 PM
To: khooker@dconc.gov
Cc: Oakley, Eva; Herring, Belverly G
Subject: Caremind Homes 11-19-14 POC (Durham County)
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