

Rec'd via email.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL034092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2015
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NAME OF PROVIDER OR SUPPLIER WAMU'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 SHELTER COVE WINSTON-SALEM, NC 27106
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County: Forsyth

(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 2/4/2015.	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 observations, interviews, and record reviews, the facility failed to assure 1 of 3 staff members (Staff C) was tested for tuberculosis disease (TB) using a two-step skin test method in compliance with the control measures adopted by the Commission for Health Services. The findings are: Review of the facility personnel record for Staff C revealed a chest xray completed 8/23/13 prior to hire.	C 140	The PPD skin test does not leave a "huge scar". The staff members at Wamu's Family care home including the SIC who was interviewed and staff "C" (the staff member in question) have all had several TB skin tests. However, the BCG vaccination for TB leaves a noticeable scar on the injection site. Wamu's Family Care Home is run by members of one family. We have come from Kenya, and it is the Kenyan policy for all young children to be vaccinated from TB by means of administration of the BCG (Bacillus Calmette -Guerin), which contributes to the skin reaction to the PPD skin test.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Esther W Murinski

TITLE
Administrator

(X5) DATE
2/9/2015

STATE FORM

0899

3EHL11

If continuation sheet 1 of 8

POC
Approved
3-10-15
James S Butcher

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WAMU'S FAMILY CARE HOME

1251 SHELTER COVE
WINSTON-SALEM, NC 27105

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C 140	<p>Continued From page 1</p> <p>Further review of Staff C personnel facility record revealed no other TB skin testing was performed prior to the chest xray with the results no active TB documented.</p> <p>Interview on 2/4/15 at 2:00 pm with the SIC revealed:</p> <ul style="list-style-type: none"> -He said staff C was employed as a Medication Aide in the facility. -He said Staff C was his daughter and she was from another country. -He thought a Chest Xray was "ok" since a skin test for TB would probably test positive, due to Staff C coming from another country. -He was aware of the guidelines for new employees in which a two-step TB skin test upon hire was mandatory. -He said Staff C did not want the TB skin test administered due to previous family members from Kenya tested positive for TB. -He said a positive TB skin test would leave a large mark on the arm and Staff C "did not want the TB skin test serum administered in her arm". <p>Staff C was not available for interview on 2/4/15.</p> <p>Interview on 2/4/15 at 9:30 pm with the administrator revealed:</p> <ul style="list-style-type: none"> -She and her husband were the owners and operators of the facility. -She was responsible for ensuring new employees were tested for TB disease upon hire. -She was aware Staff C was currently working in the facility as a medication aide. -She was aware the two-step TB skin test was required for new employees. -She said Staff C was her daughter from Kenya, and previous employees from Kenya tested positive for TB and required a chest Xray. -She thought if Staff C had a negative chest xray 	C 140	<p>As I discussed [REDACTED] on the telephone, my only humble request for myself and my staff members, is the possibility of being allowed to comply with TB testing requirement through any other medically accepted TB test, including chest x-rays etc...</p> <p>Our experience is that different health-care professionals have had different interpretations of the small reactions to the skin test (usually a small red area of the skin with no induration).</p> <p>That is:-</p> <ol style="list-style-type: none"> 1. Some professionals interpret the results as negative . 2. Some interpret the results as positive and require a negative chest x-ray to rule out TB. 3. Yet others interpret it as positive and require a negative chest x-ray and still proceed to prescribe medication for treatment of TB. 4. My understanding was that since the chest x-ray is an medically acceptable and adequate method for determining absence of TB infection, 5. Since then, staff member "C" has received a TB skin test with negative results. 	

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C 140	Continued From page 2 upon hire it was appropriate for the mandatory testing for TB disease. -She said Staff C did not want the TB serum administered in her skin.	C 140		
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 observations, interviews, and record reviews, the facility failed to ensure implementation of physician order for 1 of 3 sampled residents (Resident # 1) related to TED (Thromboembolism deterrent) compression stockings (used to decrease swelling and prevent blood from clotting in the legs). The findings are: Review of Resident #1's current FL2 dated 2/28/14 revealed: -Diagnoses included hypotension, heart disease and bit-edema. -An order for TED hose on in the am and off in the pm. Further review of Resident #1's record revealed no subsequent physician order to discontinue the TED hose.	C 249		

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C 249	<p>Continued From page 3</p> <p>Observation on 2/4/15 at 11:30 am of medical supplies and medications for Resident #1 revealed no TED hose available to apply in the facility.</p> <p>Observation on 2/4/15 of Resident #1's revealed no TED hose were applied to lower legs.</p> <p>-Review on 2/4/15 of Resident #1's December 2014, January 2015, and February 2015 pharmacy generated Medication Administration Record (MAR) revealed: -A transcription entry for the TED hose on in the am and off in the pm to be applied as ordered by the physician. -No documentation the facility staff had applied the TED hose to Resident #1 nor removed at night as ordered by the physician during the months of December 2014, January 2015, and February 2015.</p> <p>Telephone interview on 2/4/15 at 10:30 am with the contract pharmacy revealed: -They created a generated computerized MAR for the facility for each resident every month. -The current order dated 2/28/14 for Resident #1 included TED hose on in the am and off in the pm. -They were unaware of an order for discontinuing the TED hose for Resident #1. -They rely on the facility to notify the physician of new and discontinued orders and then fax the orders to the pharmacy.</p> <p>Interview on 2/4/15 at 12:25 pm with Resident #1 revealed: -He lived at the facility for 1 year. -He said he never worn TED hose. -He asked, "What are they?" -He stated " I hope I never have to wear them".</p>	C 249	<p>Resident 1 was admitted to Wamu's FCH accompanied by his guardian [REDACTED]</p> <p>On assessment of the resident,</p> <ol style="list-style-type: none"> 1. There was no evidence of edema on his lower extremities 2. The resident did not have any ted hose on his legs and while he had all his prescribed medications with him, he did not bring any ted hose with him to the facility. 3. During the admission interview with both resident and guardian, resident did not own any ted hose and both resident and guardian expressed surprise that the FL2 had ted-hose listed among his order since according to them, the health care providers had never mentioned to them the need for [REDACTED] to wear ted hose. 4. Guardian for [REDACTED] said that "did not see [REDACTED] wearing ted-hose" and no one had mentioned to [REDACTED] the need for ted-hose. I requested [REDACTED] to discuss the matter with his physician and if he does not need them, to bring me a d/c order for the ted hose. [REDACTED] took [REDACTED] to his physician and was given a list of orders that omitted ted hose and, was advised that it was adequate because ted hose was not included in the list of orders. 	

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C 249	<p>Continued From page 4</p> <p>Telephone interview on 2/4/15 at 2:45 pm with Resident #3's physician's nurse revealed: -She said the physician completed the FL2 dated 2/28/14 for Resident #1. -She was aware the TED hose were ordered for Resident #1 due to lower extremity edema. -She said it was the physician expectation the orders be completed as ordered. -She said Resident #1 changed physician and was not currently seen in the office since 5/8/14.</p> <p>Telephone interview on 2/4/15 at 3:30 pm with Resident #1's current physician's nurse revealed: -She said Resident #1 was a new patient for the physician. -The nurse was unaware of the order dated 2/28/14 for Resident #1 to wear TED hose on in the am off in the pm. -She was not sure if the physician was aware of the order for TED hose for Resident #1. -She had reviewed the computerized documentation from Resident #1's last few visits and did not recall mention of TED hose or any leg swelling. -She said the facility contacted the office on 2/4/15 to obtain an order to discontinue the TED hose for Resident #1. -She said the physician ordered on 2/4/15 to discontinue to TED hose if no swelling to Resident #1's legs.</p> <p>Interview on 2/4/15 at 9:30 am with the Administrator revealed: -She thought the order for Resident #1 TED hose had been discontinued sometime in May 2014. -She said Resident #1's guardian had taken him the physician appointment and informed the facility Resident #1 did not need to wear the TED hose.</p>	C 249	<p>5. [REDACTED] did not disclose the name of the physician at that time but [REDACTED] agreed to switch him to another practice where the facility would be able to obtain orders and records in order for facility to provide adequate care.</p> <p>6. Later, [REDACTED] guardian made an appointment and took resident to the physician who gave [REDACTED] a new list of medication which omitted the ted hose and advised that, it was adequate because ted hose was not in the new list of orders.</p> <p>We have since contacted resident's new physician who gave him an order to discontinue the use of ted hose.</p> <p>In the future, Wamu's FCH will directly make follow-ups on residents orders in order to provide the needed care for our residents.</p>	

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C 249	<p>Continued From page 5</p> <p>-She was aware the facility obtained an order on 2/4/15 to discontinued the TED hose for Resident #1.</p> <p>Telephone attempt on 2/4/15 to call Resident #1's guardian was unsuccessful.</p>	C 249		
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 record reviews, the facility failed to assure mandatory annual infection prevention training for 3 of 3 Medication Aides (A,B, and C) sampled employees.</p> <p>The finding are:</p>	C 934		

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C 934	<p>Continued From page 6</p> <p>A. Review of Staff A personnel record revealed: -A hire date of 10/12/11. -Staff A's job title was Supervision-in-Charge (SIC) and Medication Aide (MA). -Documentaion of successful Medication Aide testing results dated 12/06/11. -No documentaion of any mandatory infection prevention training.</p> <p>Interview on 2/4/15 at 1:30 pm with Staff A revealed: -His duties and responsibility included management of medication administration.. -He was unaware of the mandatory infection prevention training.</p> <p>B. Review of Staff B's personnel records revealed: -A hire date of 3/1/13. -Staff B's job title was SIC and MA. -Documentaion of successful Medication Aide testing results dated 2/27/13. -No documentaion of any mandatory infection prevention training.</p> <p>Staff B was unavailable for interview on 2/4/15.</p> <p>C. Review of Staff C's personnel records revealed: -A hire date of 9/10/13. -Staff C's job title was SIC and MA. -Documentaion of successful Medication Aide testing results dated 8/28/13. -No documentaion of any mandatory infection prevention training.</p> <p>Staff C was unavailable for interview on 2/4/15.</p> <p>Interview on 2/4/15 at 9:30 am with the</p>	C 934	<p>1. Staff members have received required training contained in the DHR web site on infection control and will continue to receive all required training in order to be compliant with DHR rules and regulations.</p>	

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C 934	Continued From page 7 Administrator revealed: -Her duties and responsibilities were management of the facility and residents, and to ensure staff records were completed. -She was aware of the infection prevention training requirement. -She was not aware the yearly infection prevention training was mandatory for all MAs. -She would ensure all MAs completed the mandatory infection prevention training as soon as possible.	C 934		

Shook, Linda

From: Shook, Linda
Sent: Thursday, March 12, 2015 10:29 AM
To: Sheila Moore (mooreh@forsyth.cc)
Cc: Broadway, Jeanne S; Harrison, Carolyn
Subject: WAMU'S FAMILY CARE HOME - FORSYTH COUNTY
Attachments: WAMU's Family Care Home 2015-03-10 POC-3EHL11.pdf

Please find attached copy of the approved Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
12 Barbetta Drive, Asheville, NC 28806
Phone: (828) 670-3391 x 149
Fax: (828) 670-5040
Linda.Shook@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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