

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL084010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2015
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NAME OF PROVIDER OR SUPPLIER SCOTT'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 322 MAYO ST BADIN, NC 28009 <i>County: Stanley</i>
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 02/05/15.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure all staff shall be tested for tuberculosis (TB) disease in compliance with control measure adopted by the Commission for Health Services for 1 of 3 sampled staff (Staff C).</p> <p>The findings are:</p> <p>Review of Staff C's personnel records revealed: -She was hired on 10/30/13 as a Medication Aide and Supervisor-in-Charge. -She was a registered nursing assistant.</p>	C 140	<p>Rule 10A NCAC 13G .0405(a)(b) Test for Tuberculosis (C 140) For staff C a copy of her chest X-ray report that stated she was negative for active TB was placed in her employee file. <i>2-24-15</i></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Bertina Scott* TITLE *Administrator* (X6) DATE *3-1-15*

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C 140	<p>Continued From page 1</p> <p>Further review of the personnel record revealed: -A form from a local hospital system's "Teammate Health" for Staff C -This form included the notation "Has a history of positive TEST. However the last TB health Evaluation was negative for active TB and was completed on 9/12/14." -No documentation of the record of Staff C's positive TB test results or a Chest Xray report negative for active TB.</p> <p>Interview with the Administrator on 2/5/15 at 4:00 pm revealed: -She was responsible for ensuring all Staff meet employment requirements. -She was not aware she needed results of the positive TB skin test or a chest xray that was negative for active TB disease.</p> <p>Attempt to interview Staff C was unsuccessful.</p>	C 140	<p>Rule 10A NCAC 13G .0405(a)(b) Test for Tuberculosis (C 140) For staff C a copy of her chest X-ray report that stated she was negative for active TB was placed in her employee file.</p> <p>Rule G.S. 131 D-21 (2) Declarations of Residents' Rights (C 912) G.S. 131D-21(2) A- (2) two new glucometers were purchased on 2/5/2015 Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily) All staff was given in-service on how to clean meters A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily. Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home. All meters were labeled with residents name on 2/5/2015 All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record.</p>	2-24-15
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: 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 observations, record reviews and interviews, the facility failed to assure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws, rules and regulations related to infection prevention requirements for glucometer use, infection control training, 5 hour</p>	C 912	<p>Rule G.S. 131 D-21 (2) Declarations of Residents' Rights (C 912) G.S. 131D-21 (2) B- The infection controlled training took place on February 11th Certificates were put in each staff file and will continue for future employees. Training was held by Facility's RN and will have training annually. The infection control training was added to all employees tracking tool. And will be monitored by the Administrator.</p>	2-5-15 2-11-15

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C 912	<p>Continued From page 2</p> <p>and 10 hour training required for medication aides, and controlled substance prescreening for staff.</p> <p>The findings are:</p> <p>A. Based on observations, interviews and record reviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines regarding the fingerstick blood sugar (FSBS) monitoring for 3 of 3 sampled residents (Residents #1, #2, and #3). [Refer to Tag 932, 131D-4.4A(b)(1). (Type B Violation)].</p> <p>B. Based on interview and record review, the facility failed to assure all medication aides received annual in-service training for infection control, safe practices for injections and glucose monitoring for 2 of 2 sampled Staff (Staff B and C). [Refer to Tag 934, 131D 4.5B(a). (Type B Violation)].</p> <p>C. Based on observation, interview and record review, the facility failed to assure 2 of 2 sampled Staff (Staff B and C) who were hired after 10/1/13 as Medication Aides (MA) and Supervisors-in Charge (SIC) had successfully completed the 15 hour medication administration training prior to administering medications. [Refer to Tag 935, 131D 4.5B(b)(1). (Type B Violation)].</p> <p>D. Based on record review and interviews, the facility failed to ensure examination and screening for controlled substances for 3 of 3 staff (Staff A, B, C, hired after 10/01/13. [Refer to Tag 992, 131D-45. (Type B Violation)].</p>	C 912	<p>Rule G.S. 131 D-21 (2) Declarations of Residents' Rights (C 912)</p> <p>G.S. 131D-21 (2) C. Staff member was removed from the cart on 2/5/15 until all training was completed, which was completed on February 2/13/2015.</p> <p>The 5 hour medication training was completed by all staff on 2/11/2015. Certificates of completion were put in each employee's file.</p> <p>The 10 hour medication training took place on 2/12/2015 and 2/13/2015. All staff was present and completed on 2/13/2015. Certificates of completion were put in each employee's file.</p> <p>The 5 hour and 10 hour training for medication aides was added to all employees tracking tool. And will be monitored by the Administrator.</p> <p>Rule G.S. 131 D-21 (2) Declarations of Residents' Rights (C 912)</p> <p>G.S. 131D-21 (2) D. All current staff completed their controlled substance screening on 2/20/2105 and 2/23/2015. The results of all staff drug screening were put in their employees file.</p> <p>All new hires will have their controlled substance screening completed before employment.</p> <p>The controlled substance screening was put in all employees file and monitored by the administrator. The controlled substance screening was added to the employee tracking tool.</p>	<p>2-13-15</p> <p>2-23-15</p>
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C 932	Continued From page 3	C 932		
C 932	<p>G.S. 131D 4.4A (b) ACH Infection Prevention Requirements</p> <p>131D-4.4A Adult Care Home Infection Prevention Requirements</p> <p>(b) In order to prevent transmission of HIV, hepatitis B, hepatitis C, and other bloodborne pathogens, each adult care home shall do all of the following, beginning January 1, 2012:</p> <p>(1) Implement a written infection control policy consistent with the federal Centers for Disease Control and Prevention guidelines on infection control that addresses at least all of the following:</p> <p>a. Proper disposal of single-use equipment used to puncture skin, mucous membranes, and other tissues, and proper disinfection of reusable patient care items that are used for multiple residents.</p> <p>b. Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules.</p> <p>c. Accessibility of infection control devices and supplies.</p> <p>d. Blood and bodily fluid precautions.</p> <p>e. Procedures to be followed when adult care home staff is exposed to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV, hepatitis B, hepatitis C, or other bloodborne pathogens.</p> <p>f. Procedures to prohibit adult care home staff with exudative lesions or weeping dermatitis from engaging in direct resident care that involves the potential for contact between the resident, equipment, or devices and the lesion or dermatitis until the condition resolves.</p> <p>(2) Require and monitor compliance with the facility's infection control policy.</p> <p>(3) Update the infection control policy as necessary to prevent the transmission of HIV,</p>	C 932	<p>G.S. 131D 4.4A (b) ACH Infection Prevention Requirements (C 932)</p> <p>(2) (2) two new glucometers were purchased on 2/5/2015.</p> <p>Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily)</p> <p>All staff was given in-service on how to clean meters</p> <p>A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily.</p> <p>Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home.</p> <p>All meters were labeled with residents name on 2/5/2015</p> <p>All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record.</p>	2-5-15

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C 932	<p>Continued From page 4</p> <p>hepatitis B, hepatitis C, and other bloodborne pathogens.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to implement infection control procedures consistent with Centers for Disease Control and Prevention guidelines regarding the fingerstick blood sugar (FSBS) monitoring for 3 of 3 sampled residents (Residents #1, #2, and #3).</p> <p>The findings are:</p> <p>Interview on 02/05/15 at 11:15 am with the Administrator revealed: -There were 3 residents in the facility and all 3 residents had current orders for FSBS monitoring. -There were 3 different models of glucometers in the facility.</p> <p>Observation of FSBS collection supplies on 2/5/14 at 2:30 pm revealed -4 Disposable single use lancets. -A partially used box of individual single use alcohol wipe pads. -No sanitizing wipes were available for use.</p> <p>Interview on 02/05/15 at 3:30 pm with Brand B glucometer manufacturer's representative revealed: -Alcohol wipes are not recommended for cleaning or disinfecting of glucometer. -Brand B glucometer may be used by multiple residents if it is properly disinfected between each</p>	C 932	<p>G.S. 131D 4.4A (b) ACH Infection Prevention Requirements (C 932)</p> <p>(2) (2) two new glucometers were purchased on 2/5/2015</p> <p>Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily)</p> <p>All staff was given in-service on how to clean meters</p> <p>A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily.</p> <p>Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home.</p> <p>All meters were labeled with residents name on 2/5/2015</p> <p>All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record.</p>	2-5-15
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C 932	<p>Continued From page 5</p> <p>use with the recommended disinfectant. -The recommended brand is Clorox disinfecting wipes.</p> <p>Interview on 02/05/15 at 3:45 with Brand C glucometer manufacturer's representative revealed the glucometer is designed for single resident use and not designed for use with multiple residents.</p> <p>A. Review of Resident #1's current FL-2 dated 1/28/15 revealed: -Diagnoses included diabetes mellitus, hypertension, and chronic Kidney disease. -FSBS were ordered collected twice daily.</p> <p>Review of the resident record revealed an admission date of 1/22/15.</p> <p>Observation on 2/5/15 at 2:30 pm of Resident #1's medication and glucometer storage plastic bins revealed: -A small plastic box with lid contained a Brand B glucometer with appropriate strips was without resident identification on the outside of the box. -The Administrator confirmed this was the glucometer she used to sample Resident #1's blood glucose. -The Brand B glucometer inside of the box was labeled with Resident #3's name three times on the back of the glucometer.</p> <p>Interview on 02/05/15 at 2:37 pm with the Administrator revealed: -The Brand B glucometer being used for Resident #1 used to belong to Resident #3 and that is why the glucometer is labeled with Resident #3 name. - Resident #3 also had a Brand C glucometer, so she thought the Brand B glucometer could be used by Resident #1.</p>	C 932	<p>G.S. 131D 4.4A (b) ACH Infection Prevention Requirements (C 932)</p> <p>(2) (2) two new glucometers were purchased on 2/5/2015</p> <p>Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily)</p> <p>All staff was given in-service on how to clean meters</p> <p>A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily.</p> <p>Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home.</p> <p>All meters were labeled with residents name on 2/5/2015</p> <p>All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record.</p>	2-5-15

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C 932	<p>Continued From page 6</p> <p>-She did not disinfect the glucometer before using.</p> <p>Review of the glucometer history currently being used by Resident #3 revealed: -FSBS values began on 1/23/15 and continued through 2/5/15 at 6:40am. -Prior to 1/23/15, the next recorded value in the glucometer history occurred on 5/22/14.</p> <p>Review of Resident #1's January 2015 and February 2015 Medication Administration Records (MARs) revealed: -The documented FSBSs on the MARs matched the glucometer history except for a FSBS on 2/4/15 of 116. -The 2/4/15 FSBS for 7:39 am reading of 116 on Resident #2's Brand B glucometer matched the FSBS documented for Resident #1.</p> <p>Based on observation and attempted interview with Resident #1 on 2/5/15 revealed he was determined not to be interviewable.</p> <p>Refer to additional interview with the Administrator on 2/5/15 at 2:37 pm and 3:50 pm.</p> <p>B. Review of Resident #3's current FL-2 dated 4/15/14 revealed: -Diagnoses included dementia, diabetes and hypertension. -FSBS collections were ordered twice daily.</p> <p>Observation on 2/5/15 at 2:30 pm of Resident #3's storage boxes for medications and glucometer supplies revealed: -A small plastic box with a lid contained a Brand C glucometer with appropriate strips was with Resident #3's first name on the outside of the box.</p>	C 932	<p>G.S. 131D 4.4A (b) ACH Infection Prevention Requirements (C 932)</p> <p>(2) (2) two new glucometers were purchased on 2/5/2015</p> <p>Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily)</p> <p>All staff was given in-service on how to clean meters</p> <p>A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily.</p> <p>Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home.</p> <p>All meters were labeled with residents name on 2/5/2015</p> <p>All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record.</p>	2-5-15
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C 932	<p>Continued From page 7</p> <p>-The Administrator confirmed this was the glucometer she used to sample Resident #3's blood glucose.</p> <p>-The Brand C glucometer inside of the box, inside of a pouch which was labeled with Resident #3's name.</p> <p>Review of Resident #3's glucometer history revealed:</p> <p>-Time and day were correct.</p> <p>-Recording of FSBS began on 1/23/15 and continued through 2/5/15 at 3:57 am.</p> <p>Review of Resident #3's MARs for January 2015 and February 2015 revealed:</p> <p>-The FSBS results on the glucometer corresponded to the documented FSBS on the MARs except for there was no FSBS recorded in the history for 2/4/15 in the evening.</p> <p>-FSBS value of 195 was documented on the MAR as the 2/4/15 evening FSBS value obtained.</p> <p>-The FSBS value of 195 documented matched the FSBS value recorded in the glucometer history for Resident #2.</p> <p>Based on observation and record review, Resident #2 was determined not to be interviewable.</p> <p>Refer to additional interview with the Administrator on 2/5/15 at 2:37 pm and 3:50 pm.</p> <p>C. Review of Resident #2's record revealed a current FL2 dated 09/22/14 which included an order for weekly FSBS readings.</p> <p>Observation on 02/05/15 at 12:05 pm of the glucometer storage revealed:</p> <p>- A clear plastic storage container labeled with Resident #2's name.</p>	C 932	<p>G.S. 131D 4.4A (b) ACH Infection Prevention Requirements (C 932)</p> <p>(2) (2) two new glucometers were purchased on 2/5/2015</p> <p>Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily)</p> <p>All staff was given in-service on how to clean meters</p> <p>A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily.</p> <p>Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home.</p> <p>All meters were labeled with residents name on 2/5/2015</p> <p>All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record.</p>	2-5-15

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C 932	<p>Continued From page 8</p> <ul style="list-style-type: none"> - A black storage pouch for Brand A glucometer was not labeled. - One Brand A glucometer labeled with Resident #2's name. - No test strips available for the Brand A Glucometer. - The Brand A glucometer did not power up when the on button was depressed. - A black storage pouch for Brand B glucometer was not labeled. - One Brand B glucometer which was not labeled. - 3 boxes of test strips for the Brand B glucometer. <p>Interview on 02/05/15 at 2:37 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> - She currently used the Brand B glucometer for FSBS monitoring on Resident #2. - She was unable to recall when she started using the Brand B glucometer and stopped using the Brand A glucometer. - The facility no longer had the test strips for the Brand A glucometer. <p>Review of the Brand B glucometer readings revealed the date and time were accurately set.</p> <p>Examples of the Brand B glucometer readings which matched the documented readings on Resident #2's January and February 2015 Medication Administration Records (MARs) include:</p> <table border="0"> <tr><td>1/06</td><td>7:54 am</td><td>133</td></tr> <tr><td>1/13</td><td>7:58 am</td><td>106</td></tr> <tr><td>1/20</td><td>7:42 am</td><td>116</td></tr> <tr><td>1/27</td><td>8:36 am</td><td>111</td></tr> <tr><td>2/03</td><td>9:05 am</td><td>131</td></tr> </table> <p>Review of the Brand B glucometer also revealed 2 additional readings, not documented on</p>	1/06	7:54 am	133	1/13	7:58 am	106	1/20	7:42 am	116	1/27	8:36 am	111	2/03	9:05 am	131	C 932	<p>G.S. 131D 4.4A (b) ACH Infection Prevention Requirements (C 932)</p> <p>(2) (2) two new glucometers were purchased on 2/5/2015</p> <p>Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily)</p> <p>All staff was given in-service on how to clean meters</p> <p>A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily.</p> <p>Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home.</p> <p>All meters were labeled with residents name on 2/5/2015</p> <p>All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record.</p>	2-5-15
1/06	7:54 am	133																	
1/13	7:58 am	106																	
1/20	7:42 am	116																	
1/27	8:36 am	111																	
2/03	9:05 am	131																	

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NAME OF PROVIDER OR SUPPLIER SCOTT'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 322 MAYO ST BADIN, NC 28009	
(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)
C 932	<p>Continued From page 9</p> <p>Resident #2's MARs: 2/4 7:39 am 116 2/4 8:28 pm 195</p> <p>Review of Resident #3's current February 2015 MAR revealed the 2/4 8:28 pm reading of 195 on Resident #2's Brand B glucometer matched the FSBS documented.</p> <p>Review of Resident #1's current February 2015 MAR revealed the 2/4 7:39 am reading of 116 on Resident #2's Brand B glucometer matched the FSBS documented.</p> <p>Observation on 02/05/15 revealed Resident #2 was out of the facility and unavailable for interview.</p> <p>Refer to interview with the Administrator on 2/5/15 at 2:37 pm.</p> <hr/> <p>Interview on 02/05/15 at 2:37 pm and 3:50 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> - She usually cleaned the glucometers with alcohol wipes at least weekly. - She "sometimes" put hand sanitizer on a paper towel and then wiped the glucometers with the paper towel. - She did not document when she cleaned the glucometers, but she made sure the glucometers were clean before she put them away after use. - The facility does not have any sanitizing or disinfecting wipes. - All FSBS are performed by her. <hr/> <p>The facility provided the following plan of protection on 02/05/15 as follows:</p> <ul style="list-style-type: none"> - The facility will purchase new glucometers for all 	C 932	<p>G.S. 131D 4.4A (b) ACH Infection Prevention Requirements (C 932)</p> <p>(2) (2) two new glucometers were purchased on 2/5/2015</p> <p>Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily)</p> <p>All staff was given in-service on how to clean meters</p> <p>A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily.</p> <p>Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home.</p> <p>All meters were labeled with residents name on 2/5/2015</p> <p>All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record.</p> <p style="text-align: right;">2-5-15</p>

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C 932	Continued From page 10 residents ordered FSBS before the next FSBS is due. - Each glucometer will be labeled for the proper resident. - Glucometer readings will be checked weekly and monitored by the Administrator to ensure staff is not sharing glucometers. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED March 22, 2015.	C 932	G.S. 131D 4.4A (b) ACH Infection Prevention Requirements (C 932) (2) (2) two new glucometers were purchased on 2/5/2015 Disinfection wipes with Clorox was purchased on 2/5/15. To clean each meter after each use (Daily) All staff was given in-service on how to clean meters A form was incorporated in this in- service to ensure that this cleaning technique is being performed, and the staff of the facility will sign after cleaning meter daily.	2-5-15
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: TYPE B VIOLATION	C 934	Stanly county health department visited the home on 3-2-15 to talk to the Administrator about the importance of infection control and left information to help educate the staff here at Scott's Family Care Home. All meters were labeled with residents name on 2/5/2015 All meters will be checked by the Administrator and will continue to monitor weekly or as necessary, a glucometer check sheet was placed in the medication administration record. G.S. 131 D-4.5B (a) ACH infection Prevention Requirements (C 934) The infection controlled training took place on February 11 th Certificates were put in each staff file and will continue for future employees. Training was held by Facility's RN and will have training annually. The infection control training was added to all employees tracking tool. And will be monitored by the Administrator	2-11-15

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C 934	<p>Continued From page 11</p> <p>Based on interview and record review, the facility failed to assure all medication aides received annual in-service training for infection control, safe practices for injections and glucose monitoring for 2 of 2 sampled Staff (Staff B and C).</p> <p>The findings are:</p> <p>Interview with the Administrator on 2/5/15 at 4:00 pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for ensuring all staff meet employment requirements, maintained the personnel records and scheduled all training. -She was not aware all medication aides (MA) were required to have annual in-service training for infection control. -She had not scheduled infection control training in 2014 or 2015 for her MAs or herself. -Staff are scheduled to allow the Administrator time off and are in the facility by themselves when scheduled, usually 2 to 3 time per week. -There are currently 3 diabetic residents who required fingerstick blood sugars collected. <p>[Refer to Tag 0932, G.S. 131D-4.4(b) ACH Infection Prevention Requirements.]</p> <p>A. Review of Staff B's personnel and training record revealed:</p> <ul style="list-style-type: none"> -She was hired 10/30/13 as a MA/Supervisor in Charge and was scheduled to work 2-3 times per week. -Documentation Staff B completed Infection Control training on 11/1/13. -There was no documentation of any additional Infection Control Training received since 11/1/13. <p>Staff B was unavailable for interview.</p>	C 934	<p>G.S. 131 D-4.5B (a) ACH infection Prevention Requirements (C 934)</p> <p>The infection controlled training took place on February 11th Certificates were put in each staff file and will continue for future employees. Training was held by Facility's RN and will have training annually. The infection control training was added to all employees tracking tool. And will be monitored by the Administrator.</p> <p style="text-align: right;">2-11-15</p>	

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C 934	<p>Continued From page 12</p> <p>B. Review of Staff C's personnel and training record revealed: -She was hired 10/30/13 as a MA/Supervisor in Charge and was scheduled to work 2-3 times per week -Documentation Staff C completed Infection Control training on 11/1/13. -There was no documentation of any additional Infection Control Training received since 11/1/13.</p> <p>Attempt to interview Staff C was unsuccessful.</p> <hr/> <p>The facility provided the following Plan of Protection on 2/5/15 at 4:30 pm: - The Administrator will call today and schedule the annual infection control training to be provided for staff. - The infection control training will be provided annually for staff. - The infection control training will be added to the employee record tracking tool used by the Administrator. - The Administrator will monitor the infection control training for staff.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED March 22, 2015.</p>	C 934	<p>G.S. 131 D-4.5B (a) ACH infection Prevention Requirements (C 934) The infection controlled training took place on February 11th Certificates were put in each staff file and will continue for future employees. Training was held by Facility's RN and will have training annually. The infection control training was added to all employees tracking tool. And will be monitored by the Administrator</p>	2-11-15
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform</p>	C935	<p>G.S. 131D-4.5B (b) ACH Medication Aides; Training and competency (C 935) Staff member was removed from the cart on 2/5/15 until all training was completed, which was completed on February 2/13/2015. The 5 hour medication training was completed by all staff on 2/11/2015. Certificates of completion were put in each employee's file. The 10 hour medication training took place on 2/12/2015 and 2/13/2015. All staff was present and completed on 2/13/2015. Certificates of completion were put in each employee's file. The 5 hour and 10 hour training for medication aides was added to all employees tracking tool. And will be monitored by the Administrator.</p>	2-5-15 2-13-15

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C935	<p>Continued From page 13</p> <p>any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ol style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ol style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p>	C935	<p>G.S. 131D-4.5B (b) ACH Medication Aides; Training and competency (C 935)</p> <p>Staff member was removed from the cart on 2/5/15 until all training was completed, which was completed on February 2/13/2015.</p> <p>The 5 hour medication training was completed by all staff on 2/11/2015. Certificates of completion were put in each employee's file.</p> <p>The 10 hour medication training took place on 2/12/2015 and 2/13/2015. All staff was present and completed on 2/13/2015. Certificates of completion were put in each employee's file.</p> <p>The 5 hour and 10 hour training for medication aides was added to all employees tracking tool. And will be monitored by the Administrator.</p>	<p>2-11-15</p> <p>2-13-15</p>

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C935	Continued From page 14 Based on observation, interview and record review, the facility failed to assure 2 of 2 sampled Staff (Staff B and C) who were hired after 10/1/13 as Medication Aides (MA) and Supervisors-in Charge (SIC) had successfully completed the 15 hour medication administration training prior to administering medications. The findings are: Interview with the Administrator on 2/5/15 at 4:00 pm revealed: -She was responsible for ensuring all staff meet employment requirements, maintained the personnel records and scheduled all training. -She was not aware of the requirement for Staff who administered medications must complete the 5, 10, or 15 hours medication administration training. -She believed when she hired registered nurse aides, they only required skill validation and successful passage of the MA test in order to be independent in medication administration. -Staff are scheduled to allow the Administrator time off and are in the facility by themselves when scheduled. -Both Staff pass medication and collect fingerstick blood sugars on a regular schedule of work. -There are currently 3 diabetic residents who required fingerstick blood sugars collected. -The Administrator stated neither Staff had previously worked as a MA in another facility. A. Review of Staff B's personnel and training record revealed: -She was hired as a MA/SIC on 10/30/13. -She was currently listed on the Nurse Aide Registry as a Nurse Aide.	C935	G.S. 131D-4.5B (b) ACH Medication Aides; Training and competency (C 935) Staff member was removed from the cart on 2/5/15 until all training was completed, which was completed on February 2/13/2015. The 5 hour medication training was completed by all staff on 2/11/2015. Certificates of completion were put in each employee's file. The 10 hour medication training took place on 2/12/2015 and 2/13/2015. All staff was present and completed on 2/13/2015. Certificates of completion were put in each employee's file. The 5 hour and 10 hour training for medication aides was added to all employees tracking tool. And will be monitored by the Administrator.	2-11-15 2-13-15	

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C935	<p>Continued From page 15</p> <p>-Staff B had a medication clinical skills competency validation completed on 9/4/14. -Staff B took the written medication exam on 9/22/14 and successfully passed. -There was no documentation Staff B completed a 5, 10 or 15 hour medication administration program.</p> <p>Staff B was not available for interview.</p> <p>B. Review of Staff C's personnel and training record revealed: -She was hired as a MA/SIC on 10/30/13. -Staff C was currently listed on the Nurse Aide Registry as a Nurse Aide. -Staff C had a medication clinical skills competency validation completed on 9/4/14. -Staff C took the written medication exam on 9/22/14 and successfully passed. -There was no documentation Staff C completed a 5, 10 or 15 hour medication administration program.</p> <p>Staff C was not available for interview.</p> <p>The facility presented the following Plan of Protection on 2/5/15 at 4:30 pm: - Staff will not pass medications until the 15 hour training is completed. - The Administrator will call today and schedule the 15 hour medication training for med aides. - The 5 hour and 10 hour training for medication aides will be added to the employee record tracking tool used by the Administrator. - The Administrator will monitor the 15 hour training for all current and new staff.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED March 22,</p>	C935	<p>G.S. 131D-4.5B (b) ACH Medication Aides, Training and competency (C 935) Staff member was removed from the cart on 2/5/15 until all training was completed, which was completed on February 2/13/2015. The 5 hour medication training was completed by all staff on 2/11/2015. Certificates of completion were put in each employee's file. The 10 hour medication training took place on 2/12/2015 and 2/13/2015. All staff was present and completed on 2/13/2015. Certificates of completion were put in each employee's file. The 5 hour and 10 hour training for medication aides was added to all employees tracking tool. And will be monitored by the Administrator.</p>	<p>2-11-15</p> <p>2-13-15</p>

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C935	Continued From page 16	C935		
C992	<p>G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(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.</p>	C992	<p>G.S. 131D-45. Examination and screening for the presence of controlled substances required for applicant for employment in adult care homes. (C 992)</p> <p>All current staff completed their controlled substance screening on 2/20/2105 and 2/23/2015. The results of all staff drug screening were put in their employees file. All new hires will have their controlled substance screening completed before employment.</p> <p>The controlled substance screening was put in all employees file and monitored by the administrator. The controlled substance screening was added to the employee tracking tool.</p>	2-23-15

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C992	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record review and interviews, the facility failed to ensure examination and screening for controlled substances for 3 of 3 staff (Staff A, B, C, hired after 10/01/13.</p> <p>The findings are:</p> <p>Interview with the Administrator on 2/5/15 at 4:00 pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for ensuring all staff meet employment requirements, maintained the personnel records and scheduled all training. -She was not aware all staff needed to have controlled substance screening before hire and had not done so for any staff. -Staff are scheduled to allow the Administrator time off and are in the facility by themselves with residents when scheduled. <p>A. Review of Staff A's personnel and training record revealed:</p> <ul style="list-style-type: none"> -She was hired on 10/31/13 as a cook and resident transporter. -No documentation a pre-hire screening for controlled substances was requested, completed or that the employee had signed a consent for the test to be collected. <p>Interview with Staff A on 2/5/15 at 3:00 pm revealed she had not had a controlled substance screening test completed.</p> <p>B. Review of Staff B's personnel and training record revealed:</p>	C992	<p>G.S. 131D-45. Examination and screening for the presence of controlled substances required for applicant for employment in adult care homes. (C 992)</p> <p>All current staff completed their controlled substance screening on 2/20/2105 and 2/23/2015. The results of all staff drug screening were put in their employees file. All new hires will have their controlled substance screening completed before employment.</p> <p>The controlled substance screening was put in all employees file and monitored by the administrator. The controlled substance screening was added to the employee tracking tool.</p>	2-23-15

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NAME OF PROVIDER OR SUPPLIER SCOTT'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 322 MAYO ST BADIN, NC 28009
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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
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C992	<p>Continued From page 18</p> <p>-She was hired on 10/30/13 as a Medication Aide/Supervisor in Charge (MA/SIC). --No documentation a pre-hire screening for controlled substances was requested, completed or that the employee had signed a consent for the test to be collected.</p> <p>Staff B was unavailable for interview.</p> <p>C. Review of Staff C's personnel and training record revealed: -She was hired on 10/30/13 as a MA/SIC. -No documentation a pre-hire screening for controlled substances was requested, completed or that the employee had signed a consent for the test to be collected.</p> <p>An attempt to interview Staff C was unsuccessful.</p> <p>_____</p> <p>The facility provided a Plan of Protection on 02/05/15 as follows: - All current staff and new hires will have the controlled substance screen performed. - The controlled substance screening will be added to the employee record tracking tool used by the Administrator. - The Administrator will monitor all controlled substance screens performed.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED March 22, 2015.</p>	C992	<p>G.S. 131D-45. Examination and screening for the presence of controlled substances required for applicant for employment in adult care homes. (C 992)</p> <p>All current staff completed their controlled substance screening on 2/20/2105 and 2/23/2015. The results of all staff drug screening were put in their employees file. All new hires will have their controlled substance screening completed before employment.</p> <p>The controlled substance screening was put in all employees file and monitored by the administrator. The controlled substance screening was added to the employee tracking tool.</p>	2-23-15
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Shook, Linda

From: Parsons, Darleena K
Sent: Monday, March 09, 2015 10:55 AM
To: mrobinson@stanlycountync.gov
Cc: Shook, Linda
Subject: Scott's Family Care Home approved POC
Attachments: SCOTT'S FAMILY CARE HOME 2015-03-04 POC-RH3J11 REVIEW.pdf

Please see the attached approved POC.

Darleena Kaye Parsons, RN
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Lexington Region – Home Based
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