Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL092189 | A. BUILDING: _____ B. WING _____ | 12/11/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JACKSON FAMILY CARE HOME | 221 EAST BARBEE STREET ZEBULON, NC 27597 |

| (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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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey on December 11, 2014. | C 000 | | |
| C 140 | 10A NCAC 13G .0405(a)(b) Test For Tuberculosis<br><br>10A NCAC 13G .0405 Test For Tuberculosis<br>(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.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to assure that 1 of 3 sampled staff (Staff C) was tested for tuberculosis (TB) disease in compliance with the two step control measures. The findings are:<br><br>Review of Staff C's personnel file revealed:<br>- Staff C was hired on February 1, 2014 as a Medication Aide.<br>- There was no documentation of a two-step TB skin test.<br><br>Staff C was not available for an interview. | C 140 | POC<br>C140 Addendum 3/2/14 ē Administrater - M. McCullers.<br>• New Hire Notebook with check list of requirements needed. DOC 1/25/15<br>• 1st Step TB prior to hire. 2nd step ē in 2wks.<br>• check list to be monitored by Admin. weekly 'til complete<br>• Staff will be informed when 2nd step needed - /KM<br><br>Staff C no longer employed and in the future 2 step will be completed before hiring. | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Mary McCullers TITLE Administrator (X6) DATE 1/19/15



3/2/15 Approved ē Addendum with Administrater /KMiles.

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| C 140 | Continued From page 1<br><br>Interview with Administrator on 12/11/2014 at 4:20 P.M. revealed:<br>- The Administrator was not aware why Staff C's personnel file did not have documentation of her two-step TB skin test.<br>- The Administrator will get a copy of her skin test for her personnel file as soon as possible.<br>- Administrator is responsible for making sure that new hire personnel files are completed.<br>- There was no system in place to make sure staff received the necessary two-step TB skin testing. | C 140 | | |
| C 912 | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Resident's Rights<br>Every resident shall have the following rights:<br>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to Medication Aide training and competency and testing and screening for controlled substances prior to hire. The findings are:<br><br>1. Based on record review and interview, the facility failed to assure that 1 of 3 staff (Staff C) had competency skills validations and required training prior to administering medication and | C 912 | See each tag - km | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| C 912 | Continued From page 2<br>failed to ensure Medication Aide training and testing requirements were within 60 days of hire. [Refer to Tag C935, G.S. 131D-4.5B(b) (Type B Violation)]<br><br>2. Based on record review and interview, the facility failed to assure 3 of 3 sampled staff (Staff A, B, C) received a controlled substance testing and screening prior to hire. [Refer to Tag C992, G.S. 131D-45. (Type B Violation)] | C 912 | In the future all staff before hiring will recieve the controlled substance testing before hiring. | |
| C935 | G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency<br><br>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.<br><br>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform 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:<br>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:<br>a. The key principles of medication administration.<br>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.<br>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.<br>(3) Within 60 days from the date of hire, the | C935 | C935 - Addendum to PoC & Administration 3/2/15<br>• New hire √ list of requirements in notebook.<br>• Any current staff needing Competency & training will have checklist as well.<br>• All staff MA/SIC will get Verification, 5 hour/10 hr training testing & validation check completed for med administration Per checklist.<br>• Administrator will monitor it weekly until complete<br><br>DDOC 12/5/14 KM | |

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| C935 | Continued From page 5<br>- All staff without having the test done within the required time will not be able to pass out medication.<br>- All staff will and must have testing done within 60 days of being hired.<br>- Until then only qualified staff is to do relief.<br><br>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 25, 2015. | C935 | | |
| C992 | G.S. § 131D-45 G.S. § 131D-45. Examination and screening for<br><br>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.<br><br>(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 | C992 | 3/2/15 C992 POC Addendum with Administrator.<br>• New hire note book & check sheet of all requirements will be completed.<br>• Drug screen to be completed prior to hire.<br>• Admin. will monitor all new applicants for drug screen completion & it will be entered on check list. Monitored weekly<br><br>DOC 1/25/15 KM | |

Division of Health Service Regulation

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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual survey on December 11, 2014. | C 000 | | |
| C 140 | 10A NCAC 13G .0405(a)(b) Test For Tuberculosis<br><br>10A NCAC 13G .0405 Test For Tuberculosis<br>(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.<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to assure that 1 of 3 sampled staff (Staff C) was tested for tuberculosis (TB) disease in compliance with the two step control measures. The findings are:<br><br>Review of Staff C's personnel file revealed:<br>- Staff C was hired on February 1, 2014 as a Medication Aide.<br>- There was no documentation of a two-step TB skin test.<br><br>Staff C was not available for an interview. | C 140 | Staff C no longer employed and in the future 2 step will be completed before hiring. | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Mary McCullers TITLE Administrator (X6) DATE 1/19/15

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| C 140 | Continued From page 1<br><br>Interview with Administrator on 12/11/2014 at 4:20 P.M. revealed:<br>- The Administrator was not aware why Staff C's personnel file did not have documentation of her two-step TB skin test.<br>- The Administrator will get a copy of her skin test for her personnel file as soon as possible.<br>- Administrator is responsible for making sure that new hire personnel files are completed.<br>- There was no system in place to make sure staff received the necessary two-step TB skin testing. | C 140 | | |
| C 912 | G.S. 131D-21(2) Declaration of Residents' Rights<br><br>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights:<br>2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to Medication Aide training and competency and testing and screening for controlled substances prior to hire. The findings are:<br><br>1. Based on record review and interview, the facility failed to assure that 1 of 3 staff (Staff C) had competency skills validations and required training prior to administering medication and | C 912 | | |

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| C 912 | Continued From page 2<br>failed to ensure Medication Aide training and testing requirements were within 60 days of hire. [Refer to Tag C935, G.S. 131D-4.5B(b) (Type B Violation)]<br><br>2. Based on record review and interview, the facility failed to assure 3 of 3 sampled staff (Staff A, B, C) received a controlled substance testing and screening prior to hire. [Refer to Tag C992, G.S. 131D-45. (Type B Violation)] | C 912 | In the future all staff before hiring will recieve the controlled substance testing before hiring. | |
| C935 | G.S. § 131D-4.5B (b) ACH Medication Aides;Training and Competency<br><br>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.<br><br>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform 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:<br>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:<br>a. The key principles of medication administration.<br>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.<br>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.<br>(3) Within 60 days from the date of hire, the | C935 | | |

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| C935 | Continued From page 3<br>individual must have completed the following:<br>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:<br>1. The key principles of medication administration.<br>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.<br>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on record review and interview, the facility failed to assure that 1 of 3 staff (Staff C) had competency skills validations and required training prior to administering medication and failed to ensure Medication Aide training and testing requirements were within 60 days of hire. The findings are:<br><br>Review of Staff C's personnel file revealed:<br>- Staff C was hired on February 1, 2014 as a Medication Aide.<br>- No documentation validating that Staff C have worked as a Medication Aide in the prior 24 months.<br>- There was no documentation of Medication Aide Employment Verification in her files.<br>- There was no documentation of completion of a five hour and ten hour medication aide training in personnel file. | C935 | Staff C works a a FCH full time, don't know how her certificates was missed. Had 5 hour training plus 10 hr course for Adult care homes and 25 hour personal care training | |

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| C935 | Continued From page 4<br>- There was documentation of having completed a Medication Clinical Skills checklist.<br>- There was no documentation that Staff C has passed the Medication Aide exam.<br><br>Staff C was not available for an interview.<br><br>Interview with Staff A, Supervisor in Charge (SIC) on 12/11/2014 at 4:00 P.M. revealed:<br>- Staff C also works at another facility.<br>- Staff C administers medications, cooks, clean and monitors residents ' behaviors, among other duties.<br>- Staff A was not aware that Staff C did not have all her training because Staff C started working at facility before he was hired.<br><br>Review of the Medication Administration Record (MAR) for Resident #1 revealed:<br>- Staff C documented administration of medication to Resident #1 on 11/03/2014 to 11/05/2014<br>- Staff C's signature was on the back of November 2014's MAR for Resident #1.<br><br>Interview with Administrator on 12/11/2014 at 4:20 P.M. revealed:<br>- Staff C works at another facility and only works at the facility one weekend per month.<br>- On the weekends that she works Staff C administers medication to residents.<br>- Administrator states she was not aware that documentation verifying Staff C as a Medication Aide was not in her personnel file.<br>- There was no system in place to make sure that staff received the necessary requirements prior to administering medication.<br><br>Review of the facility's plan of protection dated 12/11/2014 revealed: | C935 | | |

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| C935 | Continued From page 5<br>- All staff without having the test done within the required time will not be able to pass out medication.<br>- All staff will and must have testing done within 60 days of being hired.<br>- Until then only qualified staff is to do relief.<br><br>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 25, 2015. | C935 | | |
| C992 | G.S. § 131D-45 G.S. § 131D-45. Examination and screening for<br><br>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.<br><br>(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 | C992 | | |

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| C992 | Continued From page 6<br>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.<br><br>This Rule is not met as evidenced by:<br>TYPE B VIOLATION<br><br>Based on record review and interview, the facility failed to assure 3 of 3 sampled staff (Staff A, B, C) received a controlled substance testing and screening prior to hire. The findings are:<br><br>1. Review of Staff A's personnel files revealed:<br>- Staff A was hired on 11/03/2014 as a Medication Aide/ Supervisor in Charge (MA/ SIC).<br>- Staff A was hired to be a live in, with every other weekend off.<br>- There was no documentation of consent given or controlled substance testing and screening being done.<br><br>Interview with Staff A on 12/11/2014 at 4:00 P.M. revealed:<br>- Staff A had not given consent for or had a controlled substance testing and screening being done prior to being hired.<br>- Staff A states that he was never told he needed to have a controlled substance testing and screening.<br><br>2. Review of Staff B's personnel files revealed:<br>- Staff B was hired on 12/05/2014 as a | C992 | Staff A no longer employed<br>controlled<br>and substance testing<br>will be done prior to<br>hire. | |

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| C992 | Continued From page 7<br>Medication Aide (MA).<br>- Staff B has not worked a shift.<br>- There was no documentation of consent given or controlled substance testing and screening being done prior to hire.<br><br>Staff B was not available for an interview.<br><br>Refer to interview with Administrator on 12/11/2014 at 4:20 P.M.<br><br>3. Review of Staff C personnel files revealed:<br>- Staff C was hired on 2/1/2014 as a Medication Aide (MA).<br>- Staff C works as relief for Staff A one weekend per month.<br>- There was no documentation of consent given or controlled substance testing and screening being done prior to hire.<br><br>Staff C was not available for an interview.<br><br>Refer to interview with Administrator on 12/11/2014 at 4:20 P.M.<br><br>Interview with Administrator on 12/11/2014 at 4:20 P.M. revealed:<br>- There was "no drug screening of any staff".<br>- Administrator would be responsible for "drug screening" of new hires.<br>- Administrator stated she was not aware that "drug screening" were needed.<br>- Will have all new hire do a "drug screen".<br>- There was no system in place to make sure staff received the necessary drug test and screening. | C992 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL092189 | A. BUILDING: _____ B. WING _____ | 12/11/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JACKSON FAMILY CARE HOME | 221 EAST BARBEE STREET ZEBULON, NC 27597 |

| (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 |
|---|---|---|---|---|
| C992 | Continued From page 8<br>Review of the facility's plan of protection dated 12/11/2014 revealed:<br>- The action that will be taken is to have all needed drug screening test done immediately.<br><br>- All future staff is to have a drug screening test done before starting shift prior to being hired.<br><br>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 25, 2015. | C992 | | |