MAR 2 4 2015

PRINTED: 02/06/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	FCL011340		01/23/2015

NAME OF PROVIDER OR SUPPLIER: SERENITY HEART FAMILY CARE HOME UNIT E

STREET ADDRESS, CITY, STATE, ZIP CODE: 19 ELLA LANE, ALEXANDER, NC 28701

County: Buncombe

(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 and the Buncombe County Department of Social Services conducted an annual survey on January 21, 2015 with an exit conference via telephone on January 23, 2015.	C 000		
C 155	10A NCAC 13G .0501 (c) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (c) The facility shall assure that training specified in Paragraphs (a) and (b) of this Rule is successfully completed six months after hiring for staff hired after July 1, 2000. Staff hired prior to July 1, 2000, shall have completed at least a 20-hour training program for the performance or supervision of tasks listed in Paragraph (i) of this Rule or a 75-hour training program for the performance or supervision of tasks listed in Paragraph (j) of this Rule. The 20 and 75-hour training shall meet all the requirements of this Rule except for the interpersonal skills and behavioral interventions listed in Paragraph (j) of this Rule, within six months after hiring. This Rule is not met as evidenced by: Based on interview, observation and record review, the facility failed to assure 1 of 1 sampled staff who had been hired at least 6 months had successfully completed a 25-hour personal care training and competency evaluation program. The findings are: Review of the personnel record for the	C 155	Please See attached	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 3/24/15

STATE FORM 8899 FBHQ11 If continuation sheet 1 of 19

POC approved 3/28/15

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C 155	Continued From page 1 Supervisor-in-Charge (SIC) revealed: -A hire date of 9/3/13. -No documentation he had successfully completed a 25-hour training program, including competency evaluation, for personal care staff in facilities without heavy care residents six months after hiring. -No documentation he had successfully completed an 80-hour training program, including competency evaluation, for personal care staff in facilities with heavy care residents six months after hiring. Interview on 1/21/15 at 3:00pm with the SIC revealed he had performed the following personal care tasks at the facility without the required 25-hour training: -Assisted residents with toileting, mobility and transferring. -Assisted with personal hygiene including hair washing, care of fingernails, showering and trimming of hair. -Provided basic first aid. -Assisted residents with dressing. -Assisted and encourged physical activity. -Took and recorded temperatures, pulses, respirations, weights and blood pressures. Interview on 1/21/15 at 3:15pm with the Administrator revealed: -The SIC had been employed for 15 months. -He had not received personal care training and competency evaluation. -The Administrator had been busy and had not scheduled the training.	C 155		
C 203	10A NCAC 13G .0702 (b) Tuberculosis Test And Medical Examination	C 203		

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C 203	Continued From page 2 10A NCAC 13G .0702 Tuberculosis Test And Medical Examination (b) Each resident shall have a medical examination prior to admission to the home and annually thereafter. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure a medical examination was completed annually and the results documented on the FL2 (North Carolina Medicaid Program Long Term Care Services) as required for 2 of 3 sampled residents (#1 and #2). The findings are: A. Review of Resident #1's current FL2 dated 9/4/13 revealed: -Diagnoses of schizoaffective disorder, diabetes, hyperlipidemia and chronic obstructive pulmonary disease. Review of the Resident's Record revealed: -The resident was admitted to the facility on 9/4/13. -The only FL2 was the FL2 dated 9/4/13. Interview with the Supervisor-in-Charge (SIC) on 1/21/15 at 9:55am revealed: -He was not aware the FL2 was not current. -He was not responsible for completing the FL2 and thought it was the Lead SIC's responsibility. -Resident #1 had been to the physician "a couple times" recently for routine care, but he was not sure why the FL2 was not updated during those visits. -Resident #1 had not reported any problems to	C 203		

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C 203	Continued From page 3 him since he started working at this facility several weeks ago. Interview with Resident #1 on 1/21/15 at 10:30am revealed: -He had an appointment with his physician in December 2014 for "just routine stuff". -He had no changes in his health care since coming to the facility. Telephone interview with the Lead SIC on 1/21/15 at 10:45am revealed: -She was not aware the FL2 was not current for Resident #1. -When asked who was responsible for assuring the FL2's were current, the Lead SIC stated, "I guess we all are". Interview with the facility Administrator on 1/21/15 at 1:30pm revealed: -She thought a new FL2 had been updated for Resident #1. -The SICs were to assure the FL2s and all other documentation in the resident records were current. -"They will tell you it is not their responsibility but it is". -She would have the FL2 completed and sent to the physician for signature. B. Review of Resident #2's current FL2 dated 12/19/13 revealed: -Diagnoses of schizoaffective disorder, hypertension, diabetes and asthma. Review of the Resident Record revealed the resident was admitted to the facility on 7/15/13. Interview with the Supervisor-in-Charge (SIC) on 1/21/15 at 9:55am revealed:	C 203		

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C 203	Continued From page 4 -He was not aware the FL2 was not current. -He was not responsible for completing the FL2 and thought it was the Lead SIC's responsibility. Telephone interview with the Lead SIC on 1/21/15 at 10:45am revealed: -She was not aware the FL2 was not current for Resident #2. -When asked who was responsible for assuring the FL2's were current, the Lead SIC stated, "I guess we all are". Interview with the facility Administrator on 1/21/15 at 1:30pm revealed: -She would take the responsibility for this one. -She had the FL2 completed and had not had the physician sign. -The SICs were to assure the FL2s and all other documentation in the resident records were current. -"They will tell you it is not their responsibility but it is". -She would have the FL2 completed and sent to the physician for signature. Based on observations and record review on 1/21/15 revealed Resident #2 was determined to not be interviewable.	C 203		
C 259	10A NCAC 13G .0904(a)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets.	C 259		

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C 259	Continued From page 5 This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure there were at least a three day supply of perishable and a 5 day supply of non-perishable food in the facility based on the menu. The findings are: Interview with the Supervisor-in-Charge (SIC) on 1/21/15 at 9:30am revealed there were 6 male residents living at the facility. Observation of the food supply on 1/21/15 at 10:00am revealed: - 4-14.5oz cans of vegetables on the dry storage shelf. -The stand alone freezer in the pantry area had three packages of meat, one chicken, one hamburger and pork, and 2 gallon jugs of frozen milk. Review of the facility menu for the 3-day supply of perishable and 5-day supply of non-perishable revealed the following menu items were not available for meal preparation: -For the breakfast meal: juice, cold cereal, English muffin, waffle, biscuits, fruit, oatmeal (1/4 box), cheese, grits and sausage. -For the lunch meal: salami, cheese, potato chips, fruit cups, scalloped potatoes, peach slices, soup, ham, French fries, sloppy joe mix and hamburger buns. -For the dinner menu: macaroni and cheese, fruit, turkey, Swiss cheese, pears. rice, chopped steak, mashed potatoes, dinner rolls, hash brown potatoes, baked fish, chicken pot pie, sliced turkey breast and lima beans.	C 259		

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C 259	Continued From page 6 Interview with the SIC on 1/21/15 at 10:30am revealed: -The facility Administrator was bringing food to the facility today. -Food is purchased weekly by the Administrator and brought to the facility. -The day the food was purchased differed depending on need -Substitutions are made frequently. -A substitutions log had not been kept. -There was always food available for the residents. Review of the lunch meal menu for 1/21/15 revealed the following menu items: -A peanut butter sandwich on whole grain bread, one cup of soup, jelly, fruit cup and an 8 ounce beverage. Observation of the lunch meal on 1/21/15 at 12:30pm revealed: -Soup and fruit cup were not available for the lunch meal. -The lunch meal consisted of one peanut butter sandwich on whole grain bread, sugar-free chocolate pudding, sugar free cookies and iced tea. -The amount of peanut butter on the sandwich appeared to be 2 tablespoons which was the amount indicated on the menu. Confidential resident interviews revealed: -"We have a lot of peanut butter". -"Portion sizes are very small". -Seconds were "sometimes" available. - " I do not recall having dinner rolls, sometimes sandwich bread at supper. " -"Chicken is served a lot, maybe steak once since I have been here". -"Rarely have fruit and usually from a can, no	C 259		

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C 259	Continued From page 7 fresh fruit is offered". -"We have whatever is available for the staff to fix". -"Whatever is quick and easy". -"We get enough to eat". -"We don't usually get snacks." Interview with the facility Administrator on 1/21/15 at 3:00pm revealed: -She purchased food today and brought to the facility. -She was very surprised that there was so little food at this facility. -She had supplied the facility with food and backup food, about a week ago, in case staff needed to substitute or was running low. -A SIC "quit this morning and maybe that is why the food supply was so low". Observation of the food supply on 1/21/15 at 3:45pm revealed: -A 3-day supply of perishable and 5-day supply of non-perishable to meet the menu was available.	C 259		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing,	C 292		

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C 292	Continued From page 8 dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a minimum of 14 hours of planned group activities per week. The findings are: Review of the census for the facility revealed there were six male residents residing at the facility. Review of the posted activity calendar revealed: -It was dated October 2014 at the top of the calendar. -There were no weeks on the calendar that included 14 hours of activity. -Each of the weeks had at least two days (the days varied) that did not have any activities listed. -Some of the scheduled activities included basketball, cards, video games and walking. Interview with the Supervisor-in-Charge (SIC) on 1/21/15 at 2:50pm revealed: -He had only been back at this facility for a few weeks and had not really had time to work on the activity calendar. -He was responsible for planning activities and filling out the monthly calendar. -He did have walking time with those who wanted to walk and basketball outside. -He stated one resident had video games and he (SIC) had video games for the residents to play as well. -Most residents were not interested in board games and cards.	C 292		

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C 292	Continued From page 9 -He had not looked at the Resident Registers to see what activities they like to do. -He had not met with the residents since he started working at this facility several weeks ago to discuss their interest. Confidential resident interviews revealed: -"Nothing offered for activities". -"I would like to have some group activities". -"An outing into town would be great. I could get speakers for my radio." -"Board games and cards might be fun". -"We just hang out and sit on the front porch and talk and smoke cigarettes". -"I might play group card games, if anyone was interested". -"No one has ever asked us what we might be interested in for activities". -One resident stated he was not interested and would not likely participate if activities were offered. -Staff did not share the video games with residents. -The posted calendar had been there "forever" and was never used. Observation on 1/21/15 from 9:15am until 3:45pm revealed: -One resident sat in the living room alone, with the television on. -Several residents sat on the front porch talking and smoking cigarettes. -One resident remained in his room with exception to coming to the lunch meal and going outside twice for short periods of time. -One resident was observed walking outside and stated he enjoyed being outdoors. Interview with the facility Administrator on 1/21/15 revealed:	C 292		

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C 292	Continued From page 10 -It was hard to get the residents involved in activities. -She would have the SIC meet with the residents monthly and ask what they were interested in doing for activities. -She would then have the SIC update the activity calendar monthly with activities the residents had requested.	C 292		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B PENALTY Based on observation, interviews and record reviews, the facility failed to assure medications were administered as ordered for 2 of 3 sampled residents with orders for Clozeril and Depakote (Resident #1) and a ProAir HFA Inhaler (Resident #3). The findings are: A. Review of Resident #3's current FL2 dated 12/26/14 revealed diagnoses included: -Influenza A (a severe viral infection of the respiratory tract). -Pneumonia (inflammation of the lungs).	C 330		

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C 330	Continued From page 11 -Sepsis (presence in the blood of disease producing microorganisms or their toxins). -COPD exacerbation (Chronic Obstructive Pulmonary Disease-thickening and inflammation of the airways making it difficult to breathe) an exacerbation (a worsening of the symptoms). Continued review of Resident #3's current FL2 dated 12/26/14 revealed medications included: -Tamiflu 75mg twice a day (an antiviral used to treat Influenza). -Levaquin 750mg once a day for two more doses (an antibiotic used to treat/prevent infection). -Guifenesin LA 600mg extended release two tablets twice a day for 7 days (used to treat chest congestion). -Albuterol (ProAir HFA 90mcg/inhalation aerosol) 2 puffs four times a day as needed for wheezing (or shortness of breath). Review of Resident #3's Resident Register revealed an admission date of 11/7/13. Review of Nurse Practitioner notes dated 1/8/15 revealed: -She saw Resident #3 as a follow-up to his hospitalization. -His Pneumonia and Influenza had improved. -The oxygen level in his blood had been 98% on room air. -No fever or chills had been noted. -Vital signs were noted as stable. -She had written an order in Resident #3's record for the the ProAir inhaler to be administered every four hours (routinely) while he was awake. Review of Resident #3's December 2014 and January 2015 MARs revealed: -A computer generated order dated 6/11/14 printed on each MAR for ProAir HFA 90mcg,	C 330		

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C 330	Continued From page 12 inhale 2 puffs by mouth four times a day as needed for SOB or wheezing. -No documentation on either MAR the inhaler had been administered. -No transcribed entry for the ProAir Inhaler, every four hours while resident awake. Observations on 1/21/15 of Resident #3 revealed: -He needed assistance to stand from his chair. -He needed assistance on, off and while standing on the scales when weighed. -The resident became short of breath (SOB) when he walked from the living room outside to the front porch. -He became SOB when he walked from the living room down the hall to the restroom and his bedroom. -No wheezing was noted. Interview on 1/21/15 at 2:05pm with Resident #3 revealed: -He had gone to the hospital because he "was bad sick and couldn't breathe". -He was "so weak at the hospital I couldn't walk, even with my walker". -Since he returned from the hospital, he still felt weak and lost his breath when he walked to his room or outside. -"He had woken up at night "a few times" because he had "lost his breath". -He had not told the Supervisor-in-Charge (SIC)/Medication Aide (MA) about losing his breath. -He stated he had used an inhaler in the hospital but not since he had been back at the home. -The inhaler had made it easier to breathe when he used it in the hospital. Interview on 1/21/15 at 2:15pm with SIC/MA revealed:	C 330		

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C 330	Continued From page 13 -He was responsible for making sure physician orders were transcribed to the MAR. -He did not transcribe the ProAir Inhaler order from 1/8/15 to Resident #3's January 2015 MAR because he thought it was the same as the order dated 6/11/14. -He thought the order from 6/11/14 stating "every 4 hours as needed" and the order written 1/8/15 stating "every 4 hours while awake" meant the same thing. -He had not sent the ProAir Inhaler order written 1/8/15 to the pharmacy. -Resident #3 became short of breath when he walked to and from his room and outside. -Resident #3 needed help with personal care because of weakness from having the flu and pneumonia. Interview on 1/21/15 at 2:25pm with the Administrator revealed: -The SIC was responsible for transcribing new orders on the MAR. -The SIC then sent the order to the pharmacy. -She had reviewed the ProAir Inhaler orders in Resident #3's record dated 6/11/14 and 1/8/15. -They were different orders. -The order written 6/11/14 meant the ProAir Inhaler was to be given if Resident #3 was wheezing or short of breath. -The order written 1/8/15 meant the ProAir Inhaler was to be given routinely every 4 hours while Resident #3 was awake. Review of medications on the medication cart for Resident #3 revealed: -A box containing an unused ProAir Inhaler with a dispensing date of 6/11/14. -The directions on the box stated, "Inhale 2 puffs by mouth, four times a day, as needed for SOB (shortness of breath) or wheezing".	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	FCL011340		01/23/2015

NAME OF PROVIDER OR SUPPLIER: SERENITY HEART FAMILY CARE HOME UNIT I

STREET ADDRESS, CITY, STATE, ZIP CODE: 19 ELLA LANE, ALEXANDER, NC 28701

(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 330	Continued From page 14 An attempted telephone interview with the Family Nurse Practitioner on 1/21/15 at 2:20pm was unsuccessful. B. Review of the Resident #1's Record revealed resident was admitted to the facility on 9/4/13. 1. Review of Resident # 1's current FL2 dated 9/4/13 revealed: -Diagnoses of schizoaffective disorder, diabetes, hyperlipidemia and chronic obstructive pulmonary disease. -A medication order for Depakote EC 1000mg, twice daily. (Depakote EC is enteric coated and must be taken in multiple daily doses used as a mood stabilizer). Review of the Resident Record revealed: -A physician's order dated 2/3/14 for Depakote ER, 500mg, two tablets every 12 hours. (Depakote ER is extended release and can be taken once daily). -A physician's order dated 1/13/15 for Depakote ER 500mg, take four tablets at bedtime. -Review of the January 2015 Medication Administration Record (MAR) revealed: -A computer generated entry for Depakote ER 500mg, 2 tablets every 12 hours, initialed as administered 1/1/15 through 1/19/15. -A hand written entry for Depakote ER 500mg, 4 tablets at bedtime, transcribed on 1/13/15, without entries or initials indicating administration until 1/20/15. -Depakote was not administered as ordered for 8 consecutive days (1/13/15 through 1/20/15). Interview with the Supervisor-in-Charge (SIC) on 1/21/15 at 2:25pm revealed:	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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C 330	Continued From page 15 -The previous SIC had failed to tell him about the new order before going off her shift and he failed to administer the new order for the Depakote received 1/13/15. -When the drug regimen review was completed on 1/20/15 the nurse told him about the new order and he administered the Depakote as ordered on 1/20/15 at bedtime. -He did notify the physician on 1/20/15 and was told to begin the new order on 1/20/15. Interview with Resident #1 on 1/21/15 at 3:05pm revealed: -He was not sure exactly when the change in his Depakote was ordered. -He had experienced no recent problems with his moods or behavior. -He thought the physician was trying to get the medication regulated recently. The previous SIC was no longer employed by the facility and not available for interview. An attempted telephone interview with the Primary Care Physician on 1/21/15 at 2:05pm was unsuccessful. 2. Review of Resident #1's current FL2 dated 2/3/14 revealed medication orders for Clozapine 50mg daily and Clozapine 200mg at bedtime. (Clozapine is used to treat schizophrenia). Review of Resident #1's December 2014 Medication Administration Record (MAR) revealed: -Documentation the morning dose of Clozapine (50mg) was not available for administration on 12/5/14 and 12/6/14. -Documentation the bedtime dose of Clozapine (200mg) was not available for administration on	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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C 330	Continued From page 16 12/4/14, 12/5/14 and 12/6/14. Interview with the Supervisor-in-Charge (SIC) on 1/21/15 at 2:25pm revealed: -The previous SIC had not scheduled the necessary monthly lab work for the Clozapine and the pharmacy would not refill the medication without the lab work results.. -When he received information from the pharmacy on 12/6/14 about the need for Clozapine labs, he scheduled the labs and the pharmacy filled the order. Review of the Resident's Record revealed: -Clozapine labs were to have been completed once monthly. -There was no Clozapine lab results documented for 11/2014 or 12/2014. Interview with Resident #1 on 1/21/15 at 3:05pm revealed: -He was not aware that he was out of any medications in the month of December 2014. -He did not feel any differently when he had not received the medication. -He did not recall any issues during the month of December related to his health care. Telephone interview with the contracted pharmacy on 1/23/15 at 9:30am revealed: -The pharmacy received a telephone call on 12/6/14 from the facility Administrator asking for the Clozapine order to be filled. -The pharmacy filled an order of 10 tablets of Clozapine on 12/6/14. -The pharmacy instructed the Administrator they would need to have the results of the Clozapine lab drawn each month before the medication could be refilled. -The pharmacy received a faxed Clozapine lab	C 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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C 330	Continued From page 17 dated 12/6/14 from the hospital and a full order was sent on 12/8/14. Review of the January 2015 MAR revealed Clozapine was administered as ordered. An attempted telephone interview with the Primary Care Physician on 1/21/15 at 2:05pm was unsuccessful. The facility provided the following Plan of Protection on 2/6/15: -The Administrator will clarify the order fo the ProAir inhaler. -Until the order is clarified, the staff will ensure the resident is given medication (the inhaler) every 4 hours while awake as ordered on 1/8/15. -The Administrator will have the Lead Supervisor-in-Charge (SIC) follow-up on all medication orders upon (resident) return from the hospital, physicians and Mental Health providers and ensure that they are documented properly on the Medication Administration Record (MAR). CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 9, 2015.	C 330		
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.	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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C 912	Continued From page 18 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 that are adequate, appropriate, and in compliance with federal and state laws, rules and regulations regarding medication administration. The findings are: 1. Based on observation, interviews and record reviews, the facility failed to assure medications were administered as ordered for 2 of 3 sampled residents with orders for Clozeril and Depakote (Resident #1) and a ProAir HFA Inhaler (Resident #3). [Refer to Tag 330, 10A NCAC 13G .1004(a) Medication Administration (Type B Violation)].	C 912		

Serenity Heart Family Care Homes

MAR 24 2015

CAR for Unit E

10A NCAC 13G.0501 (c) Personal Care Training and Competency:

The administrator will ensure that all new hires that are not CNA certified are scheduled to complete the 25/80 hour training within the stated rule parameters with documented scheduled trainings either through Blue Ridge Pharmacy Training with the nurse.

This will be completed by 04/30/2015

10A NCAC 13G.0702 (b) Tuberculosis Test and Medical Examination:

Administration will conduct documented monthly checks to ensure on all resident records to ensure timely compliance with the annual reviews. The Lead SIC will be responsible to update the FL2 and Care Plans according to the rule. Administration will also have documented checks on the status of FL2's and Care Plans through our weekly follow up plan. To date all residents FL2's have been updated or documented as to when they are required to be updated.

This will be completed by 04/30/2015

10A NCAC 13G.0904(a)(4) Nutrition and Food Service:

The administrator will ensure that groceries continue to be delivered in a timely manner according to the menu. The facility will have an emergency backup stock of foods that will be compliant with the approved menu. The Lead SIC will conduct weekly checks on food supply and give reports back to administration on any shortages with replacements being sent in a timely manner.

This will be completed by 04/30/2015

10A NCAC 13G .0905 Activities:

The Lead SIC will check monthly on the activity calendar to ensure that there are 14 hours of activities planned each month. They will also staff with the residents regarding activities and include any suggestions or make changes as needed during their scheduled daily assignments.

The administrator will have documented checks on Lead SIC progress and follow up weekly.

This will be completed by 04/30/2015

10A NCAC 13G .1004(a) Medication Administration:

Administration has made weekly checks on the current staff to ensure that all medications are being administered as ordered and transcribed effectively on the MAR.

The Lead SIC is responsible to check daily any new medication orders or medication changes to ensure that the SIC has followed all steps in medication administration to effectively care for all residents accordingly. We now have a staff correspondence book that is direct communication between the Administrators, Lead SIC and SIC to ensure proper checks and balances. All follow up communication is documented in this book with everyone acknowledging what needs to be done to care for each resident.

This will be completed by 03/09/2015

G.S. 131D-21(2) Residents' Rights:

The facility will ensure that all resident rights are adhered to through proper care and communication. The administrator will conduct documented routine checks with the residents on staff's progress with resident care and responsibilities.

This will be completed by 04/30/2015

Shook, Linda

From: Shook, Linda
Sent: Tuesday, April 07, 2015 11:09 AM
To: Cathie Beatty (Cathie.Beatty@buncombecounty.org)
Cc: Habel, Susan V; Penland, Beverly D
Subject: SERENITY HEART FAMILY CARE HOME UNIT E - BUNCOMBE COUNTY
Attachments: Serenity Heart FCH - Unit E 2015-03-24 POC-FBHQ11.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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