

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROWN'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8416 JAMES REST HOME ROAD NEW HILL, NC 27562
---	--

(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	C 000		
C 181	<p>10A NCAC 13G .0512 Documentation Of Training And Competency Vali</p> <p>10A NCAC 13G .0512 Documentation Of Training And Competency Validation</p> <p>A family care home shall maintain documentation of the training and competency validation of staff required by the rules of this Section in the facility and available for review</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation of the training and competency of staff in the areas of personal care, validation for licensed health professional support tasks, and infection control training.</p> <p>The findings are:</p> <p>On 9/16/15 at 11:00am personnel records for the two employees of the facility were requested from the Supervisor/Personal Care Aide. She stated that the Owner/Medication Aide kept track of all the records, she "did not mess with his paperwork".</p> <p>On 9/16/15 at 1:15pm, personnel records were brought to the surveyor.</p> <p>1 Review of the personnel record for the Owner/Medication Aide revealed: - No competency validation for Licensed Health Professional Support (LHPS)Tasks.</p>	C 181		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROWN'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8416 JAMES REST HOME ROAD NEW HILL, NC 27562
---	--

(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 181	<p>Continued From page 1</p> <ul style="list-style-type: none"> - No personal care training and competency validation. - No infection control training. <p>Interview with the Owner/Administrator/Medication Aide at 2:00pm on 3/16/15 revealed:</p> <ul style="list-style-type: none"> - He had been working at the facility since 1979. - He functioned primarily as the Owner, Administrator, Medication Aide, and Transporter. He also took over Supervisor and Personal Care Aide duties when that person was away from the facility. - He received training in Medications in 1979 when he opened the facility, but did not have any documentation of the training. - He was in charge of tracking required training and validations. - He stated that he decided to clean out files in the past year, and "threw away most of the older papers in his file". - He produced documentation of current Cardiopulmonary Resuscitation training and Health Care Personnel Record checks. -He produced documentation for Medication Clinical Skills Checklist and Test on 2000, and 3 hours of training in the topics of stress management and professional ethics in the past 2 years. <p>Further interview with the Owner/Medication Aide revealed he had never heard of Licensed Health Professional Support services. He was not aware he had to be validated in Licensed Health Professional Support tasks for two recently admitted residents who had LHPS tasks. He stated that the physicians for both residents agreed to allow the residents to continue self care for their LHPS tasks, and produced documentation in the residents' records.</p>	C 181		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROWN'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8416 JAMES REST HOME ROAD NEW HILL, NC 27562
---	--

(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 181	<p>Continued From page 2</p> <p>Continued interview with the Owner/Medication Aide revealed he was not aware of the requirement for annual Infection Control Training. He stated he would immediately hire a Nurse Consultant for the facility for training in Medications, Personal Care, Infection Control, and LHPS tasks to ensure better resident care.</p> <p>2. Review of the personnel record for the Supervisor/Personal Care Aide revealed:</p> <ul style="list-style-type: none"> - No competency validation for Licensed Health Professional Support Tasks. - No personal care training and competency validation. - No infection control training. - Documentation of current Cardiopulmonary Resuscitation training and Health Care Personnel Record checks were available. <p>Interview with the Supervisor/Personal Care Aide at 2:25pm on 3/16/15 revealed:</p> <ul style="list-style-type: none"> - She had been working at the facility since 1979. - She functioned as a Supervisor, Personal Care Aide, Cook, and Co-Owner of the facility. - She received training in Personal Care Assistance "back when they started the facility" [1979], but the Owner/Medication Aide kept track of her certificates of training and validation. She believed he threw this paperwork away, when he cleaned out files this past year. <p>Further interview with the Supervisor/Personal Care Aide revealed she was not aware she had to be validated in Licensed Health Professional Support tasks for two recently admitted residents who had LHPS tasks. She stated both residents refused assistance from facility staff, and the physicians for the two residents agreed to allow the residents to continue self care for their LHPS</p>	C 181		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROWN'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8416 JAMES REST HOME ROAD NEW HILL, NC 27562
---	--

(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 181	Continued From page 3 tasks. Continued interview with the Supervisor/Personal Care Aide revealed she was not aware of the annual requirement for Infection Control Training She stated they had a nurse consultant for resident care and staff training in the past, and thought the facility would benefit from the help available. Two telephone calls were received by the surveyor from a Nurse Consultant on 3/17/15 at 10:30am and 6:00pm, to verify what training and competency validations were needed by the facility staff. She stated she was hired by the facility to train staff and consult on resident care.	C 181		
C 443	10A NCAC 13G .1212 Record of Staff Qualifications 10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS A family care home shall maintain records of staff qualifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain records of staff qualifications	C 443		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROWN'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8416 JAMES REST HOME ROAD NEW HILL, NC 27562
---	--

(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 443	<p>Continued From page 4</p> <p>required by the rules in Section .0400 of this Subchapter in the facility for 2 of 2 staff (Owner/Medication Aide and Supervisor/Personal Care Aide).</p> <p>The findings are:</p> <p>On 9/16/15 at 11:00am personnel records for the two employees of the facility were requested from the Supervisor/Personal Care Aide. She stated that the Owner/Medication Aide kept track of all the records, she "did not mess with his paperwork".</p> <p>On 9/16/15 at 1:15pm, personnel records were brought to the surveyor.</p> <p>1 Review of the personnel record for the Owner/Medication Aide revealed:</p> <ul style="list-style-type: none"> - No documentation of 15 hours a year of continuing education credits related to the management of domiciliary homes and care of aged and disabled persons. - No documentation of six hours of continuing education annually related to medication administration. - No documentation that the Owner/Medication Aide was free of tuberculosis. <p>Interview with the Owner/Administrator/Medication Aide at 2:00pm on 3/16/15 revealed:</p> <ul style="list-style-type: none"> - He had been working at the facility since 1979. - He functioned primarily as the Owner, Administrator, Medication Aide, and Transporter. He also took over Personal Care Aide duties when that person was away from the facility. - He was in charge of tracking required training and validations. - He stated that he decided to clean out files in 	C 443		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROWN'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8416 JAMES REST HOME ROAD NEW HILL, NC 27562
---	--

(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 443	<p>Continued From page 5</p> <p>the past year, and "threw away most of the older papers in his file".</p> <p>-He produced documentation for Medication Clinical Skills Checklist and Test in 2000, and 3 total hours of training in the topics of stress management and professional ethics in the past 2 years.</p> <p>2. Review of the personnel record for the Supervisor/Personal Care Aide revealed:</p> <p>- No documentation that the Supervisor/Personal Care Aide was free of tuberculosis.</p> <p>Interview with the Supervisor/Personal Care Aide at 2:25pm on 3/16/15 revealed:</p> <p>- She had been working at the facility since 1979.</p> <p>- She functioned as a Supervisor, Personal Care Aide, Cook, and Co-Owner of the facility.</p> <p>She stated they had a nurse consultant for resident care and staff training in the past, and thought the facility would benefit from the help available.</p> <p>Two telephone calls were received by the surveyor from a Nurse Consultant on 3/17/15 at 10:30am and 6:00pm, to verify what training and competency validations were needed by the facility staff. She stated she was hired by the facility to train staff and consult on resident care.</p>	C 443		