

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL053019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEAK'S ADULT CARE HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 STONE STREET SANFORD, NC 27330</b>
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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on June 23, 2015, due to the facility's failure to renew their license on or before 12/31/2014.	C 000		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination</p> <p>(a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 3 sampled residents (Resident #2) upon admission had been tested for tuberculosis (TB) disease or had documentation of a history of positive TB testing and a Record of Screening for TB disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 revealed diagnoses included schizophrenia disorder, bipolar disorder, hypothyroidism, and mental retardation.</p> <p>Review of Resident #2's record revealed:</p>	C 202		

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

Division of Health Service Regulation

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C 202	<p>Continued From page 1</p> <p>-Resident #2 was admitted to the facility on 01/29/15 from a prison.</p> <p>-No documentation of a TB skin test prior to or since his admission to the facility.</p> <p>Based on observation and record review, it was determined that Resident #2 was not interviewable.</p> <p>Interview with the Administrator on 06/23/15 at 12:10 pm revealed:</p> <p>-She had been employed at the facility since 2004 as the Administrator.</p> <p>-She was responsible for the admissions of new residents to the facility.</p> <p>-She was responsible for ensuring that residents had TB screening prior to admission to the facility.</p> <p>-Resident #2 was admitted from "the prison and they always send TB skin tests results."</p> <p>-She had not reviewed the admission documents to specifically see that the TB skin test results were included.</p> <p>-It was difficult to get information from the prison after the resident was admitted to the family care home.</p> <p>-She would take Resident #2 to have TB skin test and then a second step TB skin test if the results were negative.</p> <p>-If Resident #2 had a positive TB skin test, she would obtain a chest x-ray to confirm there were no symptoms of TB.</p>	C 202		
C 368	<p>10A NCAC 13G .1008 (b) Controlled Substances</p> <p>10A NCAC 13G .1008 Controlled Substances</p> <p>(b) Controlled substances may be stored together in a common location or container. If</p>	C 368		

Division of Health Service Regulation

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C 368	<p>Continued From page 2</p> <p>Schedule II medications are stored together in a common location, the Schedule II medications shall be under double lock.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure Schedule II controlled substances were stored under double lock for 2 of 3 sampled residents (Residents #1 and #6).</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 03/10/15 revealed: -Diagnoses included seizure disorders, diabetes mellitus Type 2, bipolar disorder, hypertension, and diabetic ulcer. -A physician's order for Phenobarbital 30 mg (A Schedule II medication used to control seizures and to relieve anxiety) take two twice a day.</p> <p>Observation on 06/23/15 at 12:50 pm revealed: -A cabinet with two wooden doors located directly beside the dining room table in the dining room. -The cabinet had a padlock that could only be opened with a key. -Staff A, Medication Aide (MA) unlocked the cabinet with a key that was located in his pocket. -Seven paper bags labeled with individual resident's names were located in the locked cabinet. -Resident #1's medications were in two separate bags labeled with his name written on the bag. -A brown paper bag with Resident #1's medications contained the following: -Non-controlled medications with pharmacy labels for morning administration. -One pre-packaged punch card with a</p>	C 368		

Division of Health Service Regulation

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C 368	<p>Continued From page 3</p> <p>pharmacy label for Phenobarbital 30 mg take two twice a day with a "C" label on the left side of the card and a "Morning" sticker.</p> <p>-The label on the Phenobarbital punch card had a dispense date of 06/01/15 and a total quantity of 120 Phenobarbital tablets dispensed.</p> <p>-A blue plastic bag with Resident #1's medications contained the following:</p> <p>-Non-controlled medication with pharmacy labels for evening administration.</p> <p>-One pre-packaged punch card with a pharmacy label for Phenobarbital 30 mg take two twice a day with a "C" label on the left side of the card and an "Evening" sticker.</p> <p>-The label on the Phenobarbital punch card had a dispense date of 06/01/15 with a total quantity of 120 Phenobarbital tablets dispensed.</p> <p>-Each punch card contained a total of 16 tablets for a total of 32 Phenobarbital tablets remaining.</p> <p>-The reconciliation of number of tablets dispensed on 06/01/15 with the number of tablets administered through the morning of 06/23/15 was correct.</p> <p>Based on observation and record review, it was determined that Resident #1 was not interviewable.</p> <p>Refer to interview with Staff A on 06/23/15 at 1:00 pm.</p> <p>Refer to interview with a Pharmacist on 06/23/15 at 3:45 pm.</p> <p>B. Review of Resident #6's current FL2 dated 03/10/15 revealed:</p> <p>-Diagnoses included hypertension, schizophrenia,</p>	C 368		

Division of Health Service Regulation

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C 368	<p>Continued From page 4</p> <p>and hyperlipidemia</p> <p>Review of Resident #6's record revealed a physician's order on 04/27/15 to "Use Ambien 10 mg with Trazodone 50 mg at night for insomnia".</p> <ul style="list-style-type: none"> <li>-Resident #6's medications were in one brown paper bag labeled with his name written on the bag.</li> <li>-Resident #6's medication bag contained the following: <ul style="list-style-type: none"> <li>-Non-controlled medications with pharmacy labels for morning administration.</li> <li>-One pre-packaged punch card with a pharmacy label for Zolpidem (Ativan) 10 mg (A Schedule II sedative medication used to treat insomnia) and instructions to take one tablet at bedtime.</li> <li>-The label on the Zolpidem punch card had a dispense date of 06/01/15 with a total quantity of 30 tablets dispensed.</li> <li>-Eight Zolpidem tablets remained in the package.</li> <li>-The reconciliation of number of tablets dispensed on 06/01/15 with the number of pills administered through the morning of 06/23/15 was correct.</li> </ul> </li> </ul> <p>Resident #6 was not available for interview.</p> <p>Refer to interview with Staff A on 06/23/15 at 1:00 pm.</p> <p>Refer to interview with a Pharmacist on 06/23/15 at 3:45 pm.</p> <hr/> <p>Interview with Staff A on 06/23/15 at 1:00 pm revealed: -He knew that controlled substances were to be</p>	C 368		

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C 368	<p>Continued From page 5</p> <p>under double lock.</p> <p>-The Administrator had previously provided a plastic box that was locked, "but the lock broke recently."</p> <p>-On 06/15/2015, he requested the Administrator provide another lock box for controlled medications.</p> <p>-"She needs to get a more sturdy one this time that is not plastic."</p> <p>-She had not provided another lock box at this time.</p> <p>-He would remind her again when she returned today.</p> <p>Interview with a pharmacist on 06/23/15 at 3:45 pm revealed:</p> <p>-She conducted quarterly reviews for the facility.</p> <p>-Her last visit to the facility was on 06/05/15.</p> <p>-The facility was to store controlled substances under double lock.</p> <p>-The pharmacy did label medications that are controlled with a "C" sticker to alert staff that it was a controlled medication.</p> <p>The Administrator was not available for interview.</p>	C 368		
C 934	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who</p>	C 934		

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C 934	<p>Continued From page 6</p> <p>successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure the state mandatory annual in-service training program on infection prevention for 2 of 2 sampled staff (Staff A and Staff B).</p> <p>The findings are:</p> <p>A. Review of the staff record for Staff A, Supervisor-in-Charge (SIC) revealed: -Staff A was hired on 02/11/11. -Staff A was a live-in SIC. -Staff A had a Medication Clinical skills validation on 09/20/13 for the facility. -There was no documentation of the mandatory annual infection prevention training for Staff A.</p> <p>Interview with Staff A on 06/23/15 at 11:45 am revealed: -He had been a MA since 2000, but started administering medications at this facility in 2013 "after the nurse passed me off on my skills". -He had been a live-in SIC at the facility since April 2015. -One of the facility's residents had finger stick blood sugar (FSBS) checks currently. -Staff A was responsible for obtaining the FSBS checks and any insulin needed to be</p>	C 934		

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C 934	<p>Continued From page 7</p> <p>administered when he administered medications. -He did not recall receiving infection control training every year. -He was not aware of the requirement for mandatory annual infection prevention training. -The Administrator was responsible for arranging for staff education.</p> <p>B. Review of the staff record for Staff B, Administrator revealed: -Staff B was the owner and Administrator of the facility. -Staff B was hired on 07/09/04. -Staff B passed the Medication Aide Test on 08/10/00. -Staff B had a Medication Clinical skills validation on 06/18/07 for the facility. -There was no documentation of the mandatory annual infection prevention training for Staff B.</p> <p>Staff B was not available for interview.</p>	C 934		