

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL031012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/11/2015
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NAME OF PROVIDER OR SUPPLIER BETHEL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1051 FIRETOWER ROAD ROSE HILL, NC 28458
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C 000	Initial Comments Staff of the Adult Care Licensure Section and the Duplin Department of Social Services conducted a follow-up and an annual survey on June 10, 2015, with an exit conference by telephone on June 11, 2015.	C 000		
C 088	<p>10A NCAC 13G .0315(b)(3) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings</p> <p>(b) Each bedroom shall have the following furnihng in good repair and claean for each resident:</p> <p>(3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; This rule apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure the chest of drawers for each resident was in good repair.</p> <p>The findings are:</p> <p>Observation at 11:30am on 6/10/15 of the last bedroom on the left side of the bedroom hallway revealed the top drawer of the chest of drawers was missing. The chest of drawers was otherwise in good condition.</p> <p>Resident of the bedroom was not available for interview.</p> <p>Interview with the Administrator at 1:30pm on 6/10/15 revealed:</p> <ul style="list-style-type: none"> - The top drawer was broken by the resident. - The resident was "very hard on furniture", he 	C 088		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 088	Continued From page 1 slammed the drawers when he closed the chest of drawers. - The chest of drawers was broken shortly after the resident moved into the facility. - She had not yet gotten around to repairing or replacing the chest of drawers, "it was the resident's fault that it was broken." - The Cook/Housekeeper was pretty handy, he could fix it. "He could nail the front back onto the drawer." - She will have the Cook/Housekeeper repair it this week. Interview with the Supervisor in-Charge at 3:00pm on 6/10/15 revealed: - The resident of the last bedroom on the left side of the bedroom hallway was a "young man with a lot of energy, he is very strong and is always slamming the doors" when he is in the facility. - She was sure he didn't intentionally break the top drawer of his room's chest of drawers. - She will ask the Cook/Housekeeper get the broken drawer repaired as soon as possible.	C 088		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 3 staff sampled had a criminal background check in accordance with G.S. 144-19.10 and G.S. 131D-40.	C 147		

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C 147	<p>Continued From page 2</p> <p>The findings are: Review of the personnel file of the Cook/Housekeeper on 6/10/15 revealed:</p> <ul style="list-style-type: none"> - No documented date of hire. - No documentation of a job description or a job title. - No documentation of a consent for a criminal background check. - No documentation of a criminal background check completed. <p>Interview with Administrator on 6/10/15 at 4:00pm revealed:</p> <ul style="list-style-type: none"> - The Administrator stated "I'm not the paperwork person; the SIC is." - The Administrator was not aware a criminal background check was needed for a cook/housekeeper. - The Administrator was unsure of the hire date for the cook/housekeeper. - The Administrator knew there was more to be done to complete the cook/housekeeper's file. - The Administrator stated "I'm not the paperwork person; the SIC is." <p>Interview with Supervisor In-Charge (SIC) on 6/10/15 at 4:30pm revealed:</p> <ul style="list-style-type: none"> - The SIC was not aware a criminal background check was needed for a cook/housekeeper. - The SIC "just gets blamed for everything if something goes wrong." <p>Continued interview with Administrator on 6/11/15 at 11:00am revealed:</p> <ul style="list-style-type: none"> -The Administrator and Supervisor In-Charge (SIC) have discussed, in detail, the immediate need for a criminal background check to be completed and placed in the employee's personnel file. -The Administrator has informed the SIC that the background check is to be completed no later than 6/26/15. 	C 147		

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C 147	Continued From page 3	C 147		
C 176	<p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of current training on Cardio-Pulmonary Resuscitation (CPR) for 1 of 3 staff.</p> <p>The findings are:</p> <p>Review of the personnel file of the Cook/Housekeeper revealed: - The Cook/Housekeeper's CPR Certification expired February 28, 2015. - No documentation of re-certification training.</p>	C 176		

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C 176	<p>Continued From page 4</p> <p>Interview with Administrator on 6/10/15 at 4:00pm revealed: - The Administrator was aware of the need for the Cook/Housekeeper's re-certification. - The Administrator as not yet made arrangements for the re-certification training.</p> <p>Interview with Supervisor In-Charge on 6/10/15 at 4:30pm revealed: - The SIC stated "Yeah, his CPR is out. We've got to get that done."</p> <p>Interview with Administrator on 6/11/15 at 11:00am revealed: -The employee had a CPR Certification prior to date of hire and it recently expired. -SIC will call to schedule training for employee.</p>	C 176		
C 236	<p>10A NCAC 13G .0802 (a) Resident Care Plan</p> <p>10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident.</p> <p>This Rule is not met as evidenced by: Based on record review, the facility failed to assure an individualized care plan was developed within 30 days of admission outlining the personal care needs for 2 of 3 sampled residents (Residents #1and #2).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated</p>	C 236		

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C 236	<p>Continued From page 5</p> <p>3/3/15 revealed: - Diagnosis of Anxiety, Obsessive Compulsive Disorder, Paranoid Schizophrenia and Hypertension. - Admission date of 3/17/13.</p> <p>Review of Resident #1's record revealed: - The 72 hour initial assessment on the Resident Register had not been completed or signed. - Resident #1's Care Plan had not been completed or signed.</p> <p>Interview with Administrator on 6/11/15 at 11:00am revealed: -The Administrator will begin reviewing resident charts this week to ensure all Care Plans and Resident Registers are completed entirely and dated with appropriate signatures.</p> <p>2. Review of Resident #2's current FL-2 dated 2/13/15 revealed: - Diagnosis of Schizoaffective Disorder - Bi Polar Type. - Admission date of 2/13/15.</p> <p>Review of Resident #2's record revealed: - The 72 hour initial assessment on the Resident Register had not been completed or signed. - Resident #2's Care Plan had not been completed or signed.</p> <p>Interview with Administrator on 6/11/15 at 11:00am revealed: -The Administrator will begin reviewing resident charts this week to ensure all Care Plans and Resident Registers are completed entirely and dated with appropriate signatures.</p>	C 236		

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C 257	Continued From page 6	C 257		
C 257	<p>10A NCAC 13G .0904(a)(2) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure all food and beverage items stored, prepared, or served by the facility were protected from contamination.</p> <p>The findings are:</p> <p>Observation of a kitchen cabinet on 6/10/15 at 10:15am revealed the following food items:</p> <ul style="list-style-type: none"> - An 18-ounce opened bottle of catsup. - A 14-ounce opened bottle of French's mustard. - One opened 18-ounce bottle of barbecue sauce, containing approximately 10 ounces of sauce. - Three opened 12 ounce bottles of flavored vinaigrette-based salad dressings. - Two opened pint jars of home-canned beets, holding approximately 1.5 cups of beets with vinegar solution covering half of the beets. The beets at the top of the jar were gray-black and fuzzy. - Four pint-size containers of home-canned chili peppers with a vinegar solution covering the lower half of the peppers. The chili peppers not covered with the vinegar were dark brown, soft, and fuzzy. <p>The labels for the catsup, mustard, barbecue sauce, and salad dressings all stated "Refrigerate after opening".</p>	C 257		

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C 257	<p>Continued From page 7</p> <p>Interview with the Administrator at 2:00pm on 6/10/15 revealed:</p> <ul style="list-style-type: none"> - She had never refrigerated condiments such as catsup, mustard or thin salad dressings. - She did not read the labels on food and beverage containers for directions on safe storage. - She had canned the beets herself, she never refrigerated her home canned goods even if the containers had been opened. She stated she was not taught to refrigerate opened home-canned foods. - She kept the chili peppers because her late husband had prepared them at least 10 years ago, he did not refrigerate them to extend shelf life and for food safety. - She did not label foods with the date the original container was unsealed/opened. - She threw food out when she thought it was spoiled by it's small, taste, or appearance. <p>Observation of the Administrator at 3:30pm on 6/10/15 revealed:</p> <ul style="list-style-type: none"> - She removed the condiments and home canned goods from the facility kitchen to her personal living quarters. <p>Confidential interviews with two residents revealed:</p> <ul style="list-style-type: none"> - Food prepared by staff tasted pretty good. - They got enough to eat, second helpings were available on request. - Residents did not have free access to the refrigerator or pantry. - The staff will provide an alternative food if they disliked what was served. - Residents received many prepackaged foods as snacks between meals, such as individually wrapped chips, crackers, and cookies. 	C 257		

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C 342	<p>10A NCAC 13G .1004(j) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ul style="list-style-type: none"> (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure the Medication Administration Record (MAR) was accurate and complete for 1 of 3 sampled residents (Resident #1).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 3/3/15 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of Anxiety, Obsessive Compulsive Disorder, Paranoid Schizophrenia and Hypertension. - Medication Orders included Abilify 20mg once 	C 342		
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C 342	<p>Continued From page 9</p> <p>by mouth in the evening (prescribed for treatment of Schizophrenia); Aspirin 81mg once by mouth each morning (prescribed as an anti-inflammatory); Clonazepam 0.5mg once by mouth each morning and Clonazepam 1mg once by mouth each evening (prescribed for treatment of panic disorder); Metoprolol 50mg by mouth each morning (prescribed for treatment of high blood pressure); Fluphenazine 20mg by mouth daily at bedtime (prescribed for treatment of Schizophrenia); Trazadone 150mg by mouth once daily at bedtime (prescribed for treatment of Anxiety/Depression).</p> <p>Review of Resident #1's Medication Administration Record (MAR) revealed: - No documentation of Fluphenazine 20mg at bedtime had been administered for the month of May 2015.</p> <p>Interview with Administrator on 6/10/15 at 4:00pm revealed: - The Administrator was unaware she had failed to document Fluphenazine 20mg at bedtime on Resident #1's MAR. - The facility had the medication and the Administrator administered the medication each evening. -The Administrator stated "I have no idea why I didn't document it."</p> <p>Interview with Resident #1 on 6/10/15 at 5:00pm revealed: - The Resident liked living the facility. - The Resident received Fluphenazine 20mg at bedtime each evening. The Resident stated "They are good about that. I never miss a dose."</p> <p>Interview with the Pharmacist on 6/11/15 at 12:16pm revealed:</p>	C 342		

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C 342	<p>Continued From page 10</p> <ul style="list-style-type: none"> - The Fluphenazine 20mg at bedtime was filled 4/27/15 and picked up by Administrator on 4/29/15 at 4:30pm (for May 2015). <p>Interview with Administrator on 6/11/15 at 11:00am revealed:</p> <ul style="list-style-type: none"> - The Administrator and the SIC will check daily to ensure each MAR is completed correctly. - The Administrator and the SIC will keep the MAR in Administrator's office, locked with resident's medications. - The Administrator stated "May was a terrible month with lots going on", and apologized for the MARs not being completed appropriately. 	C 342		