State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
HAL001008	A. Building B. Wing	5/1/2015

Name of Facility	Street Address, City, State, Zip Code
PLEASANT GROVE RETIREMENT HOME	HIGHWAY 49N 4516 BURLINGTON, NC 27217

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix D0131 Reg. # 10A NCAC 13F .0406(a) LSC	Correction Completed 03/20/2015	ID Prefix D912 Reg. # G.S. 131D-21(2) LSC	Correction Completed 03/20/2015	ID Prefix D992 Reg. # G.S.§ 131D-45 LSC	Correction Completed 03/20/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ State Agency	Reviewed By	Date:	Signature of Surveyor: Delonis Dawson-Rogers	Date: 5/15/15
Reviewed By _____ CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 2/10/2015	_____	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057004	A. BUILDING: _____ B. WING _____ e/ls	R 05/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINTZ FAMILY CARE HOME #4	192 MATO ROAD MARSHALL, NC 28753 County: Madison

(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 conducted an annual and follow-up survey onsite May 19 and 20, 2015 with a telephone exit on May 21, 2015.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure walls and floor coverings were clean and in good repair in 2 of 2 common bathrooms, hallway, and dining room used by residents. The findings are: Observation on 5/19/15 at 10:15am of the common shower/bathroom revealed: -A 7 in. wide by 3 in. long section of floor tile missing between the commode and shower floor area. -The floor tiles surrounding the base of the commode were stained yellowish brown. -The shower wall tiles were stained yellowish brown. Observation on 5/19/15 at 10:15am of the common tub/bathroom revealed: -A 5 ½ ft. wide by 3 ft. long section of wall tiles between the commode and bathtub faucet area that were stained yellowish brown.	C 074	C074 Floor tile will be replaced by or before 7-17-15. Floor tiles and Wall tiles have been cleaned.	

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C 074	Continued From page 1 -Loose tiles under the bathtub faucet and on the walls between the commode base and bathtub. -The caulking around the edge of the bathtub wall was stained brown. Observation on 5/20/15 at 10:31am in the main hallway revealed: -A 2 ¼ ft. long by 4 in. wide section of floor tiles missing at the entrance door on the side of the facility. -The wooden threshold of the side entrance door was cracking and was not secured to the floor. -Multiple black marks and brown stains on the floor tiles. Observation of the resident dining room and living room on 5/20/15 at 10:30am revealed multiple black and brown marks and light brown stains on the floors. Random interviews with six residents on 5/19/15 and 5/20/15 revealed: -None of the residents had any complaints about the condition of the floors or walls in the facility. -The SIC was responsible for housekeeping in the facility. Interview with the SIC on 5/20/15 at 10:32am revealed: -The floors in the home had not been buffed in over one year. -He would be able to clean the floors and shower walls, and repair the missing floor tiles and loose bathroom tiles in the facility. -He had planned on purchasing a new storm door to replace the old one on the back of the house. Interview with the Administrator on 5/20/15 at 10:55am revealed he would replace the missing floor tiles in the hallway and repair the side	C 074	C074 Wall tiles will be replaced by or before 7-17-15 Wooden threshold at side entrance door will be replaced by or before 7-17-15 Supervisor in charge buffed floors on 5-23-15. Buffed out marks and stains on floors	

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C 074	Continued From page 2 entrance door threshold. Observation of the storm door on the back of the facility on 5/20/15 at 10:32am revealed there was no screen on the door. A review of the facility's local Health and Sanitation report dated 7/31/2014 revealed: -The facility received a total score of 17. -3 demerits were taken off for floors not clean or in good repair. -1 demerit was taken off for walls not clean or in good repair. -4 demerits were taken off for vermin control of the premises, screen missing from storm door on the back of facility.	C 074	C074 Storm door will be replaced by or before 7-17-15.	
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, interview, and record review, the facility failed to assure referral and follow-up to meet the routine and acute health care needs of 4 of 6 sampled residents (#1, #3, #4, and #5) related to lithium and Depakote labs, mental health care office visits, colonoscopy follow-up visit, and a medical complaint. The findings are: A. Review of current FL2 for Resident #1, dated 4/14/15, revealed:	C 246		

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C 246	Continued From page 3 -Diagnoses which included chronic schizophrenia and mental retardation. -Medication order for lithium 300 mg,1 twice per day. (Lithium is a medication used to treat bipolar disorder.) Review of Resident #1's record revealed: -The last mental health office visit documented was 7/22/14 and a return appointment was to be completed in 3 months. -The last lithium level measured on 9/4/14 was 0.5L (designated as "Low" on the documentaion) with reference range as 0.6-1.4. Telephone interview with a Nurse Aide I at Resident #1's mental health provider on 5/19/15 at 2:30pm revealed: -Resident #1's lithium level should have been checked in March, 2015. -Resident #1 was last seen in that office on 7/22/14. -Resident #1 was supposed to come in for an appointment in September, 2014, but had not come, nor scheduled an appointment. Interview with the facility transportation staff on 5/20/15 at 9:55am revealed: -Resident #1 did have an order for a lithium level but she had lost the paperwork and did not know the date of the order. -Because of changes in mental health payment source, the mental health provider had informed her residents would have to pay a co-pay for office visits and residents could not pay the co-pay. -The State had changed the way mental health providers received reimbursement and getting providers to provide services had been difficult. -Mental health providers had told her if a resident was from a different county in the State, they	C 246	C246 A. Order for lithium level was obtained on 5-26-15 - see enclosed copy of order. -labs were drawn on 5-27-15 - See enclosed copy of labs	5/26

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C 246	Continued From page 4 could not receive reimbursement in that local county. -She had been successful in getting the physician to continue prescribing lithium without labs. -She had tried to get mental health services from other providers but had not been successful. Telephone interview with staff at Resident #1's mental health provider on 5/21/15 at 8:50am revealed: - Resident #1's practitioner was not available until "next week." -The practitioner available was not familiar with Resident #1. -The staff could not say how often the lithium level should be checked. Interview with the SIC on 5/20/15 at 10:15am revealed Resident #1 had exhibited no behaviors. B. Review of current FL2 for Resident #3, dated 3/1/15, revealed: -Diagnoses which included history of seizure disorder, paranoid type schizophrenia, and history of traumatic brain injury. -Physician order for divalproex ER 500 mg, 2 in the morning, and 1 at bedtime. (divalproex is a generic name for Depakote, a medication used to treat seizure disorder and for bipolar disorder.) Review of Resident #3's record revealed: -The current valproic acid level (measures the Depakote level), dated 7/1/14, was 85 ug/mL with normal range as 50-100ug/ml. Review of record revealed Resident #3 last visit to the mental health provider was 7/1/14 and a follow up appointment was to be scheduled in 2 to 3 weeks.	C 246	C246 B. Resident #3 last visit to the mental Health provider (RHA) was on 4-21-15. The nurse practitioner did not write an order for depakote level at that time. See enclosed copy of order & record of office visit from RHA 4-21-15	

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C 246	Continued From page 5 Telephone interview with a Nurse Aide I at Resident #1's mental health provider on 5/19/15 at 2:30pm revealed the Nurse Practitioner said Resident #3's Depakote level needed to be checked "now." Interview with the facility transportation staff on 5/20/15 at 9:55am revealed: -Resident#3 had an order dated 4/21/15 for a Depakote level. -She had not taken him because she waited to take several residents at one time. -Because of changes in mental health payment source, the mental health provider had informed her residents would have to pay a co-pay for office visits and residents could not pay the co-pay. -The State had changed the way mental health providers received reimbursement and getting providers to provide services had been difficult. -Mental health providers had told her if a resident was from a different county in the State, they could not receive reimbursement in that local county. -She had been successful in getting the physician to continue prescribing Depakote without labs. -She had tried to get mental health services from other providers but had not been successful. Telephone interview with staff at Resident #3's mental health provider on 5/21/15 at 8:50am revealed: - Resident #3's practitioner was not available until "next week." -The practitioner available was not familiar with Resident #3. -The staff could not say how often the Depakote level should be checked. Interview with the SIC on 5/20/15 at 10:15am	C 246	C246 B. Order for Depakote level was obtained 5-26-15 - See enclosed copy of order labs were drawn on 5-27-15 - See enclosed copy of labo	5/26 5/27

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C 246	Continued From page 6 revealed Resident #3 had exhibited no behaviors and had no seizures. C. Review of current FL2 for Resident #4, dated 9/30/14, revealed diagnoses which included fibromyalgia and fatigue syndrome. 1. Review of colonoscopy procedure diagnostic report, dated 4/14/15, for Resident #4 revealed "Will communicate pathology results via letter or phone call within 5 business days. If you do not obtain results within 10 business days please call." Review of Resident #4's record revealed no pathology results for the colonoscopy. Review of Resident #4's Primary Care Physician (PCP) notes, dated 9/30/14, revealed: -"Schedule with [local gastroenterology office] for routine colon surveillance. -"Follow up with me in 3-4 weeks after above." Telephone interview on 5/20/15 at 9:35am with staff at Resident #4's PCP revealed Resident #4 was supposed to come in for a visit after the colonoscopy, but an appointment had not been scheduled. Telephone interview with the facility transportation staff on 5/20/15 at 9:30am revealed she was not aware Resident #4 was supposed to have a follow-up visit to the gastroenterology office or the PCP. 2. Interview with Resident #4 on 5/19/15 at 11:55am revealed: -She thought she had a "yeast infection" because she was having a sticky yellow discharge with itching.	C 246	C.246 C. Appointment was scheduled with primary care physician for June 2nd. 5-21-15 Resident saw Primary Care Physician, [redacted], at [redacted] Medical Center for follow up appointment, on 6-2-15 6/2 See enclosed record of office visit 6-2-15	

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C 246	Continued From page 7 -She had told the facility transportation staff about the yeast infection some weeks ago. -She was still having symptoms of the yeast infection. Interview with the transportation staff on 5/20/15 at 9:30am revealed: -Resident #4 told her about having "vaginal itching" on 4/29/15. -She had it in her notes to make Resident #4 an appointment, but she had not made her one. -She saw Resident #4 about a "week ago" and Resident #4 said the vaginal problem "was not severe." D. Review of current FL2 for Resident #5, dated 8/4/14, revealed: -Diagnosis of schizoaffective disorder. -Medication orders for quetiapine (used to treat schizophrenia) 50 mg, 3 tablets daily, Abilify (used to treat schizophrenia) 15mg twice daily, Seroquel XR (used to treat schizophrenia) 400mg at bedtime, and Seroquel XR 50 mg, 2 tablets at bedtime. Review of Resident #5's record on 5/20/15 revealed: -The last Primary Care Physician (PCP) visit was on 1/12/15 with instructions for resident to return to the office to have fasting labs drawn. -The last mental health office visit documented was 5/12/15 for medication refills and to order yearly labs. Telephone interview with a nurse at Resident #5's PCP on 5/19/15 at 2:20pm revealed: -The physician wanted to obtain lab work due to Resident #5's platelet count being abnormal in November 2013. -Resident #5's complete blood count (CBC),	C 246	C.246 D. labs were drawn on 5-21-15. -See enclosed labs	5/21

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C 246	Continued From page 8 comprehensive metabolic profile (CMP) and lipid panel should have been checked following the 1/12/15 appointment. -Resident #5 was last seen in that office on 1/12/15. Monitoring parameters for quetiapine include the following labs: lipid panel periodically, fasting glucose if diabetic risk, CBC frequently during initial treatment or if drug-induced leukopenia/neutropenia history, weight changes, clinical worsening and/or unusual behavior changes, and after dose changes. Monitoring parameters for Abilify include fasting glucose at baseline if diabetic risk factors, and CBC frequently during initial treatment or if drug-induced leukopenia/neutopenia history, weight changes, clinical worsening and/or unusual behavior changes, and after dose changes. Interview with Resident #5 on 5/19/15 at 2:20pm revealed: -He goes to his medical appointments when needed. -He does not have any problems with his medications. Interview with SIC on 5/20/15 at 11:22am revealed Resident #5 had no behavior changes. Interview with the facility transportation staff on 5/20/15 at 9:30am revealed: -Resident #5 was seen by PCP on 1/12/15 and labs were ordered on this visit. -She had no documentation of any medical visits or lab work being done for Resident #5 between 1/12/15 and 5/12/15. -Resident #5 had a visit scheduled with the	C 246	C246 Supervisor in charge will notify facility Social Worker & Administrator if scheduled appointments are not kept. Facility Social Worker will check all resident records bi-monthly to ensure all appointments are scheduled as ordered & that appointments are not delinquent. Facility SW will call resident physicians to ensure there are no missed labs or missed appointments.	on-going

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C 246	Continued From page 9 mental health practitioner on 4/29/15, but had to cancel the appointment due to a death in Resident #5's family. -The mental health visit was rescheduled for 5/12/15 and yearly labs were ordered on this visit. -When lab work is ordered she receives a copy of the actual order and then schedules appointments for the labs to be done. -When lab results are complete "the clinic is supposed to fax results to me and the mental health practitioner." Plan of protection provided by the facilty on 5/19/15 revealed: -The facility staff will contact the transportation staff if any appointments are scheduled and not kept. -The Supervisor-in-Charge will check all resident records to assure all medical appointments have been scheduled as ordered. -The Medical Record Staff will call the residents' physician office and make sure there are no missed labs or missed appointments. -Appointments/labs for Residents #1, #3, #4, and #5 will be scheduled immediately. THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 5, 2015.	C 246	Per telephone call to the facility Social Worker on 7-17-15 at 9:30am the Date of Correction for Tag 246 is July 5, 2015. Brenda Bopp 7-17-15	
C 294	10A NCAC 13G .0905(f) Activities Program 10A NCAC 13G .0905 Activities Program (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so.	C 294		

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C 294	Continued From page 10 This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure that each resident has the opportunity to participate in at least one outing every other month for 6 of 6 sampled residents (#1, #2, #3, #4, #5, and #6). The findings are: On 5/19/15 and 5/20/15, random interviews with the 6 residents residing in the family care home revealed: -"Its been over 2 years since we've been out." -"The van hasn't been working for about 1 or 2 years now." -The last reported group outing was a trip to a local restaurant. -Some residents walk to the nearby store or to the local church. -One resident would like to get out at least one time per month. -"I walk, play games, and watch TV." -"Sometimes shop with my family." Review of the facility's posted activity calendar for May 2015 revealed the following activities: church, watching General Hospital on television, hacky-sac, cards, nature walk, coloring, socializing and handi-helpers. Observation of the activity cabinet in the living room on 5/20/15 at 10:30am revealed coloring books, crayons, card and board games, and a video game console. Telephone interview with the Administrator on 5/20/15 at 10:55am revealed the van has been out of service for over 1 year.	C 294	C294 Administrator will ensure that residents have the opportunity to participate in an outing away from the facility at least every other month. ongoing Per telephone call to the facility Social Worker on 7-17-15. The Plan of Correction date for Tag 294 is July 5, 2015. Brenda Boggs 7-17-15	

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C 294	Continued From page 11 Telephone interview with the SIC on 5/20/15 at 3:55pm revealed: -"Sometimes they walk to church or church members pick them up." -"It's (the Administrator's) van, I assume that he is gonna fix it."	C 294		5/21
C 311	10A NCAC 13G .0909 Residents' Rights 10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure that the rights of all residents were maintained by requiring the residents to stay in another family care home one day per week for the convenience of the facility staff. The findings are: On 5/19/15, random interviews with the 6 residents residing in the family care home revealed: -Every Saturday, the Supervisor-in Charge (SIC) took a day off. -All 6 residents went to another facility next door (facility #5) from "about" 9:00am to 5:00pm on Saturday. -The six residents ate breakfast, lunch, and dinner at the other facility #5 on Saturday. -"Sunday is his day off". -"We all go to the other house from 9:00am to	C 311	C311 Supervisor in charge is no longer asking the residents to stay at the sister facility, 'next door', during the day, and will not ask the residents to do so in the future.	on-going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057004	A. BUILDING: _____ B. WING _____	R 05/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MINTZ FAMILY CARE HOME #4	192 MATO ROAD MARSHALL, NC 28753

(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 311	Continued From page 12 6:00pm, while he takes a break." Interview with the SIC on 5/19/15 at 3:45pm revealed: -He and the SIC in facility #5 were the only two staff who worked in this facility. -There were no other staff who worked as "Relief staff." -There were only 3 residents in the other facility. -He was not aware before the survey that he was responsible for obtaining and paying for a relief staff. -He was leasing the facility from the Administrator. -When asked if he gave the residents a choice to stay at the facility or go to facilty #5, he replied, "I think I did." -"No one has refused to go to the other home when I leave". -They eat 3 meals down there. -"She (SIC at house #5) has 2 tables in the dining room". On 5/19/15 and 5/20/15, random resident interviews revealed: -"I don't mind" going to the other facility. -"I prefer" to stay where my room and space is. -There are no other staff who provide relief except the SIC in facility #5. -No one had refused to go to facility #5. -They have never been given a choice to residents if they could stay in the facility or go to facility #5 on the SIC's day off. -"We get snacks when we go there". -"I don't like to go to the other home." Interview with the Administrator on 5/20/15 at 10:55am revealed: -He leased out this facility to the SIC to operate the home.	C 311	Per telephone call to the facility Social Worker on 7-17-15 at 9:30 am, the Plan of Correction date for tag 311 is July 5, 2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL057004	A. BUILDING: _____ B. WING _____	R 05/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 311	Continued From page 13 -It was the SIC's responsibility to "work out" how coverage was provided when he needed to leave the facility.	C 311	C912 To ensure residents recieve appropriate health care services the facility will check all resident records bi-monthly to ensure all appointments are scheduled as ordered & that appointments are not delinquent. Facility Social Worker will call resident physician to ensure there are no missed labs or missed appointments. SIC will notify facility SW if Scheduled appointments are not kept.	on-going
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. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to health care. The findings are: Based on observation, interview, and record review, the facility failed to assure referral and follow-up to meet the routine and acute health care needs of 4 of 6 sampled residents (#1, #3, #4, and #5) related to lithium and Depakote labs, mental health care office visits, colonoscopy follow-up visit, and a medical complaint. [Refer to Tag 246 10A NCAC 13G .0902(b) Health Care (Type B Violation.)]	C 912		