

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(01) PROVIDER/UNIT/PERCQA IDENTIFICATION NUMBER:  FCL011311	(02) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(03) DATE SURVEY COMPLETED  R-C 08/14/2015
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NAME OF PROVIDER OR SUPPLIER  
SERENITY HEART FAMILY CARE HOMES # 231

STREET ADDRESS, CITY, STATE, ZIP CODE  
231 COUNTRY TIME CIRCLE  
LEICESTER, NC 28748

(24) 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)	(09) COMPLETE DATE
C 000	Initial Comments	C 000		
C 074	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0310 Housekeeping And Furnishings</p> <p>(a) Each family care home shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assure walls, ceilings, and floors were kept clean and in good repair in 3 of 6 resident rooms (Rooms #1, #3, and #5) and 2 of 3 common bathrooms (Bathrooms #1 and #2).</p> <p>The findings are:</p> <p>Observation on 8/13/15 at 8:55am of resident Room #1 revealed:</p> <ul style="list-style-type: none"> <li>- An approximately 1 square foot cut hole in the drywall in the closet, exposing copper piping.</li> <li>- Dust and dirt build-up in the corners of the room and the closet floor.</li> </ul> <p>Observation on 8/13/15 at 9:08am of the common bathroom #1 (adjacent to Resident Room #1) revealed:</p> <ul style="list-style-type: none"> <li>- Paint chipped off the lower doorframe and baseboard next to the sink.</li> <li>- An approximately 2 foot long black scuff on the</li> </ul>	C 074	<p>Please See Attached Sheet</p>	

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER/REGULATORY REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* 9/25/15

STATE FORM 800 RFH211 (08) DATE: 9/25/15

If continuation sheet 1 of 2

Amended POC per telephone conversation with Bernice Scott, Adm on 9/29/15 @ 2:45pm.  
Cherry Steele

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C 074	<p>Continued From page 1</p> <p>wall under the towel bar.</p> <ul style="list-style-type: none"> <li>- Dust covered exhaust ventilation cover in the ceiling.</li> </ul> <p>Observation on 8/13/15 at 9:11am of resident Room #2 revealed drips of dried dark liquid and dirt at the base of the chest of drawers.</p> <p>Interview on 8/13/15 at 9:11am with the resident residing in Room #2 revealed:</p> <ul style="list-style-type: none"> <li>- He primarily cleaned his room with staff assistance as needed.</li> <li>- He pointed to jars of instant coffee on his chest of drawers and stated sometimes he spilled coffee on the floor when he made it.</li> </ul> <p>Observation on 8/13/15 at 9:29am of resident Room #5 revealed there was a thick coating of dust which covered the ceiling fan blades.</p> <p>Interview on 8/13/15 with the resident residing in Room #5 revealed he had no complaints regarding the condition of the ceiling fan in his room.</p> <p>Observation on 8/14/15 at 8:57am of the common bathroom #2 (located across from Room #2) revealed:</p> <ul style="list-style-type: none"> <li>- Dark stained and loose vinyl floor tiles around the base of the commode.</li> <li>- Chipped paint on the door jamb and door trim.</li> <li>- A section of full length wood trim on the door frame was pulled away at floor level.</li> <li>- An approximately 3 foot long black scuff on the wall under the towel bar brackets.</li> </ul> <p>Interview on 8/13/15 at 3:11pm with the Supervisor-In-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> <li>- Supervisors were expected to go through their houses every month, complete the Monthly</li> </ul>	C 074		

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C 074	<p>Continued From page 2</p> <p>Maintenance Check Sheet and turn it in to the Administrator by the 15th of the month.</p> <ul style="list-style-type: none"> <li>- Supervisors were to look at walls for holes and any need for painting.</li> <li>- She was not sure how often ceiling fan blades were cleaned, but general cleaning was done every day by the personal care aides.</li> <li>- She stated the hole in the closet wall in resident room #1 had been there "for a long time" but could not recall when and if Maintenance was made aware.</li> </ul> <p>Review of a North Carolina Department of Environmental and Natural Resources, Division of Environmental Health Inspection of Residential Care Facility dated 3/16/15 revealed:</p> <ul style="list-style-type: none"> <li>- 2 demerits for damaged blinds in resident rooms and "required to clean ceiling fan in resident room."</li> </ul> <p>Review of a facility Monthly Maintenance Check Sheet revealed:</p> <ul style="list-style-type: none"> <li>- "Staff please remember to have this completed by the 15th of each month."</li> <li>- Headings for various areas of the facility which included the living room/hallway areas, bathrooms and resident bedrooms.</li> <li>- Statements including "no problems" and "working properly" that could be checked by the reporter.</li> <li>- Space for documenting "problems."</li> <li>- Signature spaces for the supervisor [in charge] and administrative staff.</li> <li>- Space for "Date sent to maintenance dept. [department]."</li> </ul> <p>Interview on 8/14/15 at 9:30am with the Maintenance staff member revealed:</p> <ul style="list-style-type: none"> <li>- He had been in his role for 4 to 5 months, he was not aware of the hole cut in the drywall in the</li> </ul>	C 074		

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C 074	Continued From page 3  closet of room #1 and it would be repaired immediately. - He would be replacing the stained and loose floor tile in bathroom #2 that weekend. - The chipped door frames in the bathrooms were just painted a month ago but he would repaint them again.  Interview on 8/14/15 at 9:36am with the Administrator revealed: - Staff communicated maintenance issues either by fax or in person. - She addressed them immediately if the issue was urgent and she would let the Maintenance person know directly. - The maintenance monthly form was to be completed by staff and sent to her office monthly. - Older staff were aware of the maintenance form but this particular house had four recent staff changes.	C 074		
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings  10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes.  This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure the facility was maintained in a clean and orderly manner, free of all obstructions and hazards for 3 of 6 resident	C 078		

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C 078	<p>Continued From page 4</p> <p>rooms (Rooms #1, #2, and #5), 1 of 3 common bathrooms (Bathroom #2), the living room, and the administrative office adjacent to the living room.</p> <p>The findings are:</p> <p>Observation on 8/13/15 at 8:30am in the living room revealed two ceiling fans with missing light globes which exposed the compact florescent (CFL) bulbs.</p> <p>Observation on 8/13/15 at 8:55am of resident Room #1 revealed:</p> <ul style="list-style-type: none"> <li>- A ceiling fan with a missing light globe which exposed a CFL bulb.</li> <li>- Dirty and dusty mini-blinds in the window.</li> <li>- Missing face plates from two electrical outlets (nothing was plugged in the outlet next to the door frame while an extension cord was plugged into the other outlet behind the chest of drawers).</li> <li>- A television and cable box plugged into a three outlet, non-surge protected extension cord which was plugged into the electrical outlet behind the chest of drawers.</li> <li>- The television and cable box were powered on.</li> </ul> <p>Observation on 8/13/15 at 9:08am of common bathroom #1 (adjacent to resident Room #1) revealed:</p> <ul style="list-style-type: none"> <li>- Blue colored hygiene product on the seat of the shower chair, resting in the tub.</li> <li>- A small piece of blue hand soap, empty toilet paper tube and paper debris on the side of the sink.</li> <li>- A stained washcloth and medicine cup with blue matter under the sink in the cabinet.</li> </ul> <p>Observation on 8/13/15 at 9:11am of resident Room #2 revealed:</p>	C 078		

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C 078	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- A box fan on the floor, in operation, with a heavy coating of dust on the fan grates and when the fan was stopped a heavy coating of dust and a black substance on the fan blades.</li> <li>- A 13 gallon white plastic trash can with dark splatters outside and inside the can, and inside was observed trash not in a trash can liner.</li> </ul> <p>Interview on 8/13/15 at 9:11am with the resident residing in Room #2 revealed:</p> <ul style="list-style-type: none"> <li>- He primarily cleaned his room with staff assistance as needed.</li> <li>- The box fan was his and he did not realize how dirty it was.</li> <li>- The trash can was his and staff did not provide trash can liners for him to use.</li> </ul> <p>Observation on 8/13/15 at 9:29am of resident Room #5 revealed a ceiling fan with a missing light globe which exposed a CFL bulb.</p> <p>Interview on 8/13/15 with the resident of room #5 revealed he had no complaints regarding the missing light globe.</p> <p>Observation on 8/13/15 at 1:45pm in the living room revealed:</p> <ul style="list-style-type: none"> <li>- A fire extinguisher mounted on the wall in the corner of the room with a current fire extinguisher inspection tag and a fire extinguisher sign mounted over it.</li> <li>- The fire extinguisher was partially obstructed by an approximately 6 foot high artificial tree with branches and leaves.</li> <li>- On the floor and in front of the artificial tree was a small black television.</li> <li>- The artificial tree and television were sandwiched in an approximately one foot wide space between the wall (where the fire extinguisher was mounted) and a love seat.</li> </ul>	C 078		

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C 078	<p>Continued From page 6</p> <p>Observation on 8/14/15 at 8:52am in the administrative office (adjacent to the living room) revealed:</p> <ul style="list-style-type: none"> <li>- Two electric outlets with missing face plates (one next to the locked medication cabinet and the other in the corner of the room).</li> <li>- No items were plugged into the noted electric outlets.</li> <li>- One electric box, above the desk and to the upper left of the door frame, with no face plate and exposed wires capped with wire nuts.</li> </ul> <p>Observation on 8/14/15 at 8:57am of the common bathroom #2 (located across from room #2) revealed:</p> <ul style="list-style-type: none"> <li>- Cobwebs in the corner of bathroom in the vicinity of the commode.</li> <li>- Metal brackets for a towel bar, the actual bar was missing and one of the brackets was bent with a sharp edge.</li> <li>- A grey throw rug crumpled in front of the shower with the hem of one side of the rug ripped and hanging from the rug.</li> </ul> <p>Interview on 8/14/15 at 9:15am with the Supervisor-In-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> <li>- She did not know who put the throw rug on the floor in common bathroom #2, but that it did not belong to any particular resident.</li> <li>- She stated the rug was ripped.</li> </ul> <p>Observation of the SIC on 8/14/15 at 9:15 in common bathroom #2 revealed:</p> <ul style="list-style-type: none"> <li>- The SIC removed the rug from the bathroom floor.</li> <li>- The SIC placed the rug on a shelf in the neighboring laundry room.</li> </ul> <p>Observation on 8/14/15 at 9:00am of resident</p>	C 078		

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C 078	<p>Continued From page 7</p> <p>Room #3 revealed an electric outlet with a missing face plate (nothing was plugged into this outlet).</p> <p>Observation on 8/14/15 at 9:20am of the range/oven in the kitchen revealed baked on brown residue throughout the oven and on the inside of the oven door.</p> <p>Interview on 8/13/15 at 3:11pm with the SIC revealed:</p> <ul style="list-style-type: none"> <li>- Supervisors were expected to go through their houses every month, complete the Monthly Maintenance Check Sheet and turn it in to the Administrator by the 15th of the month.</li> <li>- For electric outlets to be considered safe, they required face plates.</li> <li>- She was not sure if extension cords were permitted in resident rooms.</li> <li>- She was not sure how the artificial tree got placed in front of the fire extinguisher.</li> <li>- Looking at ceiling lights included checking if they had globes and light bulbs that worked.</li> </ul> <p>Review of a facility Monthly Maintenance Check Sheet revealed:</p> <ul style="list-style-type: none"> <li>- "Staff please remember to have this completed by the 15th of each month."</li> <li>- Headings for various areas of the facility which included the living room/hallway areas, bathrooms and resident bedrooms.</li> <li>- Statements including "no problems" and "working properly" that could be checked by the reporter.</li> <li>- Space for documenting "problems."</li> <li>- Signature spaces for the supervisor [in charge] and administrative staff.</li> <li>- Space for "Date sent to maintenance dept. [department]."</li> </ul>	C 078		

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C 078	<p>Continued From page 8</p> <p>Interview on 8/14/15 at 9:30am with the Maintenance staff member revealed:</p> <ul style="list-style-type: none"> <li>- He would be replacing missing light globes.</li> <li>- The SIC told him about missing electric outlet face plates in room #1, and they had been replaced.</li> <li>- If an extension cord was required for resident use it should have a surge protector on it, he obtained a surge protector and would replace the other extension cord in room #1.</li> <li>- He had just painted the office and the electric outlet face plates should have been installed when the job was completed.</li> <li>- He would install a face plate on the electrical outlet missing one in room #3.</li> </ul> <p>Interview on 8/14/15 at 9:36am with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>- Staff communicated maintenance issues either by fax or in person.</li> <li>- She addressed them immediately if the issue was urgent and she would let the Maintenance person know directly.</li> <li>- The maintenance monthly form was to be completed by staff and sent to her office monthly.</li> <li>- Older staff were aware of the maintenance form, but this particular house had four recent staff changes.</li> <li>- A former employee "spruced up the place" and he placed the artificial tree in the corner of the living room where the fire extinguisher was located.</li> <li>- The fire extinguisher should not be blocked by anything.</li> </ul>	C 078		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications</p>	C 145		

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C 145	<p>Continued From page 9</p> <p>(a) Each staff person of a family care home shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to ensure a Health Care Personnel Registry (HCPR) was completed prior to employment for 1 of 3 sampled staff (Staff C).</p> <p>The findings are:</p> <p>Review of the Supervisor-In-Charge (Staff C) employee file revealed: -A hire date of 7/26/15. -There was no documented HCPR.</p> <p>Interview with Staff C on 8/13/15 at 10:30am revealed: -She started work at the facility as a SIC on 7/26/15. -She had never worked in this type of setting prior to her employment at this facility. -Her job duties included food preparation, housekeeping, and she stayed with the residents at night.</p> <p>Interview with the Administrator on 8/13/15 at 11:10am revealed: -She thought the employee file for Staff C was in her office. -She would fax the information to the facility this afternoon.</p> <p>Review of faxed documents received at the</p>	C 145		

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C 145	<p>Continued From page 10</p> <p>facility on 8/13/15 revealed HCPR check dated 8/13/15.</p> <p>Interview with the Administrator on 8/14/15 at 9:00am revealed:</p> <ul style="list-style-type: none"> <li>-She thought she had checked the HCPR for Staff C upon hire but was unable to locate.</li> <li>-She was in the process of moving her office and some of the information might be in boxes.</li> <li>-She would fax the previous HCPR if located.</li> </ul> <hr/> <p>The facility provided the following Plan of Protection on 8/13/15 as follows:</p> <ul style="list-style-type: none"> <li>-The administrator or designee will complete HCPR prior to hire of any new staff.</li> </ul> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 28, 2015.</p>	C 145		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>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;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interview and record review, the facility failed to ensure that 1 of 3 sampled staff (Staff C) had criminal background check completed upon hire.</p>	C 147		

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C 147	<p>Continued From page 11</p> <p>The findings are:</p> <p>Review of the Supervisor-In-Charge (Staff C) employee file revealed: -A hire date of 7/26/15. -There was no documented Criminal Background Check.</p> <p>Interview with Staff C on 8/13/15 at 10:30am revealed: -She started work at the facility as a SIC on 7/26/15. -She had never worked in this type of setting prior to her employment at this facility. -Her job duties included food preparation, housekeeping, and she stayed with the residents at night.</p> <p>Interview with the Administrator on 8/13/15 at 11:10am revealed: -She thought the employee file for Staff C was in her office. -She would fax the information to the facility this afternoon.</p> <p>Review of faxed documents received at the facility on 8/13/15 revealed a Criminal Background Check dated 8/13/15.</p> <p>Interview with the Administrator on 8/14/15 at 9:00am revealed: -She thought she had checked the Criminal Background for Staff C upon hire but was unable to locate. -She was in the process of moving her office and some of the information might be in boxes. -Staff C had signed consent for the background check at hire. -She would fax the consent and background check if located.</p>	C 147		

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NAME OF PROVIDER OR SUPPLIER  SERENITY HEART FAMILY CARE HOMES # 231	STREET ADDRESS, CITY, STATE, ZIP CODE 231 COUNTRY TIME CIRCLE LEICESTER, NC 28748
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C 147	Continued From page 12  The facility provided the following Plan of Protection on 8/13/15 as follows: -The administrator or designee will assure all new staff signs consent for a Criminal Background Check upon hire. -The administrator or designee will assure a Criminal Background Check is submitted within 5 days of offer of employment.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 28, 2015.	C 147		
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, 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 and interview, the facility	C 292		

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C 292	<p>Continued From page 13</p> <p>failed to assure a minimum of 14 hours of activity were offered as scheduled on the activity calendar for 6 of 6 residents residing at the facility.</p> <p>The findings are:</p> <p>Observation of the activity calendar posted in the dining room on 8/13/15 at 10:45am revealed: -No month listed on the calendar. -There were greater than 14 hours of activity posted for each week. -Examples of activities posted were: cards, games, coffee social, movie night, crafts, ice cream social and drawing.</p> <p>Observation of a bookcase in the facility living room on 8/14/15 at 11:15am revealed: -There were 4 jigsaw puzzles accessible for resident use. -There was a chess/checker board game set accessible for resident use.</p> <p>Confidential interviews with residents revealed: - "No activities are offered here." - "I sometimes play cards with another residents." -The staff do not announce any activities. - "Never had a movie night and I have been here for a while now." - "I would really enjoy cards and board games if they were offered." - "A month or so ago a staff person from another building came by and asked us about activities, then we never heard anything else." -A resident's family member brought in a interactive video game for resident use and it was placed in a closet in the office by staff and he had not seen it in 2 to 3 weeks. -For activity the resident "walked up and down the street [the paved driveway in front of the facility]"</p>	C 292		

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C 292	<p>Continued From page 14 and watched television.</p> <p>Interview with the Supervisor-In-Charge (SIC) on 8/14/15 at 11:08am revealed: -The SIC who "runs the house" was responsible for carrying out the scheduled activities with residents. -The SIC was unsure if there were supplies available to do all the activities that were scheduled on the activity calendar.</p> <p>Interview with the Administrator on 8/14/15 at 11:34am revealed: -She had tried having one worker be responsible for activities at all the homes, but with a lot of staff turnover had to put that staff person back as SIC in a home. -It is hard to get residents to participate in activities.</p>	C 292		
C 294	<p>10A NCAC 13G .0905(f) Activities Program</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interview, the facility failed to assure 6 of 6 residents had the opportunity to participate in at least one outing every other month.</p> <p>The findings are:</p> <p>The census of the facility on 8/13/15 was 6 residents.</p>	C 294		

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C 294	Continued From page 15  Confidential interviews with residents related to outings revealed: - "Never offered." - "I might go if they were offered would depend on what the outing was." - "They used to offer outing's but the van broke down a month or so ago." - "It would be great to get off of this hill sometimes." - "Staff will take us to the store if we pay them." - "It is hard for some residents up here because they do not have family and no visitors." - "I know one resident has not been on an outing other than doctor visits for months." - "The only time I get to go on an outing is if my mental health worker takes me out." - Staff used to take residents to a chain discount department store and fast food restaurant on "pay day" but no longer do that.  Interview with the Supervisor-In-Charge on 8/14/15 at 9:45am revealed: -He was unsure about scheduled outings. - "I think the van is broken down." -He did not routinely work in this facility, but was a "float" staff and assisted as needed in other facilities on the property.  Interview with the Administrator on 8/14/15 at 11:34am revealed: -The facility van had "electrical problems." -In November 2014, a tire had blown out in the van and had "pulled out the electrical system." -In June 2015, we had to "redo" the van's electrical system and "it should be repaired by next week." - "We had been using my [personal] vehicle, until I had an accident on July 1st and [my vehicle] has been in the shop since."	C 294		

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C 294	Continued From page 16 -"I am still using a rental [vehicle]." -She was unaware staff had been offering outings to residents, but were charging the residents for the transportation. -One Saturday in July, she had offered an outing to the residents in the facility and none had participated.	C 294		
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: Based on observation, interview, and record review the facility failed to assure Novolog insulin was administered as ordered for 1 of 2 sampled residents with orders for sliding scale insulin (Resident #2).  The findings are:  Review of Resident #2's current FL2 dated 6/22/15 revealed: -Diagnoses included: Insulin Dependent Diabetes Mellitus, End Stage Renal Disease, Hypertension, History of Cognitive disorder traumatic brain injury, and developmental delay. -A physician's order for Lantus insulin (used to control blood glucose) 6 units daily at bedtime. -A physician's order for Novolog insulin (used to	C 330		

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C 330	<p>Continued From page 17</p> <p>control blood glucose) 2 units before every meal. -A physician's order for Novolog insulin per sliding scale before meals and at bedtime (no scale documented).</p> <p>Review of an Endocrinologist's order for Resident #2 dated 6/4/15 revealed: -Novolog insulin per sliding scale before meals and at bedtime. -Pre breakfast, lunch, and supper scale BG 151-200=1 unit; 201-250=2 units; 251-300=3 units; 301-350=5 units; 351-400=7 units. -Bedtime scale BG 151-200=none; 201-250=1 unit; 251-300=2 units; 301-350=3 units; 351-400=5 units. -BG less than 50 treat low BG, delay injection until immediately after meal, reduce insulin by 4 units. -BG 51-70 immediately eat, take injection just before eating, reduce insulin by 2 units. -BG 71-150 take prescribed dose of insulin.</p> <p>Review of a fax communication for Resident #2's Endocrinologist dated 8/13/15 revealed the Novolog sliding scale dated 6/4/15 had been the scale the resident should have received after the hospitalization on 6/22/15.</p> <p>Review of Resident #2's June 2015 Medication Administration Record (MAR) revealed the following entries for Novolog: -A handwritten entry for Novolog insulin sliding scale, check BG before meals scheduled for 6:30am, 11:30am, 4:30pm, and 8pm. -Pre breakfast, lunch, and supper scale BG 151-200=1 unit; 201-250=2 units; 251-300=3 units; 301-350=5 units; 351-400=7 units. -A handwritten entry for Novolog insulin sliding scale at bedtime scheduled at 8pm. -Bedtime scale BG 151-200=none; 201-250=1</p>	C 330		

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C 330	<p>Continued From page 18</p> <p>unit; 251-300=2 units; 301-350=3 units; 351-400=5 units.</p> <p>Review of Resident #2's June 2015 MAR from 6/22/15 to 6/30/15 revealed 14 errors out of 30 opportunities where sliding scale insulin was required:</p> <ul style="list-style-type: none"> <li>-On 6/22/15 at 8pm, BG 359, 5 units required, 8 units documented as administered.</li> <li>-On 6/23/15 at 6:30am, BG 112, 0 units required, 6 units documented as administered.</li> <li>-On 6/23/15 at 11:30am, BG 259, 3 units required, 9 units documented as administered.</li> <li>-On 6/23/15 at 4:30pm, BG 247, 2 units required, 9 units documented as administered.</li> <li>-On 6/24/15 at 6:30am, BG 207, 2 units required, 8 units documented as administered.</li> <li>-On 6/25/15 at 6:30am, BG 135, 0 units required, 6 units documented as administered.</li> <li>-On 6/25/15 at 8pm, BG 317, 3 units required, 2 units documented as administered.</li> <li>-On 6/26/15 at 6:30am, BG 202, 2 units required, 5 units documented as administered.</li> <li>-On 6/26/15 at 11:30am, BG 213, 2 units required, 5 units documented as administered.</li> <li>-On 6/26/15 at 8pm, BG 443, 7 units required, 6 units documented as administered.</li> <li>-On 6/27/15 at 11:30am, BG 287, 3 units required, 5 units documented as administered.</li> <li>-On 6/27/15 at 4:30pm, BG 287, 3 units required, 2 units documented as administered.</li> <li>-On 6/27/15 at 8pm, BG 324, 3 units required, 2 units documented as administered.</li> <li>-On 6/29/15 at 6:30am, BG 306, 5 units required, 2 units documented as administered.</li> <li>-On 6/29/15 at 8pm, BG 299, 2 units required, 5 units documented as administered.</li> <li>-On 6/30/15 at 8pm, BG 272, 2 units required, 5 units documented as administered.</li> </ul>	C 330		

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C 330	<p>Continued From page 19</p> <p>Review of a discharge summary for Resident #2 dated 7/6/15 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses: nausea/vomiting/hyperkalemia (increased potassium level) due to missed dialysis.</li> <li>-A physician's order for Novolog insulin per sliding scale before meals and at bedtime.</li> <li>-Sliding scale (BG) 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; 401 or greater=12 units if BG 400 or higher, take your insulin and call your doctor.</li> <li>-Call your doctor if BG is less than 80 for 3 days or BG stays greater than 400 two times in a row.</li> </ul> <p>Review of an Endocrinologist's order for Resident #2 dated 7/8/15 revealed:</p> <ul style="list-style-type: none"> <li>-Blood Glucose (BG) monitoring before every meal and at bedtime.</li> <li>-Lantus insulin (used to control blood glucose) 6 units daily at bedtime.</li> <li>-Novolog insulin (used to control blood glucose) 7 units before every meal.</li> <li>-Novolog insulin per sliding scale before meals and at bedtime.</li> <li>-Pre breakfast, lunch, and supper BG 151-200=1 unit; 201-250=2 units; 251-300=3 units; 301-350=5 units; 351-400=7 units.</li> <li>-Bedtime BG 151-200=none; 201-250=1 unit; 251-300=2 units; 301-350=3 units; 351-400=5 units.</li> <li>-BG less than 50 treat low BG, delay injection until immediately after meal, reduce insulin by 4 units.</li> <li>-BG 51-70 immediately eat, take injection just before eating, reduce insulin by 2 units.</li> <li>-BG 71-150 take prescribed dose of insulin.</li> </ul> <p>Review of a discharge summary for Resident #2 dated 7/16/15 revealed:</p>	C 330		

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C 330	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>-Diagnoses: nausea/vomiting likely due to uremia (a raised level in the blood of urea and other nitrogenous waste compounds that are normally eliminated by the kidneys) due to missed dialysis.</li> <li>-Blood Glucose (BG) monitoring before every meal and at bedtime.</li> <li>-Lantus Solostar Pen insulin 6 units daily at bedtime.</li> <li>-Novolog insulin 6 units before every meal.</li> <li>-Novolog insulin per sliding scale before meals and at bedtime.</li> <li>-A physician's order for Novolog insulin per sliding scale before meals and at bedtime.</li> <li>-Blood Glucose (BG) 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; 401 or greater=12 units.</li> <li>-If BG stays greater than 400 or higher, take your insulin and call your doctor.</li> </ul> <p>Review of an Endocrinologist's order for Resident #2 dated 7/22/15 revealed:</p> <ul style="list-style-type: none"> <li>-Blood Glucose (BG) monitoring before every meal and at bedtime.</li> <li>-Novolog Flexpen insulin 7 units before every meal.</li> <li>-Lantus Solostar Pen insulin 6 units daily at bedtime.</li> <li>-Novolog insulin per sliding scale before meals and at bedtime.</li> <li>-Pre breakfast, lunch, and supper BG 151-200=1 unit; 201-250=2 units; 251-300=3 units; 301-350=5 units; 351-400=7 units.</li> <li>-Bedtime BG 151-200=none; 201-250=1 unit; 251-300=2 units; 301-350=3 units; 351-400=5 units.</li> <li>-BG less than 50 treat low BG, delay injection until immediately after meal, reduce insulin by 4 units.</li> <li>-BG 51-70 immediately eat, take injection just before eating, reduce insulin by 2 units.</li> </ul>	C 330		

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C 330	<p>Continued From page 21</p> <p>-BG 71-150 take prescribed dose of insulin.</p> <p>Review of an Endocrinologist's order for Resident #2 dated 7/29/15 revealed:</p> <p>-Blood Glucose (BG) monitoring before every meal and at bedtime.</p> <p>-Lantus Solostar Pen insulin 5 units daily at bedtime.</p> <p>-Novolog Flexpen insulin 6 units before every meal.</p> <p>-Novolog Flexpen insulin per sliding scale before meals and at bedtime.</p> <p>-Pre breakfast, lunch, and supper BG 151-200=1 unit; 201-250=2 units; 251-300=3 units; 301-350=5 units; 351-400=7 units.</p> <p>-Bedtime BG 151-200=none; 201-250=1 unit; 251-300=2 units; 301-350=3 units; 351-400=5 units.</p> <p>-BG less than 50 treat low BG, delay injection until immediately after meal, reduce insulin by 4 units.</p> <p>-BG 51-70 immediately eat, take injection just before eating, reduce insulin by 2 units.</p> <p>-BG 71-150 take prescribed dose of insulin.</p> <p>Review of Resident #2's July 2015 MAR revealed:</p> <p>-A computer generated entry for Novolog insulin sliding scale, check BG before meals scheduled for 6:30am, 11:30am, 4:30pm, and 8pm.</p> <p>-Pre breakfast, lunch, and supper scale BG 151-200=1 unit; 201-250=2 units; 251-300=3 units; 301-350=5 units; 351-400=7 units.</p> <p>-A computer generated entry for Novolog insulin sliding scale at bedtime scheduled at 8pm.</p> <p>-Bedtime scale BG 151-200=none; 201-250=1 unit; 251-300=2 units; 301-350=3 units; 351-400=5 units.</p> <p>Review of Resident #2's July 2015 MAR from 7/1/15 to 7/31/15 revealed 16 errors out of 77</p>	C 330		

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C 330	Continued From page 22  opportunities where sliding scale insulin was required: -On 7/1/15 at 8pm, BG 219, 1 unit required, 2 units documented as administered. -On 7/4/15 at 8pm, BG 200, 0 units required, 2 units documented as administered. -On 7/6/15 at 8pm BG 313, 8 units required, 4 units documented as administered. -On 7/7/15 at 6:30am BG 313, 8 units required, 9 units documented as administered. -On 7/7/15 at 8pm BG 226, 4 units required, 2 units documented as administered. -On 7/11/15 at 11:30am BG 289, 3 units required, 9 units documented as administered. -On 7/12/15 at 8pm BG 447, 7 units required, 5 units documented as administered. -On 7/16/15 at 8pm BG 310, 8 units required, 2 units documented as administered. -On 7/17/15 at 6:30am BG 137, 0 units required, 7 units documented as administered. -On 7/17/15 at 11:30am BG 281, 6 units required, 2 units documented as administered. -On 7/17/15 at 4:30pm BG 327, 8 units required, 12 units documented as administered. -On 7/17/15 at 8pm BG 327, 8 units required, 7 units documented as administered. -On 7/18/15 at 6:30am BG 100, 0 units required, 7 units documented as administered. -On 7/18/15 at 11:30am BG 213, 2 units required, 9 units documented as administered. -On 7/18/15 at 4:30pm BG 294, 6 units required, 10 units documented as administered. -On 7/18/15 at 8pm BG 184, 2 units required, 6 units documented as administered. -On 7/26/15 at 6:30am BG 153, 1 unit required, 7 units documented as administered. -On 7/31/15 at 4:30pm BG 251, 3 units required, 2 units documented as administered.  Review of Resident #2's August 2015 MAR	C 330		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL011311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 08/14/2015
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NAME OF PROVIDER OR SUPPLIER  SERENITY HEART FAMILY CARE HOMES # 231	STREET ADDRESS, CITY, STATE, ZIP CODE 231 COUNTRY TIME CIRCLE LEICESTER, NC 28748
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(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	<p>Continued From page 23</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-A computer generated entry for Novolog insulin sliding scale, check BG before meals scheduled for 6:30am, 11:30am, 4:30pm, and 8pm.</li> <li>-Pre breakfast, lunch, and supper scale BG 151-200=1 unit; 201-250=2 units; 251-300=3 units; 301-350=5 units; 351-400=7 units.</li> <li>-A computer generated entry for Novolog insulin sliding scale at bedtime scheduled at 8pm.</li> <li>-Bedtime scale BG 151-200=none; 201-250=1 unit; 251-300=2 units; 301-350=3 units; 351-400=5 units.</li> </ul> <p>Review of Resident #2's August 2015 MAR from 8/1/15 to 8/12/15 revealed there were 3 errors out of 20 opportunities where sliding scale insulin was required:</p> <ul style="list-style-type: none"> <li>-On 8/1/15 at 11:30am, BG 275, 3 units required, 10 units documented as administered.</li> <li>-On 8/1/15 at 4:30pm, BG 286, 3 units required, 10 units documented as administered.</li> <li>-On 8/10/15 at 6:30am, BG 180, 1 unit required, 6 units documented as administered.</li> </ul> <p>Interview with Resident #2 on 8/13/15 at 8:55am and at 1:46pm revealed:</p> <ul style="list-style-type: none"> <li>-He had recently been having low blood sugars.</li> <li>-"Yesterday, I only took 4 units of [premeal] insulin cause I was afraid I would bottom out."</li> <li>-"I went low yesterday on 6 units cause I only had a bowl of cereal for breakfast."</li> <li>-Staff kept his insulin and supplies on the medication cart, however Resident #2 dialed up and administered his insulin in front of staff.</li> <li>-He indicated he administered his insulin in his abdomen two times a day and rotated to his arms for the other injections.</li> </ul> <p>Telephone interview with Resident #2's primary care provider on 8/14/15 at 9:35am revealed the</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL011311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 08/14/2015
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NAME OF PROVIDER OR SUPPLIER  SERENITY HEART FAMILY CARE HOMES # 231	STREET ADDRESS, CITY, STATE, ZIP CODE 231 COUNTRY TIME CIRCLE LEICESTER, NC 28748
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C 330	<p>Continued From page 24</p> <p>resident's blood glucose and insulin were followed "mostly" by dialysis and his endocrinologist.</p> <p>Telephone interview with Resident #2's home health triage nurse on 8/14/15 at 9:31am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 was under their care from 5/6/17 until first week of July 2015 for wound care on the resident's foot.</li> <li>-The home health nurse did make a note on a visit on 6/23/15 that she had instructed the patient and caregiver to report abnormal BG values to Resident #2's endocrinologist so they could determine if insulin adjustments were needed.</li> </ul> <p>Telephone interview with Resident #2's dialysis nurse on 8/14/15 at 10:14am revealed:</p> <ul style="list-style-type: none"> <li>-"We do not follow blood glucose results our patients usually have an endocrinologist."</li> <li>-Resident #2 was often noncompliant with staying the full amount of time with his dialysis treatments and skipping treatments.</li> <li>-Resident #2 was noncompliant with managing his blood sugars.</li> </ul> <p>Telephone interview with Resident #2's Endocrinologist triage nurse on 8/14/15 at 10:23am revealed:</p> <ul style="list-style-type: none"> <li>-Insulin errors can be harmful.</li> <li>-Too much insulin can cause low blood sugars.</li> <li>-Too little insulin causes high blood sugars and the Type I Diabetes patient is in danger of diabetic ketoacidosis (a life-threatening condition that develops when cells in the body are unable to get the glucose they need for energy because there is not enough insulin) if the blood glucose stays over 300.</li> </ul> <p>Interview with the Administrator on 8/14/15 at</p>	C 330		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL011311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 08/14/2015
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NAME OF PROVIDER OR SUPPLIER  SERENITY HEART FAMILY CARE HOMES # 231	STREET ADDRESS, CITY, STATE, ZIP CODE 231 COUNTRY TIME CIRCLE LEICESTER, NC 28748
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(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 25  11:34am revealed: -The Supervisor In Charge, when a resident's physician orders changed, was responsible for ensuring the changes were made to the resident's MAR. -She did not have a system in place to audit resident MARs. -All her staff had received diabetic training before administering medications.	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.  This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure that every resident received care and services which are adequate, appropriate and in compliance with relevant federal and State laws and rules and regulations as related to health care personnel registry checks and criminal background checks.  The findings are:  A. Based on interview and record review, the facility failed to ensure a Health Care Personnel Registry (HCPR) was completed prior to employment for 1 of 3 sampled staff (Staff C). [Refer to Tag 145, 10A NCAC 13G .0406(a)(5) Other Staff Qualifications (Type B Violation)].  B. Based on interview and record review, the	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL011311	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C 08/14/2015
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY HEART FAMILY CARE HOMES # 231	231 COUNTRY TIME CIRCLE LEICESTER, NC 28748

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C 912	Continued From page 26  facility failed to ensure that 1 of 3 sampled staff (Staff C) had criminal background check completed upon hire. [Refer to Tag 147, 10A NCAC 13G .0406(a)(7) Other Staff Qualifications (Type B Violation)].	C 912		

# Serenity Heart Family Care Homes, LLC

## Plan of Correction Bld 231

### In ref to NCAC 10 13G.0315(a)(1):

The administrator will have documented staff training on housekeeping and each staff will be given a schedule of daily tasks as this will ensure that all areas of housekeeping and maintenance are addressed in a timely manner.

The administrator or designee will communicate in writing with each staff as directives are given that the staff understand and acknowledge the timely manner in which it should be completed. (To be completed by ~~11/01/2015~~ 9/28/15) CS

### In ref to NCAC 10 13G.0315(a)(5):

The administrator or designee will conduct documented routine general inspections on the cleanliness of the facility no less that twice per week to ensure that cleaning schedules are being adhere to.

The administrator or designee will meet with maintenance person weekly to ensure that those tasks are completed and followed up upon to ensure that the job is complete and according to rules and regulations.

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All Staff have been instructed on the importance of ensuring that all fire extinguishers are free and clear of obstructions and accessible for emergency use. (To be completed by ~~11/01/2015~~ 9/28/15) CS

### In ref to NCAC 10 13G.0406(a)(5)

The administrator or designee will ensure that all new hire HCPR be checked prior to their first day of resident exposure. (Immediate Correction)

### In ref to NCAC 10 13G.0406(a)(7)

The administrator or designee will ensure that all new hires completed background check be completed prior to their first day of resident exposure. (Immediate correction)

### In ref to NCAC 10 13G.0905(d)

The administrator or designee will check the monthly activity calendar to ensure that the facility will offer the min 14 hours of activities per week as well as offer 1 scheduled off site activity bimonthly. The facility will schedule a monthly group meeting so the residents have the opportunity to have input on what activities they are interested in for the upcoming month. (~~10/01/2015~~ 9/28/15) CS

### In ref to NCAC 10 13G.0905(f)

The administrator or designee will check the monthly activity calendar to ensure that the facility will offer the min 14 hours of activities per week as well as offer 1 scheduled off site activity bimonthly. The facility will schedule a monthly group meeting so the residents have the opportunity to have input on what activities they are interested in for the upcoming month. (This to be completed by ~~11/01/2015~~ 9/28/15) CS

### In ref to NCAC 10 13G.1004(a)

The administrator will ensure that additional training on diabetes be given to all med techs working this facility to ensure the importance of proper documentation and understanding insulin dependent residents. (to be completed by ~~11/01/2015~~ 9/28/15) CS

### In ref to G.S.131D-21(2) Residents Rights

The administrator or designee will ensure that all new hire HCPR be checked prior to their first day of resident exposure. (Immediate Correction)

The administrator or designee will ensure that all new hires completed background check be completed prior to their first day of resident exposure. (Immediate correction)

Amended per telephone  
conversation with Denna Scott  
on 9/29/15 at 2:45pm.  
Charity Stalc