

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL015001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEEDHAM FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 SANDY HOOK ROAD SHILOH, NC 27974</b>
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C 000 Initial Comments C 000

The Adult Care Licensure Section conducted an Annual Survey on 10/08/15.

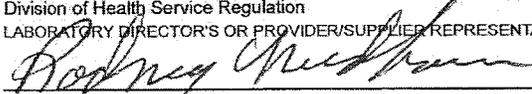
C 306 10A NCAC 13G .0907 (e) Respite Care C 306

10A NCAC 13G .0907 Respite Care

(e) Upon admission of a respite care resident into the facility, the facility shall assure that the resident has a current FL-2 and been tested for tuberculosis disease according to Rule .0702 of this Subchapter and that there are current physician orders for any medications, treatments and special diets for inclusion in the respite care resident's record. The facility shall assure that the respite care resident's physician or prescribing practitioner is contacted for verification of orders if the orders are not signed and dated within seven calendar days prior to admission to the facility as a respite care resident or for clarification of orders if orders are not clear or complete.

This Rule is not met as evidenced by:  
Based upon observation and interview, the facility failed to assure one of one resident in the facility for respite care (#5) had a current FL-2, had been tested for tuberculosis disease and had current physician orders for medications, treatments and special diets for inclusion in the respite care resident's record. The findings are:

Interview on 10/08/15 at 9:55 a.m. with the Administrator revealed:  
- The facility had four residents in house now, one resident in hospital and a friend's mother being cared for in the last resident room.

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>11-4-15</b>
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STATE FORM

6899

2EVX11

If continuation sheet 1 of 10

*11/30/15 - Approved + Addendum on page 3 for Tag C 306. Thanks*

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C.306	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- The friend's mother was being cared for while the family member was getting treatment and could not care for her.</li> <li>- They had not admitted the resident nor had they admitted her for respite care.</li> <li>- There was no resident record for this resident.</li> <li>- He was not aware of admission for respite care.</li> </ul> <p>Observation during the facility tour on 10/08/15 at 10:20 a.m. revealed:</p> <ul style="list-style-type: none"> <li>- A resident was in a hospital bed on the right side asleep.</li> <li>- A pillow was supporting the resident's chest and abdomen.</li> <li>- Long white socks were on each of the resident's hands and forearms.</li> <li>- A bed rail was in the up position next to the support pillow</li> <li>- Incontinent briefs were noted to be on the resident.</li> <li>- A bottle of cold dietary supplement was open the bedside table with a large syringe in a container next to it.</li> <li>- Another table in the room had various types of gauze dressings, foam dressing packs, and a silver cell labeled dressing box as well.</li> </ul> <p>Interview on 10/08/15 at 10:22 a.m. with the Supervisor-In-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> <li>- The resident was in the facility until the resident's family member was feeling better and could care for the resident again.</li> <li>- The resident had been cared for in the facility before a few weeks ago.</li> <li>- The resident had been in the facility this time for a few days.</li> <li>- The resident was not admitted nor was the resident there for respite.</li> <li>- They were, "Just helping out a friend."</li> <li>- The resident did not get out of the bed, needed</li> </ul>	C 306		
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C 306 Continued From page 2

- assistance with turning, feeding with the syringe, all of the activities of daily living.
- The bed rail was to ensure the resident did not fall out of the bed.
  - The SIC makes the resident's food pureed thick and feeds it through the syringe.
  - The family member for Resident # 5 gave them the instructions on how to care for the resident including the feeding with the syringe.
  - Home health nurses came to change the dressings on the leg sore skin tear one time a week.
  - Facility staff put duoderm on the wound if the dressing home health nurse put on came off.

- Interview on 10/08/15 at 3:45 p.m. with the Administrator revealed:
- There was no paper work for respite care for Resident # 5 in the facility.
  - There was no FL-2 orders; a Tuberculosis test had not been completed; nor Resident Register or care plan.
  - They were just trying to help a friend.
  - He was not aware of respite care in assisted living.
  - He would ensure proper documentation as soon as possible was provided or transfer the resident out of the facility.

C 341 10A NCAC 13G .1004 (i) Medication Administration  
  
10A NCAC 13G .1004 Medication Administration

(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the

C 306

10/30/2015- Family of respite care resident notified that they have to make arrangements to place resident in a facility with a higher level of care. Projected date of completion is 12/1/2015. Resident moved to a non-resident room to be cared for privately.

*Tag 306*  
*11/30/15 TC Addendum w/assistant Administrator*  
 • Will ensure respite resident meets criteria to be on respite in the facility based on ability to meet resident needs & capacity on license.  
 • Complete an assessment prior to accepting for respite.  
 • monitor while in the facility for level of care needs changes  
 • ensure Required FL2 TB Assess-ment/CP & other documentation is completed. Includes

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C 341	<p>Continued From page 3</p> <p>resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, interview, and record review, the facility failed to assure the medication aide administering and observing a resident's medication was the same medication aide documenting the administration of medications immediately following the administration and observation of the resident actually taking the medications for 3 of 3 sampled residents (#1, #2, #3). The findings are:</p> <p>Record reviews of Resident #1, #2 and #3 on 10/8/15 revealed:</p> <ul style="list-style-type: none"> <li>- Current medications ordered by the prescribing practioner matched the printed electronic medication administration records provided.</li> <li>- The medication administration record's electronic signature for each medication pass revealed the name of the person who entered the medication pass, not the actual medication aid performing the administration.</li> </ul> <p>1. Review of the current FL-2 dated 5/29/15 for Resident #2 revealed diagnoses of acute kidney failure, backache, anemia and history of pulmonary embolism.</p> <p>Review of current medication orders revealed that all orders matched the medication labels on the medications being given for Resident #2.</p> <p>Review of medication orders for Resident #2 on</p>	C 341		
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C 341	Continued From page 4	C 341	<p>the current FL-2 included:</p> <ul style="list-style-type: none"> <li>- Aspirin 81mg daily (as a daily blood thinner).</li> <li>- Hydrochlorothiazide 12.5mg daily (for treatment of high blood pressure).</li> <li>- Lorazepam 0.25 mg at lunch and 0.5mg at bedtime (for treatment of anxiety).</li> <li>- Metoprolol Tartrate 5mg every 12 hours (for treatment of high blood pressure).</li> <li>- Omeprazole 20mg daily (for treatment of acid reflux).</li> <li>- Polyethylene Glycol as needed (for treatment of constipation).</li> </ul> <p>Refer to interview with the medication aide on 10/8/15 at 10:30 a.m.</p> <p>Refer to interview on 10/8/15 at 11:25 a.m. with the Administrator.</p> <p>2. Review of current FL-2 dated 10/6/15 for Resident #3 revealed diagnoses of hypertension, hyperlipdemia, osteoporosis, anemia, kidney disease and ateritis.</p> <p>Review of current medication orders revealed that all orders matched the medication labels on the medications being given for Resident #3.</p> <p>Review of medication orders for Resident #3 on the current FL-2 included:</p> <ul style="list-style-type: none"> <li>- Norvasc 5mg daily (for treatment of high blood pressure).</li> <li>- Atenolol 50mg (for treatment of high blood presure).</li> <li>- Dexilant DR 60mg (for treatment of heartburn).</li> <li>- Mag-Ox 400 daily (for maintenance of muscles and nerves).</li> <li>- Multivitamin daily (for vitamin deficiency).</li> <li>- Macrobid 100mg daily (for treatment of urinary tract infections).</li> </ul>	
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C 341	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Oxybutin ER 5mg daily (for treatment of overactive bladder and urinary conditions).</li> <li>- Ostycal 500mg/200mg twice daily (for treatment of low calcium).</li> <li>- Potassium Chloride 20meq daily (for treatment of low potassium).</li> <li>- Pravastatin 20mg daily (for lowering of high cholesterol).</li> <li>- Zoloft 100mg daily (for treatment of depression and anxiety).</li> <li>- Synthroid 50mcg daily (for treatment of hypothyroidism).</li> <li>- Vitamin D 50,000 units every Saturday (for treatment of osteoporosis).</li> </ul> <p>Refer to interview with the Supervisor-In-Charge (SIC) on 10/8/15 at 10:30 a.m.</p> <p>Refer to interview on 10/8/15 at 11:25 a.m. with the Administrator.</p> <p>3. Review of the current FL-2 date 6/29/15 for Resident # 1 revealed diagnoses of Alzheimer's Dementia, chronic obstructive pulmonary disease, hyperlipidemia and depression.</p> <p>Review of medication orders on the current FL-2 included:</p> <ul style="list-style-type: none"> <li>- Exelon Patch 13.3 mg daily in the morning. (Used to treat dementia.)</li> <li>- Crestor 10 mg each morning. (Used to reduce the risk of heart attack and stroke.)</li> <li>- Pepcid AC 10mg each morning. (Used to treat ulcers and gastro esophageal reflux disorder.)</li> <li>- Aspirin 650mg each morning. (Used to treat arthritis.)</li> <li>- Namenda 10 mg twice daily. (Used to treat symptoms of Alzheimer's.)</li> <li>- Flovent 44mcg 1 puff twice daily. Used to treat wheezing, shortness of breathing.)</li> </ul>	C 341		
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C 341 Continued From page 6

- ProAir 90mcg as needed. (Used to treat wheezing coughing and shortness of breath.)
- Quetiapine 150mg 3 tabs at bedtime. (Used to treat disturbed thinking, and loss of interest in life.)
- Effexor ER 37.5 mg at bedtime. (Used to treat depression.)

Review of the Resident Register revealed Resident # 1 was admitted on 10/5/15.

Review of one months' Medication Administration Record (MAR), for October 2015 for Resident # 1 provided by the facility revealed:

- The sister facility had provided the current MARs to review
- Electronic MARs included Resident #1's medications had been initialed as administered by medication aides listed on the MAR from the sister facility.
- The Supervisor-In-Charge (SIC) had not initialed as administered any of Resident #1's medications for October 2015.
- The initials of medications administered did not match those of the facility's SIC.

Review of the medication labels of Resident #1's medications revealed they matched the October 2015 electronic MAR provided by the sister facility.

Refer to interview with the Supervisor-In-Charge (SIC) on 10/8/15 at 10:30 a.m.

Refer to interview on 10/8/15 at 11:25 a.m. with the Administrator.

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Interview with the SIC on 10/8/15 at 10:30 a.m revealed:

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C 341 Continued From page 7

C 341

- She does not use a paper or electronic medication administration record to administering resident medication.
- She administers each resident's medication according to the punch card label.
- She telephones another medication aide outside her facility to log her medication administration into their sister facility's electronic medication administration record.
- The person initials on the electronic medication administration record who logs the medication administration into the computer is not the one administering the medication.
- She has not had her own computer in this family care home for several months to document her own medication administration.
- She stated that the computer connection at this facility failed to work properly since in July of 2015 and never repaired.
- She has telephoned all her medication administrations to their sister facility for electronic logging by another medication aide in their electronic medication administration record tracking system.
- She lives at the facility.
- She is the only medication aide (SIC) who administers to her residents at this family care home.
- The person she telephoned each time to document is the person whose initials show up on the electronic medication administration record for each of this family care home's residents medical record.
- She was unaware of the rule requiring her to document her own medication administration.

Interview with the Administrator on 10/8/15 at 11:25 a.m. revealed:

- He did not know that each medication aide has to document their own medication administration.

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C 341 Continued From page 8

C 341

- He had all of the medication administrations for each resident called into his other adult family care home office on the same property after each encounter
- The facility had a computer for electronic medication administration record documentation until July 2015 at which time they encountered problems with its operation.
- After the failure of the electronic medication administration record, he had the medication aide call his adult care home on the same property to log the medication administrations.
- He kept all resident medication records for this family care home at the adult care home for ease of tracking.
- He had a history of computer connectivity being an issue at this facility for the past year.
- He had the ability to provide all electronic medication administration records for each resident upon request.

Review of the facility's Plan of Protection dated 10/8/15 revealed:

- The facility has contacted the pharmacy to overnight paper/manual MARs to document medication administration by staff.
- *Currently, will create in-house MARs until the pharmacy printed MARs arrive.*
- To ensure meds are reviewed, clarified, the administrator will check MARs monthly to ensure meds are being administered by med aide on duty.

CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 8, 2015.

Correction date 10/9/2015- Paper MARs recieved from pharmacy, reviewed, corrected by the SIC. Paper MARs reviewed by Administrator with the Med Tech at the family care home Paper MARs will be recieved and reviewed monthly.

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C 912 Continued From page 9

C 912

C 912 G.S. 131D-21(2) Declaration of Residents' Rights

C 912

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 each resident received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to medication administration. The findings are:

Based on observation, interview, and record review, the facility failed to assure the medication aide administering and observing a resident's medication was the same medication aide documenting the administration of medications immediately following the administration and observation of the resident actually taking the medications for 3 of 3 sampled residents (#1, #2, #3). [Refer to Tag 0341, 10A NCAC 13F .1004 (i) Medication Administration. (Type B Violation)].

To address adequate, appropriate and incompliance with medication asministration, quarterly reviews will be conducted by our pharmacy. Monthly MAR reviews will be conducted by Administrator or SIC for compliance.

## Miles, Karen

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**From:** Rodney Needham <needhamadultcarehome@hotmail.com>  
**Sent:** Wednesday, November 04, 2015 1:23 PM  
**To:** Miles, Karen  
**Subject:** Plan of Correction- Needham Family Care Home  
**Attachments:** NeedhamPOC11415.pdf

Mrs. Miles,

Enclosed in this email is the Plan of Correction for Needham Family Care Home. If there is anything else you may need , please let us know.

Thanks,  
Kristina White  
Admin. Asst.  
Needham Adult Care Home  
252-336-2700 office  
252-336-2325 fax  
needhamadultcarehome@hotmail.com

