

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092135	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2015
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NAME OF PROVIDER OR SUPPLIER COMPASSIONATE PLACE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 SHERYL DRIVE RALEIGH, NC 27604
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 11/24/2015.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 2 sampled staff (Staff B) had been tested for Tuberculosis (TB) disease in compliance with TB control measures (2 step Tuberculin skin test) adopted by the Commission for Health Services.</p> <p>Review of Staff B's personnel record revealed: -There was no documented hire date found in the record. -There was no documentation of a job description for Staff B found in the record.</p>	C 140		

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

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C 140	<p>Continued From page 1</p> <p>-There was no documentation of tuberculosis (TB) testing found in the record.</p> <p>Observation on 11/24/15 at 12:30pm revealed, Staff B transported the 3 residents to a local restaurant for lunch.</p> <p>Interviews with 3 residents at the facility on 11/24/15 revealed Staff B transported them to appointments.</p> <p>Interview with the (Administrator/Owner on 11/24/15 at 1:30pm revealed: -Staff B had been working at the facility since 2008 when the facility opened. -Staff B helped her out with transporting residents at the facility since the facility opened. -Staff B had a TB skin test when he first started working at the facility in 2008. -She recalls having had the documentation of the 2 step TB test in Staff B ' s personnel record previously, -She will continue to look for the documentation for the 2 step TB test and fax the verification when she is able to find it. -She was responsible to assure TB skin test were documented, and on file in the facility for all staff. -There is no system in place for checking staffing TB skin test requirements, because she and her family member (Staff B) are the only staff working at the facility.</p> <p>Interview with Staff B on 11/24/15 at 10:50am revealed: -He was a family member of the Administrator. -He did not work at the facility, he lived on the opposite side of the house. -He did not work at the family care home.</p>	C 140		

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C 145	Continued From page 2	C 145		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (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: Based on interview and record review, the facility failed to assure 1 of 2 facility staff (Staff B) sampled had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to working in the facility. The findings are:</p> <p>Review of Staff B's personnel record revealed: -There was no documented hire date found in the record. -There was no documentation of a job description for Staff B found in the record. -There was no documentation of a HCPR check in the employee record. -There was documentation for infection control training and cardiopulmonary resuscitation.</p> <p>Interviews with 3 residents on 11/24/15 revealed Staff B transported them to appointments.</p> <p>Observation on 11/24/15 at 12:30pm revealed, Staff B transported the 3 residents to a local restaurant for lunch.</p> <p>Interview with the Administrator on 11/24/15 at 1:30pm revealed: -She and her family member lived in the same building, on the other side of the facility.</p>	C 145		

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C 145	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Staff B had been helping her out at the facility since 2008, when the facility opened. -Staff B had helped her out transporting residents as needed at the facility since they opened. -She did not think she needed to check health care personnel registry for Staff B, because he had only been helping out at the facility, while he held another job outside of the facility. <p>Interview with Staff B on 11/24/15 at 10:50am revealed:</p> <ul style="list-style-type: none"> -He was a family member of the Administrator. -He did not work at the facility, he lived on the opposite side of the house. -He did not work at the family care home. 	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:</p> <p>(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: Based on interview and record review, the facility failed to ensure that 1 of 2 staff (Staff B) had a criminal background check completed upon hire. The findings are:</p> <p>Review of Staff B's personnel record on revealed:</p> <ul style="list-style-type: none"> -There was a personnel record for Staff B. -There was no documented hire date found in the record. -There was no documented job description for Staff B found in the record. <p>There was no documentation of a signed</p>	C 147		

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C 147	<p>Continued From page 4</p> <p>consent, or evidence that a criminal background had been completed.</p> <p>-There was no record of a criminal background check on file in Staff B ' s personnel record.</p> <p>Interview with Staff B on 11/24/15 at 10:50am revealed:</p> <p>-He did not work at the facility, he lived on the opposite side of the house.</p> <p>Interviews with 3 residents at the facility on 11/24/15 revealed Staff B transported them to appointments.</p> <p>Observation on 11/24/15 at 12:30pm revealed, Staff B transported the 3 residents to a local restaurant for lunch</p> <p>Interview with the Administrator/Owner on 11/24/15 at 1:30pm revealed:</p> <p>-Staff B had been helping her out at the facility since 2008, when the facility opened.</p> <p>-Staff B had helped her out by transporting residents as needed at the facility since they opened.</p> <p>-Staff B transported residents to their doctor appointments as needed.</p> <p>-She did a criminal background check on Staff B upon hire.</p> <p>- She was unable to locate the documented criminal background check she had done on Staff B.</p>	C 147		
C 203	<p>10A NCAC 13G .0702 (b) Tuberculosis Test And Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test And Medical Examination</p>	C 203		

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C 203	<p>Continued From page 5</p> <p>(b) Each resident shall have a medical examination prior to admission to the home and annually thereafter.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure a medical examination was completed annually and the results documented on the FL2 (North Carolina Medicaid Program Long Term Care Services) as required for 3 of 3 sampled residents (#1, #2 and #3).</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 01/14/14 revealed: -Diagnoses of Schizoaffective disorder -There was change in diet order on 08/13/14 to no concentrated sweets.</p> <p>Review of the Resident #1's record revealed: -The most recent FL2 was the FL2 dated 01/14/14. -There was no documentation of any medication updates since that date.</p> <p>Refer to Interview with the Administrator on 11/24/15 at 12:05 PM.</p> <p>B. Review of Resident #2's current FL2 dated 07/28/14 revealed diagnosis of Schizoaffective disorder, Hypertension, and Diabetes.</p> <p>Review of the Resident #2's record revealed: -She was admitted to the facility on 08/08/14. -The most recent FL2 was the FL2 dated 07/28/14. -There was a medication verification sheet dated</p>	C 203		

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C 203	<p>Continued From page 6</p> <p>9/28/15.</p> <p>Interview with the Administrator on 11/24/15 at 12:10pm revealed the doctor at the Veteran Affairs (VA) had sent over some medication changes since the residents do not have current FL2's.</p> <p>Refer to Interview with the Administrator on 11/24/15 at 12:05 PM.</p> <p>C. Review of Resident #3's current FL2 dated 4/23/14 revealed: -Diagnoses of schizophrenia, diabetes, hypothyroidism, gastroesophageal reflux, vitamin D deficiency, tobacco use, and hyperlipidemia. -There was no diet order selected.</p> <p>Review of the Resident #3's Record revealed: -He was admitted to the facility on 5/18/12. -The most recent FL2 was the FL2 dated 4/23/14. -There was a medication verification sheet dated 9/28/15. -There was a form documenting a visit with the physician on 11/3/15.</p> <p>Interview with the Administrator on 11/24/15 at 12:10pm revealed: -The doctor at the VA had sent over some medication changes since the residents do not have current FL2's. -Resident #3 was seen by his physician on 11/3/15. -Resident #3 had been receiving a regular diet.</p> <p>Based on observations and record review revealed Resident #3 was determined to not be interviewable.</p>	C 203		

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C 203	Continued From page 7 Refer to Interview with the Administrator on 11/24/15 at 12:05 PM. Interview with the Administrator on 11/24/15 at 12:05 PM revealed: -The Administrator said she did not have any other records other than the ones in the residents' charts. -The Administrator said she knew that she needed new records on all of the residents. -The Administrator looked at the dates and thought she had more time to get the resident's records done. -The Administrator said she had taken in new FL2 forms to the doctor's office to be filled out but has not received them back from the residents' doctor's office, she did not recall the date.	C 203		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires	C 231		

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C 231	<p>Continued From page 8</p> <p>referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure an annual assessment was completed for 3 of 3 sampled residents (#1, #2 and #3) to reflect the residents' current conditions and plan of care for activities of daily living. The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 01/14/14 revealed: -Diagnoses of Schizoaffective disorder -There was no current diet order.</p> <p>Review of the Resident #1's record revealed the most current care plan assessment was dated on 05/20/13.</p> <p>Refer to interview with the Administrator on 11/24/15 at 12:05pm.</p> <p>B. Review of Resident #2's current FL2 dated 07/28/14 revealed: -Diagnosis of Schizoaffective disorder, Hypertension, and Diabetes. -There was no current diet order.</p> <p>Review of the Resident #2's record revealed: -The most current care plan assessment was dated on 08/13/14. -The date of admission listed on the Resident register was 08/08/14.</p> <p>Interview with the Administrator on 11/24/15 at 12:10pm revealed:</p>	C 231		

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C 231	<p>Continued From page 9</p> <p>-She has a hard time getting things done when dealing the Veterans Affairs (VA) doctors. -The last care plan done for Resident #2 was done sometime in 2014.</p> <p>Refer to interview with the Administrator on 11/24/15 at 12:05pm.</p> <p>C. Review of Resident #3's current FL2 dated 4/23/14 revealed: -Diagnoses of schizophrenia, diabetes, hypothyroidism, gastroesophageal reflux, vitamin D deficiency, tobacco use, and hyperlipidemia.</p> <p>Review of Resident #3's resident register revealed he was admitted to the facility on 5/18/12.</p> <p>Review of Resident #3's most current assessment and care plan was dated 8/27/14.</p> <p>Review of Resident #3's record revealed there was no documentation of an assessment after 8/27/14.</p> <p>Interview with the Administrator on 11/24/15 at 12:10pm revealed she has a hard time getting things done when dealing the VA doctors.</p> <p>Refer to interview with the Administrator on 11/24/15 at 12:05pm.</p> <p>Interview with the Administrator on 11/24/15 at 12:05 PM revealed: -The Administrator said the most recent care plans are in the resident's record. -The Administrator said she has not done a current care plan on the residents. -She was responsible for completing resident assessment and care plans and getting them</p>	C 231		

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C 231	Continued From page 10 signed by the physician. -There was not a system in place to ensure the assessments were completed in a timely manner. -The last time she completed care plans were in 2014. -She has not done a current care plan on the residents. -When she looked at the dates she thought she had more time to get the care plans completed.	C 231		