

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/04/2015
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NAME OF PROVIDER OR SUPPLIER TAYLOR FAMILY CARE HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1188 BERTHA WILSON ROAD BLANCH, NC 27212
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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 000}	Initial Comments The Adult Care Licensure Section conducted a follow-up survey on August 4, 2015.	{C 000}		
{C 074}	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to have the kitchen's cabinet and counter top kept in good repair.</p> <p>The findings are:</p> <p>Observation of the kitchen on 8/4/15 at 10:15 a.m. revealed: -Kitchen counter continued to have a 5" X 6" jagged exposed area under the double sinks. -The side of the kitchen cabinet near the sink continued to have a 24" X 24" splintered and frayed wooden area from the middle of the cabinet to the bottom of the cabinet.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 8/4/15 at 10:30 a.m. revealed: -She was aware of the repairs that needed to be done in the kitchen. -The repairs in the kitchen would be completed by August 2015. -The facility did not have a monitoring plan in place for keeping furnishings in good repair.</p>	{C 074}	<p><i>The kitchen counter exposed area under the double sinks has been repaired.</i></p> <p><i>The maintenance person will continue to monitor and repair any household deficiencies every 3 months STAFF will check to keep furnishings in good repair.</i></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature] TITLE *SIC*

(X6) DATE

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{C 074}	Continued From page 1 Interview with the Administrator on 8/4/15 at 10:30 a.m. revealed all questions were referred to the Supervisor-in-Charge (SIC).	{C 074}		
{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:</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: The Type B Violation was abated. Non-compliance continues.</p> <p>Based on interview and review of personnel records, the facility failed to assure 2 of 2 staff sampled had no substantiated findings on the North Carolina Health Care Personnel Registry (Staff A, B):</p> <p>The findings are:</p> <p>1. Review of Staff A's Supervisor-in-Charge (SIC), personnel record revealed: -She was hired to work at the facility on August 1996. -No documentation of a Health Care Personnel Registry was found in Staff A's record.</p> <p>Interview with Staff A on 8/4/15 at 11:00 a.m. revealed: -A Health Care Personnel Registry check had been completed on her. -She could not find documentation of a HCPR</p>	{C 145}	<p><i>HEALTH CARE PERSONNEL REGISTRY REVEALS NO SUBSTANTIATED FINDINGS FOR STAFF A & STAFF B. DOCUMENTATION ARE FOUND IN STAFF A & STAFF B RECORDS. HCPR CHECK COMPLETED ON 8/4/15 EACH STAFF LISTED SEPARATELY ON 8/5/15.</i></p>	

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{C 145}	<p>Continued From page 2</p> <p>check in her record.</p> <p>-She was not aware that the Health Care Personnel Registry for Staff A had been misplaced.</p> <p>-She completed a HCPR check on 8/4/15 which documented no substantiated findings on the North Carolina Health Care Personnel Registry check on Staff A.</p> <p>-She was responsible for the completion of the HCPR checks for staff, prior to hire.</p> <p>Interview with the Administrator on 8/4/15 at 10:30 a.m. revealed all questions were referred to the Supervisor-in-Charge (SIC).</p> <p>2. Review of Staff B's personal care aide (PCA), personnel record revealed:</p> <p>-She was hired to work at the facility on May 1985.</p> <p>-No documentation of a Health Care Personnel Registry was found in Staff B's record.</p> <p>Interview with Staff B on 8/4/15 at 11:45 a.m. revealed:</p> <p>-She thought a Health Care Personnel Registry check had been completed on her.</p> <p>-The Supervisor-in-Charge (SIC) was responsible was the completion of the HCPR checks for all staff.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 8/4/15 at 11:00 a.m. revealed:</p> <p>-She had completed a Health Care Personnel Registry check on Staff B.</p> <p>-She could not find documentation of a Health Care Personnel Registry check in Staff B's record.</p> <p>-She was not aware that the Health Care Personnel Registry for Staff B had been misplaced.</p>	{C 145}	<p><i>HCPR CHECK completed ON 8/4/15</i></p>	

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{C 145}	Continued From page 3 -She completed a HCPR check on 8/4/15 which documented no substantiated findings on the North Carolina Health Care Personnel Registry check on Staff B. -She was responsible for the completion of the HCPR checks for staff, prior to hire. Interview with the Administrator on 8/4/15 at 10:30 a.m. revealed all questions were referred to the Supervisor-in-Charge (SIC).	{C 145}	<i>HC PR completed on 8/4/15</i>	
{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 observations, interviews, and the monthly calendar, the facility failed to assure the development of an activity calendar which promoted active involvement of the residents with each other and the community.	{C 292}	<i>Monthly Calendar is posted and includes 14 hrs of a variety planned group activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills.</i>	

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{C 292}	<p>Continued From page 4</p> <p>The findings are:</p> <p>Observation on 8/4/15 from 10:00 a.m. -1:00 p.m. and 2:00 -5:00 p.m. revealed no planned group activities were offered to the residents.</p> <p>Review of the activity calendar posted in the sitting room on 8/4/15 revealed: -The calendar for July 2015 was still posted. -The current month of August 2015 activity calendar was not posted. -It could not be determined if 14 hours of activities per week were offered by the facility for the month of August 2015.</p> <p>Confidential interviews with 3 of 3 residents revealed: -Activities included looking at television, washing the dishes, playing games, making up bed, mopping the floor and feeding the dog. -They did not mind doing chores at the facility. -We do activities sometimes, but not everyday. -We go out shopping and eating at least every other month.</p> <p>Interview with the Supervisor-in-Charge (SIC) on 8/4/15 at 12:45 p.m. revealed: -She was aware the activity calendar for August 2015 had not been posted. -The Activity Director (AD) had completed the activity calendar for August 2015. -She was responsible for picking up the activity calendar form the AD's office. -She did not give an exact date that she would pick up the calendar from the AD's office. -She was responsible for doing activities at the facility.</p> <p>The Activity Director was not available for interview.</p>	{C 292}		

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{C 292}	Continued From page 5 Interview with the Administrator on 8/4/15 at 10:30 a.m. revealed all questions were referred to the Supervisor-in-Charge (SIC).	{C 292}		
{C 934}	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on personnel records and interviews, the facility failed to assure 1 of 1 (Staff A) sampled medication aide completed the state mandated annual infection control course.</p> <p>The findings are:</p> <p>Review of Staff A's, Supervisor-in-Charge (SIC), personnel record revealed:</p>	{C 934}		

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{C 934}	Continued From page 6 -She was hired to work at the facility on August 1996. -No documentation of the completion of the state mandated annual infection control course was found in Staff A's record. Interview with Staff A on 8/4/15 at 12:45 p.m. revealed: -She was aware of the state mandated annual infection control course, but she had not completed it as of 08/4/15. -She was responsible for staff training at the facility. -She would complete the state mandated annual infection control course, but no time frame was given. Interview with the Administrator on 8/4/15 at 10:30 a.m. revealed all questions were referred to the Supervisor-in-Charge (SIC).	{C 934}	<i>STATE Annual Infection Control has been completed</i>	
{C935}	G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication	{C935}		

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{C935}	<p>Continued From page 7</p> <p>administration.</p> <p>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure staff who administered medications had documentation of successfully completing the clinical skills validation portion of the competency evaluation for 1 (Staff A) of 1 sampled staff:</p> <p>The findings are:</p> <p>Review of Staff A's Supervisor-in-Charge (SIC),</p>	{C935}		

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{C935}	<p>Continued From page 8</p> <p>personnel record revealed: -She was hired to work at the facility on August 1996. -No documentation a medication clinical skills validation checklist had been completed for Staff A.</p> <p>Interview with Staff A on 8/4/15 at 12:45 p.m. revealed: -No documentation of the medication clinical skill validation checklist was found in her record. -She had been check off on the medication clinical skills validation checklist, but the information had been misplaced. -She would get the Registered Nurse to check her off again on the medication clinical skills validation checklist. -She did not give a time frame.</p> <p>Interview with the Administrator on 8/4/15 at 10:30 a.m. revealed all questions were referred to the Supervisor-in-Charge (SIC).</p>	{C935}	<p><i>Competency level has been met.</i></p>	