

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 An Annual Survey was conducted by the Adult Care Licensure Section on 2/11/16.	C 000		
C 102	<p>10A NCAC 13G .0317 (a) Building Service Equipment</p> <p>10A NCAC 13G .0317 Building Service Equipment</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, resident and staff interview; the facility failed to maintain their heating system in a safe operating condition for 5 residents residing in a Family Care Home.</p> <p>The findings are:</p> <p>An observation on 2-11-16 at 8:30am revealed:</p> <ul style="list-style-type: none"> -The air in the hall way was noticeably cold upon entering the facility. -There were 5 residents living in the facility. -There were 3 bedrooms. -Two bedrooms were located off the main hall at the front of the house. -One bedroom off the main hall had a portable electric radiating oil heater. -The other bedroom off the main hall had a portable electric heater. -One bedroom was located off the kitchen. 	C 102		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 102	<p>Continued From page 1</p> <ul style="list-style-type: none"> -This bedroom had no electric heater. -The temperature of the bedroom off the kitchen while the door was closed dropped to 60 degrees Fahrenheit in 3 minutes. -The oven door was opened and set to 350 degrees to help heat the kitchen, dining room, and living area. -One large bathroom was located off the main hallway. -The smaller bathroom was located off the dining room. -Residents were using both bathrooms. -The temperature of the large bathroom was 45 degrees F. -The outside temperature was 22 degrees F. <p>Review of the local forecast revealed:</p> <ul style="list-style-type: none"> -The temperature the previous night (2-10-16) had been 18 degrees Fahrenheit. -The temperature for 2-12-16 was forecasted for 34 degrees F and nighttime temperatures would drop to 25 degrees F. -The temperature for 2-13-16 was forecasted for 34 degrees F with 30 mile an hour winds and nighttime temperature would drop to 16 degrees F. <p>Three confidential resident interviews revealed:</p> <ul style="list-style-type: none"> -The heat in the facility was not functioning. -"The heat had been operating off and on for 2 months." -The residents spent most of their time in the living room watching TV where it was warmed by a portable electric space heater. -The large bathroom was "freezing", but they had to use it while the smaller bathroom was occupied. -"I will wash my hair in the sink of that big bathroom and that is all I can handle. It is so cold 	C 102		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016	
NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH		STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851		
(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 102	<p>Continued From page 2</p> <p>in there. It should not be like this." -"The heat has been a problem for years. We complain to the Administrator but it doesn't do any good. " -The Administrator was aware, because she had been out to the facility when the heat had not been funtioning, the maintenance man replaced parts in the heating system over the past 2 months, but the heat was still not functioning properly. -"I was cold last night even with a space heater in my room and extra blankets." -One resident with a diagnosis of Alzheimers had no electric space heater in her room and she had to leave her door open to get heat coming from the living room. -Sometimes cold air blew out of the vents. -One of the residents was immuno-compromised.</p> <p>A confidential staff interview revealed: -The heat had not been functioning properly for at least 2 months. -The heat was out for a week during the last snow in late January. -Residents had complained about being so cold. -The residents spent most of their day in the living room watching game shows with each other. -If the oven door was not propped open, the temperature in the living area would drop drastically. -The bedroom off the kitchen had no heater. -The other 2 bedrooms had space heaters. -A maintenance man had been out to the house attempting to fix the heat since December 2015 "at least 3 to 5 times."</p> <p>An attempted telephone interview with the Administrator at 11am was unsuccessful by exit.</p> <p>Telephone interview with the facility's</p>	C 102		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 102	<p>Continued From page 3</p> <p>maintenance man 2-11-16 at 1:30pm revealed: -He serviced multiple homes and was onsite at another job. -The Administrator had requested his services to repair the heating system back in December 2015. -He had replaced 2 parts of the facility's heating system since December 2015 as the heating system had been working intermittently since then. -He had previously made arrangements with the Administrator to come to the facility 2-11-16 around 5pm to replace a thermostat on the heating system and would bring receipts of service with him. -The Administrator was in charge of payment of service and payment of parts.</p> <p>Further confidential staff interview revealed: -The Administrator had communicated with the Supervisor in Charge 2-11-16 about impending removal of residents from the facility due to the lack of adequate heat. -If the heat was not replaced today staff was prepared to assist with moving the residents, their medications, clothes, and personal items to their family's homes, other family care homes, or a hotel if necessary. -Staff would call family members with contact numbers and locations of their loved ones.</p> <p>Further attempted phone calls to the Administrator and the maintenance man were unsuccessful by exit.</p> <p>An observation on 2-11-16 at 4:45pm revealed local county representatives entered the facility after being notified by DHSR about inadequate heat at the facility.</p>	C 102		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 102	<p>Continued From page 4</p> <p>An observation on 2-11-16 at 5pm revealed staff was preparing dinner for the residents.</p> <p>An observation on 2-11-16 revealed the local county represenatives were finding family contact numbers for placement of the residents.</p> <p>Interview with the Supervisor in Charge at 6:10pm revealed: -She was in charge in the Administrator's absence. -She was the only one working at the facility 2-11-16. -She would assist the local county represenatives with placement of residents if the heating issue could not be resolved after the maintenance man came out to the facility 2-11-16. -Residents would most likely be placed back with family members or at a sister facility where they could be supervised..</p> <p>The maintenance man had not arrived by the exit of the survey at 6:10pm.</p> <p>The facility provided a Plan of Protection that included the following: The staff at the facility would remove residents to a hotel if necessary if the maintenance man did not show and repair the heat tonight. Staff would pack the residents medications, personal items, and clothes to bring with the residents. Staff would work with local county represenatives to find contact numbers for the resident's family members. Staff would notify residents' guardians and provide locations and phone numbers of the new location of placement for the residents.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 27, 2016</p>	C 102		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 103	<p>10A NCAC 13G .0317 (b) Building Service Equipment</p> <p>10A NCAC 13G .0317 Building Service Equipment</p> <p>(b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, resident and staff interview; the facility failed to protect all 5 residents from hazards by using portable electric heaters in 2 of 3 bedrooms and one portable electric heater in the living area.</p> <p>The findings are:</p> <p>An observation on 2-11-16 at 8:30am revealed:</p> <ul style="list-style-type: none"> -Two of 3 bedrooms were being heated by a portable electric space heater. -The heater in one of the bedrooms was leaning against a wooden shelving area in a window. -The heater in the other bedroom was approximately 8 inches out from a wooden dresser. -There was a portable electric space heater in the living area a foot out from a brick hearth of an un-used fireplace. -The oven door was open for added heat and set at 350 degrees F. 	C 103		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 103	<p>Continued From page 6</p> <p>Confidential staff interview revealed:</p> <ul style="list-style-type: none"> -The heat had not worked properly for at least 2 months. -The Administrator was aware, because she had been out to the facility when the heat had not been functioning, the maintenance man replaced parts in the heating system over the past 2 months, but the heat was still not functioning properly -Sometimes only cold air would blow from the heating vents. -Staff was instructed by the Administrator to use the portable electric heaters. -There were no functional fireplaces in the home. -Residents complained about the cold. -Staff provided extra blankets. <p>Attempted phone interviews with the Administrator were unsuccessful by exit.</p> <p>Three confidential resident interviews revealed:</p> <ul style="list-style-type: none"> -The heat had not been working at the facility for "months." -The house was very old. -Two resident bedrooms were heated by portable electric heaters. -So far no residents had been burned by these portable electric heaters. -One resident had Alzheimer's and she did not have a heater in her room. -The Administrator was aware of the problem with the heat. -The warmest room in the house was the living room because of the large portable electric heater. -All 5 residents stayed in the living room and watched TV because it was so cold in other parts of the house. -The resident in the bedroom without a heater had no privacy because she had to leave the door 	C 103		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 103	<p>Continued From page 7</p> <p>open to get heat from the kitchen.</p> <p>Observation of the bedroom without a heater on 2-11-16 at 9:15am revealed the temperature dropped to 60 degrees F within 3 minutes of the door being closed.</p> <p>Observation of the facility thermostat on 2-11-16 at 3:00pm revealed a temperature of 73 degrees F for the area including the living room, kitchen, and dining room.</p> <p>Telephone interview on 2-11-16 at 1:35pm with staff from DHHS construction revealed:</p> <ul style="list-style-type: none"> -Portable space heaters were to be used only in emergency situations. -Non-functioning heat for over 2 months did not constitute an emergency. -Unapproved heating devices were a fire hazard. -Portable heaters should be at least 2 feet from a wall or bed. -They should have an anti-tipping feature. -A "walk through" would need to be done immediately looking for signs of faulty wiring in the facility, smelling for smoke, and checking all outlets. -The forecast called for more bitter cold over the weekend. -When the heat can not be repaired in a timely manner, residents have to be placed elsewhere. <p>An observation on 2-11-16 at 2pm revealed:</p> <ul style="list-style-type: none"> -Staff was walking throughout the home checking electrical outlets and smelling for smoke. -Staff was pulling the portable electric heaters 2 feet away from any walls, or bedding. <p>Another confidential staff interview revealed:</p> <ul style="list-style-type: none"> -The Administrator had contacted the Supervisor in charge by phone from a local healthcare facility 	C 103		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 103	<p>Continued From page 8</p> <p>on 2-11-16 and was aware of the impending removal of residents from the facility because of inadequate heat.</p> <ul style="list-style-type: none"> -The Adminstrator is usually available by phone. -If the heat was not replaced today staff was prepared to assist with moving the residents, their medications, clothes, and personal items to their family's homes, other family care homes, or a hotel if necessary. -Staff would call family members with contact numbers and locations of their loved ones. <p>Attempted phone calls to the Administrator were unsuccessful by exit.</p> <p>An observation on 2-11-16 at 4:45pm revealed local county represenatives entered the facility.</p> <p>An observation on 2-11-16 at 5pm revealed staff was preparing dinner for the residents.</p> <p>An observation on 2-11-16 revealed local county represenatives were finding family contact numbers for placement of the residents.</p> <p>_____</p> <p>The facility provided a Plan of Protection that included the following:</p> <ul style="list-style-type: none"> -Staff would immediately walk through the facility and check all electrical outlets and smell for smoke, and look for exposed wiring. -Staff would pull all 3 portable electric heaters at least 2 feet back from walls and bedding. -Staff would provide extra blankets and hats as needed. - Staff would take necessary steps to remove residents to a safe location and take guidance from local county represenatives. -In the future space heaters would not be used with the exception of an emergency and staff would then contact the Administrator and 	C 103		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 103	Continued From page 9 maintenance man to address the problem. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 27, 2016	C 103		
C 259	10A NCAC 13G .0904(a)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets. This Rule is not met as evidenced by: Based on observation, 3 resident and 1 staff interview; the facility failed to provide a 3 day supply of perishable foods in the facility. The findings are: Observation of the food stores in the refrigerator on 2-11-16 at 9:15am revealed: -One pack of bologna. -One gallon of milk -One gallon of tea. -One gallon of orange drink. -¾ tub of potato salad. -One case of bacon. 3 confidential resident interviews revealed: -There were 5 ambulatory residents living in the home and there was "never enough food." -They rarely had fresh fruit or vegetables. -The Administrator always bought chicken necks, chicken feet, chicken or hotdogs.	C 259		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 259	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Sometimes they had spaghetti with hamburger meat in it. -Residents had complained to the Administrator about not having healthy foods. -"We practically live off chicken necks." -"Staff felt sorry for us and sometimes used her own money to buy us food." -"One resident had Alzheimer's and would not complain." <p>An observation of the lunch meal menu on 2-11-16 at 12:15pm revealed:</p> <ul style="list-style-type: none"> -Tuna salad sandwiches were to be served. -Carrot/raisin salad was to be served. -Fresh grapes were to be served. <p>An observation of the lunch meal delivery on 2-11-16 at 12:15pm revealed:</p> <ul style="list-style-type: none"> -Staff served according to the menu with the exception of carrot /raisin salad and fresh grapes. -At least 2 small yellow celery sticks and 2 pieces of a dry red onion were served to residents. -Tuna salad sandwiches were served. -Fruit cups were substituted for fresh grapes. -Pickled beets were served. -That was the last of any fresh vegetable in the facility. <p>A confidential staff interview revealed:</p> <ul style="list-style-type: none"> -The grocery shopping had already been done for the week by the Administrator. -The Administrator usually did the shopping. -Staff never saw fresh fruit and rarely saw fresh vegetables. -Residents had complained about the food. -Sometimes staff used their own money to buy food for the facility. -The Administrator was aware. -The Administrator was at a healthcare facility today, but was usually available by phone. 	C 259		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 259	Continued From page 11 Attempted telephone interviews with the Administrator were unsuccessful by exit.	C 259		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, resident and staff interview; the facility failed to maintain their heating system in a safe, operating condition for 5 residents residing in a Family Care Home.</p> <p>The findings are:</p> <p>Based on observation, resident and staff interview; the facility failed to maintain their heating system in a safe, operating condition for 5 residents residing in a Family Care Home for at least 2 months.[Refer to Tag 102, 13G.0317 (a) Building service Equipment (Type B Violation).]</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 27, 2016</p> <p>Based on observation, resident and staff interview; the facility failed to protect all 5 residents from hazards by using portable electric heaters in 2 of 3 bedrooms and one portable heater in the living area.</p>	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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 912	Continued From page 12 The findings are: Based on observation, resident and staff interview; the facility failed to protect all 5 residents from hazards by using portable electric heaters in 2 of 3 bedrooms and one portable heater in the living area.[Refer to Tag 103, 10A NCAC 13F.0317 (b) Building Service Equipment (Type B Violation)]. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 27, 2016	C 912		
C500	10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS 10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS The facility shall maintain records of staff qualifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities. This Rule is not met as evidenced by: Based on observation, and staff interview; the facility failed to maintain staff qualifications records in the facility. The findings are:	C500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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
C500	<p>Continued From page 13</p> <p>Confidential staff interview revealed:</p> <ul style="list-style-type: none"> -The Administrator had another facility in another town. -All staff records were kept at that location. -There was not a cluster of sister facilities close by. -Only 3 staff were employed. -She worked the majority of the week. -She had been employed at the facility six months. -She was unable to provide hire dates for the other 2 employees. -She was unable to provide any information regarding staff qualifications for herself or the 2 other staff. -She was the only one at the facility 2-11-16. -"She had years of experience in the health care field." -"She was qualified to provide personal care and pass medications." <p>Interview with the Supervisor in Charge on 2-11-16 at 5pm revealed:</p> <ul style="list-style-type: none"> -She was unable to provide documentation for the following: -TB skin tests, criminal background checks, annual infection control training, proof of personal care training, medication clinical checklist documentation, continuing education hours on medication administration, proof of medication aide exams, proof of medication aide training, diabetic care training, or Health Care personal Registry inquiries. -Staff were current on their qualifications. <p>Staff records were not provided by the end of the survey.</p> <p>Attempted phone interviews were unsuccessful with the Administrator by the end of the survey.</p>	C500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALLED 2 CARE FCH	STREET ADDRESS, CITY, STATE, ZIP CODE 302 MAIN STREET LUCAMA, NC 27851
--	--

(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