



PRINTED: 02/19/2016
FORM APPROVAL ID

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA1017040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2016
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NAME OF PROVIDER OR SUPPLIER G ANTHONY RUCKER REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1196 HODGES DAIRY ROAD YANCEYVILLE, NC 27379
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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
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D 000	Initial Comments An Annual Survey was conducted by the Adult Care Licensure Section and the Caswell County Department of Social Services on 1/27/16 and 2/3/16	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, interview and record review, the facility failed to notify a healthcare provider for a recommendation for Home Health for a chronic leg wound by a licensed health professional for 1 of 3 sampled residents (Resident # 2). The findings are: Review of Resident #2's current FL-2 dated 2/25/15 revealed: -Diagnoses included HIV, Hypertension, and Hyperlipidemia -Resident #2 was incontinent of bowel and bladder. -Medications included Fluocinonide 0.05% ointment (A topical corticosteroid used to help with pain, itching, and swelling of the skin) apply to affected areas of legs twice daily. -Econazole Nitrate Cream (A topical anti-fungal medicine used to treat fungal infections) apply to affected areas twice daily.	G 273		

Division of Health Service Regulation

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

G Anthony Rucker

TITLE

Owner

DATE

3/8/16

STATE FORM

9406

GCC411

If continuation sheet 1 of 25

Received + approved
3-8-16
Susan Vincent RN, BSN

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HALD17040	(X2) MULTIPLE CORRECTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2016
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NAME OF PROVIDER OR SUPPLIER G ANTHONY RUCKER RES HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1196 HODGES DAIRY ROAD YANCEYVILLE, NC 27379
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D 273	<p>Continued From page 2</p> <p>-This wound was oozing yellow-clear drainage and the area was surrounded by dry broken skin approximately 8 inches up his leg on all sides</p> <p>Interview with Resident #2 on 1/27/16 at 10:00am revealed</p> <p>-He had been struck by an automobile as a pedestrian in 2006 and at one point had been paralyzed from the waist down</p> <p>-He requested the surveyor see his wound</p> <p>-He was not wearing a sock because no one had treated it and the wound would stick to socks.</p> <p>-He had the wound since November 2015.</p> <p>-Staff were aware because they did his laundry and his socks would be soiled from the drainage</p> <p>-Staff were aware because they would assist him with his showers.</p> <p>A home health nurse had not been out to treat his wound in late November 2015.</p> <p>- He never knew when a doctor's appointment was coming until the day of the appointment</p> <p>-The tops of his feet had been treated and cleared up in the past.</p> <p>-He had to apply creams and ointment and this was sometimes painful for him</p> <p>-He had been told by staff that a home health nurse would come to treat his wound, but he had been waiting since December and no nurse had been treating him.</p> <p>Confidential interview revealed:</p> <p>-Resident #2 had a small red sore but no broken skin on his right ankle.</p> <p>-By late December his ankle looked like it was "rotting off", we could smell it, and you could see down in the hole "</p> <p>-Home Health was coming to treat it</p> <p>-"A problem there at the facility is the Administrator typically does not return calls "</p> <p>-No one from the facility had reported the</p>	D 273		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2016
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NAME OF PROVIDER OR SUPPLIER G ANTHONY RUCKER REST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1196 HODGES DAIRY ROAD YANCEYVILLE, NC 27379
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D 298	Continue J From page 7 -Snacks were offered to residents 3 times a day -Snacks included cookies, candy, and peanut butter. No snacks were observed being offered by the end of the survey. No snack menu was provided by the end of the survey. An interview with the Administrator on 2/3/16 at 1pm revealed: -It was his expectation snacks should be offered to residents in between meals 3 times a day. -The Administrator was not aware snacks had not been offered on a regular basis since Christmas. -Residents were allowed to purchase extra snacks but not required to. -He would talk with his staff about the requirement for snacks.	D 298	Administrator will assure that snacks are offered three times a day and documentation is kept that snacks are offered three times a day.	3/1/16
D 299	10A NCAC: 3F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC: 3F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk. One cup (8 ounces) of pasteurized milk at least twice a day Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by Based on observation, interview and record	D 299		

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NAME OF PROVIDER OR SUPPLIER
G ANTHONY RUCKER REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**1196 HODGES DAIRY ROAD
YANDYVILLE, NC 27379**

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0 299	Continued From page 8 review; the facility failed to provide or offer 8 ounces of milk twice a day. The findings are: Four confidential resident interviews revealed: - There was no milk offered for breakfast today (1/27/16). - The residents were offered milk once a week with cereal. - Residents requested to have milk served more often but were told by staff "there was not enough." - This was a normal occurrence at the facility week after week. - Kool-Aid, water, soda, or coffee were served with meals. - A resident believed canned milk was sometimes watered down and served to residents. Observation of the refrigerator on 1/27/16 at 11:34am revealed there was 1 gallon of milk. Review of the 1/27/16 lunch menu revealed: - Eight ounces of water and 8 ounces of milk were to be served. An observation on 1/27/16 at 12:45pm of the lunch meal delivery revealed: - Eight ounces of water and 8 ounces of Kool-Aid were served. - No milk was offered during lunch. Confidential staff interview revealed there was milk on hand at the facility and residents could have milk anytime they wanted. Interview with the Administrator on 2/3/16 at 1pm revealed:	0 299	Administrator will observe that milk will be offered in the required on the menu. Canned milk is not served to the residents at all.	3/1/16 3/1/16

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NAME OF PROVIDER OR SUPPLIER G ANTHONY RUCKER REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1198 HODGES DAIRY ROAD YANCEYVILLE, NC 27379		
(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
D 299	Continued From page 9 He was not aware milk was only being served once a week. - His expectation was for milk to be served every lunch and supper meal. - The Administrator would talk with staff about this requirement. An observation on 1-27-16 at 7:15pm revealed transport staff delivered at least one gallon of milk, cereal, and juice.	D 299		
C 303	10A NCA § 13F .0904(d)(3)(E) Nutrition And Food Service 10A NCA § 13F .0904 Nutrition and Food Service (d) Food requirements in Adult Care Homes. (3) Daily menus for regular diets shall include the following: (E) Protein: Two to three ounces of pure cooked meat at least two times a day for a minimum of 4 ounces. A substitute (e.g., 4 tablespoons of peanut butter, 1 cup of cooked dried peas or beans or 2 ounces of pure cheese) may be served three times a week but not more than once a day, unless requested by the resident. This Rule is not met as evidenced by: Based on observation, resident and family interviews, the facility failed to provide meals that included 2 to 3 ounces of pure cooked meat at least 2 times a day for a minimum of 4 ounces. The findings are: An observation of the food supply in the refrigerator, dry storage, and freezer on 1/27/16	D 303	Facility do provide pure cooked meat for meals. Administrator will assure that cooked meats are provided	3/1/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL017040	(K2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(K3) DATE SURVEY COMPLETED 02/03/2016
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D 303	<p>Continued From page 10</p> <p>at 11:34am revealed:</p> <ul style="list-style-type: none"> -One gallon of milk, 1/2 gallon of orange juice, part of a box of cereal, part of a box of mashed potato mix, bread, 5 packages of hot dogs, 18 eggs, and several packages of bologna <p>Review of the 1/27/16 lunch menu revealed:</p> <ul style="list-style-type: none"> -One piece of bologna, 2 slices of white bread, 1/2 cup of applesauce, 1/4 cup of lima beans, 8 ounces of water and 8 ounces of milk. <p>Observation of the lunch meal service by the Supervisor in Charge on 1/27/16 at 12:45pm included a bologna sandwich, 1/2 cup of applesauce, 1/4 cup of lima beans, 8 ounces of Kool-aid, and 8 ounces of water.</p> <p>Three confidential resident interviews revealed:</p> <ul style="list-style-type: none"> -Bologna sandwiches were served "all the time." -Bologna sandwiches were served at least 2 lunches a week and often as an evening meal. -Staff put bologna in between 2 pieces of white bread with no mustard or mayonnaise Residents enjoyed some of the evening meals but overall were disappointed with the lack of variety. -Staff did not always go by what was on the menu -Residents believed the management was cutting corners on the food quality and portions. -Second helpings were rare when requested as there "just was not anymore food left" -Some of the residents were afraid to complain in fear of retaliation -Meal portions were described as "skippy." <p>Confidential family interview revealed</p> <ul style="list-style-type: none"> -The family member visited the facility often and had observed many meals being served. 	D 303	<p>Administrator will assure that bologna sandwiches are not served unless on the state menu. Bologna sandwiches are only served now when on the state menu.</p>	3/1/16

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D 303	Continued From page 11 -The residents do not get enough to eat. -Bologna is served "a lot of the time." The family member described the portion sizes as "for school kids." Observation on 1/27/16 at 7:15pm revealed transport staff from a sister facility delivered milk, cereals, and juice Interview on 2/3/16 at 1pm with the Administrator revealed: -Sandwiches were served 3 times a week. -He was not aware of the complaint about being served bologna sandwiches too often and not having enough food offered. -The Administrator would talk to staff about the rule area	D 303	Food portions are not school size. Food portions are large and not school size at all.	2/1/16
D 317	10A NCA(1) 13F .0905 (d) Activities Program 10A NCA(1) 13F .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.	D 317		

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D 317	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on observations, interview, the facility failed to offer 14 hours of activities a week</p> <p>The findings are:</p> <p>Observation of the activity calendar on 1/27/16 at 9:30am revealed</p> <ul style="list-style-type: none"> -There were only 9 hours scheduled for the week of 1/24/16-1/30/16. -Two hours of church were scheduled for 1/24/16 -One hour of "sing-a-long" was scheduled for 1/25/16. -Two hours of "bible study" were scheduled for 1/26/16 -One hour of "group talk" was scheduled for 1/27/16. -One hour "make meal" was scheduled for 1/28/16. -One hour "play any game" was scheduled for 1/29/16. -One hour of "watch movies" was scheduled for 1/30/16 -Start and end time were posted and the calendar was large and in plain sight. -"Group time" was scheduled for 1/27/16 from 5-6pm. <p>Four confidential resident interviews revealed</p> <ul style="list-style-type: none"> -Activities were not being consistently offered in the facility -Some residents gave up on activities and stayed in their rooms, watched TV, and worked "word finds." -Bingo used to be offered every week. -Sometimes residents helped make the evening meal as an activity. -"There hasn't been anything to do around here since Christmas." -"We have seasonal pizza parties and a 	D 317	<p>Administration will ensure that all activities are offered on a daily basis to residents and documentation will be kept to show that activities are being offered to all residents on a daily basis</p>	2/1/16

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D 358 Continued From page 15

12/23/15 revealed diagnoses included:
-Diabetes, Hypertension, Obstructive Sleep Apnea, Arthritis, Fibromyalgia, Anxiety, and Depression

Review of Resident #1's Resident Register at 12:45pm revealed an admission date of 12/23/15 and she was her own responsible party.

Review of Resident #1's hospital discharge summary date 1/26/16 revealed:
-Resident #1 stayed in the hospital for 2 days and received intravenous antibiotics Vancomycin and Zosyn (Used to treat serious bacterial infection and to help prevent infection of the blood.)
-Prescriptions Doxycycline and Levaquin (antibiotics) were ordered and sent with facility staff
-The hospital doctors would follow-up with Resident #1's primary care health provider and wound care
-The patient was seen approximately 2 weeks prior due to infection of her right great toe. She was given a prescription at that time, unfortunately the facility never filled her medicine and she has become steadily worse. The patient had extreme pain with slight pressure and redness and drainage.
While in x-ray, Resident #1 asked for the caretaker to leave the room and explained that staff back at the facility where she lives never filled her prescription for her antibiotics and they keep giving excuses as to why.
-On 1/26/16 her wound was described "a nickel-size, open wound and cellulitis and osteomyelitis of the right great toe were confirmed by MRI
-Surgical intervention would not be required at this time but a podiatry consult and wound care were recommended and a follow-up appointment

D 358

Administrator will assure that all prescriptions be filled in to pharmacy that the facility use (in the case of different pharmacy is used the prescription will be delivered to the pharmacy) and it will be taken regardless of question by residents and it will be taken or filled as soon as received by the facility.
~~Resident refused to get~~

3/1/16

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D912 Continued From page 23

Based on observation, interview and record review, the facility failed to notify a healthcare provider for a recommendation for Home Health for a chronic leg wound by a licensed health professional for 1 of 3 sampled residents (Resident # 2).

The findings are:

Based on observation, interview and record review, the facility failed to notify a healthcare provider for a recommendation for Home Health for a chronic leg wound by a licensed health professional for 1 of 3 sampled residents (Resident # 2) (Refer to Tag 273, 10A NCAC 13F 0902 (b) Health Care (Type B Violation))

D912

Administrator will assure that all records are checked for any recommendations or referrals and all recommendations and referrals will be handled. Administrator will assure any home health care that need to be done will be done in a timely manner.

3/1/16

D914 G.S. 131E-21(4) Declaration of Residents' Rights

G.S. 131E-21 Declaration of Residents' Rights Every resident shall have the following rights.
4. To be free of mental and physical abuse, neglect, and exploitation.

This Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to assure medications (antibiotic) were administered as ordered for 1 of 3 sampled residents (Resident #1)

The finding(s) are:

Based on observation, interview and record review, the facility failed to assure medications (antibiotics) were administered as ordered for 1 of 3 sampled residents (Resident #1) for a diabetic toe infection in a timely manner causing a worsened condition and possible risk of amputation

D914

Administrator will assure that all medication orders and prescriptions are taken to the pharmacy or direct to the pharmacy and make sure all medication is delivered to the facility in a timely manner and

3/1/16

Division of Health Service Regulation

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0914	Continued From page 24 [Refer to Tag 358, 10A NCAC 13F. 1104 Medication Administration. (Type B Violation)]	D914	Medication will be Revised to the pharmacy regardless of if the residents see feel that they need the medication or not the medication will be at the facility for the resident.	3/1/16