Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL035008	A. BUILDING: _____ B. WING _____	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALSTON FAMILY CARE HOME	476 LEONARD ROAD LOUISBURG, NC 27549

(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 conducted an annual survey on December 1-2, 2015.	C 000	10A NCA C13G 0315- Housekeeping + Furnishings - All noted observations + concerns will be addressed + necessary repairs made ASAP- Contractor was onsite day of survey - walked through c surveys -	
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 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. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the air vents, heat registries, cabinets and furniture were kept clean and in good repair in the kitchen, 3 of 3 bedrooms and 2 of 2 bathrooms. The findings are: Observation of the kitchen on 12/01/15 at 10:45 a.m. revealed: -The cabinets in the kitchen on both sides of the sink had missing paint. -The air vent near the refrigerator was rusty. Observation of the dining room on 12/01/15 at 11:00 a.m. revealed the air vent near the doorway leading to the laundry room was rusty. Observation of the side bedroom on 12/01/15 at 11:00 a.m. revealed: A heat control panel on the wall near the 1st bed was rusty. -The frame around the inside door entrance had missing paint.	C 074	- Kitchen cabinets were painted 6 months ago have be retouched around knobs 10/3 - Air vents were dusty + brown in color- Cleaned c soap + water. 10/3 - base board heating units will be retouched c oil base paint or removed to prevent future Rusting 1/20 - Door frams c missing paint has been Retouched 10/3 - wall control unit has no knob since purchase - would perfer not to replace knob due to potential danger to clients if they decide to turn on unsupervised if not approved will remove units - - furniture mentioned c chipped edges have been retouched 10/3 Plan - The administrator + staff + The Contractor will do a walking round every + 2 months to make sure All house hold Furnishings are in good repair - The administrator will be the responsible person monitoring repairs. Selena McLaurin 01/22/16	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Selena McLaurin TITLE: adm. (X6) DATE: 1/3/16

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C 074	Continued From page 1 Interview with a resident on 12/01/15 at 11:15 p.m. revealed the heat control panel on the wall had been rusty for about 1-2 months. Observation of the front bedroom on 12/01/15 at 11:45 a.m. revealed: -The heat registry near the double windows was rusty. -The heat registry near the single window was rusty. Observation of the back bedroom on 12/01/15 at 12:15 p.m. revealed: -Three dresser drawers had worn areas where the enamel had worn off at the sides and front. -Two night stands had worn areas where the enamel had worn off at the sides. -One chest of drawer had worn areas where the enamel had worn off at the sides. Observation of the community bathroom on 12/01/15 at 12:40 p.m. revealed: -The knob was missing on the heat source in the bathroom. -The air vent in the bathroom next to the window was rusty. -The handrail used to get into the bathtub was rusty. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -She was aware the cabinets in the kitchen had missing paint. -The cabinets were painted 6 months ago. -She was not aware the air vents were rusty. -She was aware the furniture had worn areas. -She was not aware the handrail in the community bathroom was rusty.	C 074		

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C 074	Continued From page 2 -She was not aware the knob on the heat source in the community bathroom was missing. -The facility did have a system in place for reporting needed repairs at the facility. -She stated, "The housekeeper and the Night Shift Aide were responsible for reporting needed repairs at the facility." -She was responsible for reporting needed repairs to the appropriate people. -She tracked the needed repairs at the facility.	C 074	E-140 10ANCAC 13G - "Staff A" is not an employee of Alston's family Care Home he was employed by [redacted] medical Center - who is the Primary Care Provider for Alston's family Care -. [redacted] is now a retired PA-C + works Dr. [redacted] + out of [redacted] Hospital as the practice hospitalist. Since he retired he has been here @ the facility + helps out as needed - I was not aware he need a Gelder or TB screening or could not participate in any care	
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and personnel records, the facility failed to assure 1 of 4 sampled staff (Staff A) was tested for tuberculosis (TB) disease in	C 140	PLAN- Immediate TB screening requested (Last test Available was 10/23/11) 12/9/15 - TB screening done read 12/9/15 E negative reading - (See forms) - 2nd step TB screening will be completed 1/20/16 when serum Available @ [redacted] Clinic. If Serum not Available will schedule appt. @ Local health department for "Staff A". 1/20/16 All furture employees or non employees that Live in will have 2step TB screening & Atleast one negative reading prior to working in the facility The administrator will be the responsible party to monitor TB screening on all staff and Admissions - 1/20/16 A Check List will be populated by Office manager showing dates of hire + screenings. 2nd Plan of protection was submitted & no further communication 12/10/15 -	

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C 140	Continued From page 3 compliance with TB control measuring using the 2-step method. The findings are: Review of personnel records, revealed there was no personnel record for Staff A and no documentation of a TB skin test for Staff A. Interview with Staff A on 12/01/15 at 11:45 a.m. revealed: -He did not know the last time he had a TB skin test. -He was a live-in Personal Care Aide. -He was the spouse of the Administrator, and he had worked at the facility since October 2015. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -Staff A had a TB skin test, prior to working at the facility. -She did not have documentation of the TB skin test. -No TB skin test had been completed after Staff A was hired at the facility. -Staff A was her spouse, and he had worked at the facility since October 2015. -She was responsible for making sure staff had a TB skin test prior to hire and the 2nd TB skin test was completed within 15 days of hire. A plan of protection was requested by this office on 12/02/15, and was provided but not approved by the Agency. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016.	C 140		

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C 145	Continued From page 4	C 145	10 ANCAC -13G - "Staff A" Qualifications	
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 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; This Rule is not met as evidenced by: TYPE B VIOLATION Based on personnel records and interview, the facility failed to assure 2 of 4 staff sampled had no substantiated findings on the North Carolina Health Care Personnel Registry. (Staff A, C) The findings are: 1. Review of personnel records revealed there was no personnel record for Staff A/Personal Care Aide and no documentation of a Health Care Personnel Registry check. Interview with Staff A on 12/1/15 at 11:45 a.m. revealed no Health Care Personnel Registry check had been completed on him. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -No HCPR had been completed on Staff A. -Staff A was a live-in Personal Care Aide. -Staff A was her spouse, and he had worked at the facility since October 2015. -Staff A was a retired Physician Assistant. -She thought Staff A meet the requirements of a Personal Care Aide. -She did not know Staff A needed a HCPR check.	C 145	Staff A was not employed by Alston family Care He worked as a PA-C & [redacted] medical Ctr. until he retired in Oct. He is My husband + Lives in here & me until we feel comfortable & staffing - He has no specific duties on a regular basis - Plan of Correction - Mr. [redacted] does not wish to participate as a "personal Care aide" * Plan of Protection - [redacted] will not perform any personal care services to any Residents @ Alston family Care Home unless approved - SAID - The administrator + residents would like for him to remain an active participant As long As he can * - A Healthcare personnel check will be completed * A Folder will be established & minimal items of interest like DL - photo ID - TB screening, CPR criminal background check * All staff or any non staff live in family or friends will have a HCPR upon hire and before reporting for duty * Criminal background checks will be done on all staff @ interview/or hire date — SAID * Check List will be used to Assure all forms are in the Record and available for review * The Adm. + office Manager will work together to Assure compliance & this Rule in the future - Record Review will take place every three months (Due April)	01/26

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C 145	Continued From page 5 -She was responsible for the completion of the HCPR check for Staff A. -The facility's monitoring plan in place for staff's HCPR checks was that HCPR checks should be done, prior to hire. 2. Review of Staff C's personnel record revealed: -She was hired as a Medication Aide on 10/23/15. -No documentation of a Health Care Personnel Registry check was found in Staff C's record. Staff C was not available for interview. Interview with the Administrator on 12/02/15 at 11:45 a.m. revealed: -Staff C was a new hire and a Health Care Personnel Registry (HCPR) had not been completed on her. -She was responsible for the completion of a HCPR check on Staff C. -The facility's monitoring plan in place for staff 's HCPR checks was that HCPR checks should be done, prior to hire. A plan of protection was requested by this office on 12/02/15, and was not provided by the facility. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016	C 145	The administrator will continue to be the responsible person for HCPR + criminal background checks c̄ the assistance of the office manager - Staff will continue to be supportive in making sure all required documents are present - a check list is given to each potential hire @ interview. (see forms) — S. Lauis, Rn Staff C is a new hire - med tech A HCPR was done on 12/26/15 (this was probably an oversight.) Drug screen done on 12/11/15 c̄ negative findings. Criminal background check has been completed 12/14/15 Staff C states these forms should have been in her folder. — S. Lauis, Rn (note) HCPR was confused c̄ CPR - sent documentation on wrong correction	01/26/16
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S.	C 147		

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C 147	Continued From page 6 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on personnel records and interview, the facility failed to assure 2 of 3 staff sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. (Staff A, C) The findings are: 1. Review of personnel records revealed there was no personnel record for Staff A/Personal Care Aide: -No documentation of a consent for a criminal background check had been completed. -No documentation a criminal background check had been completed. Interview with Staff A on 12/1/15 at 11:45 a.m. revealed he had not been asked to do a criminal background check. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -Staff A had been working at the facility since October 2015. -Staff A worked as a Personal Care Aide. No criminal background check had been completed on Staff A. Refer to interview with the Administrator on 12/02/15 at 9:00 a.m. 2.Review of Staff C's personnel record revealed: -She was hired as a medication aide on 10/23/15. No documentation a consent for a criminal background check had been completed. -No documentation a criminal background check had been completed.	C 147	This had been addressed earlier (both "Staff A+ employee C) * Plan - Criminal background checks will be performed on all employees prior to working @ the facility - at interview or date of hire. 10/26 Again Mr. [redacted] is my spouse + not an employee, I was not aware it was required. * Plan cont. A criminal background ck will be completed on Mr. [redacted] since he's a live in now. Criminal background checks will be done on ALL non employed live ins - Staff C completed a criminal background check 12/14/15 Staff C states she placed information in folder from previous job @ interview — SAD The administrator will be the responsible person along @ the assistance of Asst manager utilizing a list of required forms in folder - To assure compliance in the future we will do a record review every 6 months - (due July) + The staff will continue to assist @ needed forms + requirements - A check list of requirements is given @ interview if potential hire. 10/26	

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C 147	Continued From page 7 Staff C was not available for interview. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -She could not find documentation of a criminal background check in Staff C's record. -Staff C had not completed a criminal background check. Refer to interview with the Administrator on 12/02/15 at 9:00 a.m. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed the monitoring plan in place for criminal background checks was staff was responsible for their own background checks. A plan of protection was requested by this office on 12/02/15, and was not provided by the facility. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016	C 147 C 202	10A NCAC 13G - All staff + residents in the future will have a 2 step TB screening (1) prior to admission c̄ negative readings + (1) 15 day later. The administrator + office manager will work together to assure all test are completed in timely manner - records will be available for review 2nd step TB screening m/ non staff A + resident #3 ASAP - (unable to locate serum @ present) Local Health Dept contacted 1/12/16 - Resident would be charged $28.00) 10A	
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the 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	C 202		

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C 202	Continued From page 8 Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure each resident had tuberculosis (TB) disease testing upon admission to the facility in compliance with the control measures adopted by the Commission for Health Services for 1 (#3) of 3 sampled residents. The findings are: Review of Resident #3's FL-2 and Resident Register revealed an admission date of 2/09/13. Review of Resident #3's record revealed documentation of a TB skin test given on 11/14/12 and read as negative on 11/16/12. On 12/02/15 at 3:00 p.m., Resident #3 declined to be interviewed. Interview with the Administrator on 12/02/15 at 3:30 p.m. revealed: -She thought Resident #3 had a 2nd TB skin test. -She could not find documentation of another TB skin test in Resident #3's record. -The Administrator was responsible for making sure residents had a TB skin test prior to admission and another TB skin test within 15 days of admission.	C 202	Resident #3 had a negative CXR prior to admission + later a negative TB screening - on 10/29/12 CXR ~~0~~ (Admitted 02/9/13 -) had TB test 11/16/12 Placed call to [redacted] to redrive admission skin test if possible. Plan - All admissions will have TB screening as required by Health Services - a 2 step process one negative reading prior to adm. + another test 15 days later. The administrator will be the responsible person to make sure all residents have proper screening - The office manager will assist c̄ documentation + record review twice a year — S. Davis, M	10/22/16 10/22
C 272	10A NCAC 13G .0904(d)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to	C 272		

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PRINTED: 12/17/2015
FORM APPROVED

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C 272	Continued From page 9 residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks. This Rule is not met as evidenced by: Based on record review, and interview, the facility failed to assure foods and beverages appropriated to residents' diets were offered or made available to all residents as snacks between meals for a total of three snacks per day. The findings are: Review of the facility census on 12/2/15 revealed 6 residents at the facility. Confidential interviews with 5 of 5 residents related to snacks being served revealed: -One resident stated snacks were served every other day. -Another resident stated snacks were served once a day, if at all. -5 of 5 residents stated snacks were not served three times a day. -All residents would like for snacks to be offered three times a day. Review of the facility's menu on 12/01/15 at 9:45 a.m. revealed: - Three snacks were documented to be served each day. -Ice cream was documented to be served on 12/01/15 after lunch. Observation on 12/01/15 at 3:00 p.m. revealed ice cream was served to the residents. Examples of snack items on the facility menu	C 272	10ANCAC 0904 – Snacks will be served three times a day + noted verbally as snacks — Residents have agreed to assist c̄ snack distribution — Sclaui, Rn * Snacks will not be added to meals/trays so residents will know its an additional treat and not part of meals. * Snacks will be the items listed on the menu or a substitute noted. and served @ scheduled times - Sclaui, Rn 1030 AM 230 PM 730 PM * Snack preparation + distribution has been added to shift report for continued monitoring. — Sclaui adm 01/16	1/10/16

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C 272	Continued From page 10 revealed fruit cups, ice cream and graham crackers. Observation of the food supply on 12/01/15 at 10:30 a.m. revealed the snacks items listed on the menu were available for snacks to be served. Interview with the Administrator on 12/2/15 at 9:00 a.m. revealed: -Residents were offered three snacks per day by the staff on duty but there was no designated times to give out snacks. -The snack offered between breakfast and lunch was sometimes added to the breakfast meal. -The snacks offered between lunch and supper and between supper and night snack were not added to the lunch or supper. There was no monitoring system in place to track if snacks were offered or given out three times per day.	C 272	Addressed	
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on interview and review of the Activity Calendar for December 2015, the facility failed to assure the development of an activity program which promoted active involvement of the residents with each other and the community. The findings are:	C 288	Addressed	

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C 288	Continued From page 11 Observation on 12/1/15 at 1:00 p.m.-2:00 p.m. revealed no planned group activities were offered to the residents. Review of the activity calendar for December 2015 revealed: -The calendar was posted on the side of the kitchen cabinet facing the sitting room. - The print was small. Confidential interviews with 5 of 5 residents revealed: -Activities included looking at television, playing games and shopping. -"We do activities, but not every day." -Activities are not scheduled at planned times. - "We would like to do more activities." -There was no activity calendar posted at the facility. Interview with the Administrator on 12/2/15 at 10:30 a.m. revealed: -The residents should know what activities to do. -The activities do not change very much from month to month. -The residents can do activities on their own. -The residents go out on outing every month. -The staff on duty was responsible for doing activities at the designated dates and times on the monthly activity calendars. -She did not have a monitoring system in place to track daily activities.	C 288	10A NAC 13 0905 - A Larger Activity board will be purchased - The small Activity calender will be kept as paper draft - Plan was to have All staff + residents preparing for XMAS c̄ decorations + paper cut outs of wreaths, ginger bread men/women + stockings - some of which had to be painted + cut out c̄ sissors - *Activities are posted c̄ time frames on the calendar PLAN - A shift report will be utilized starting 01/20/16 - Items of concern like snacks + Activities will be included on the shift report + maintained in a folder for review Residents have should great interest in Assiting c̄ activities and having input into what type of activities are scheduled T. [redacted] will head the activities along c̄ residents - Administrator will review the shift reports daily — S. Lawson	01/20 01/20
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and	C 367		

Division of Health Service Regulation

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C 367	Continued From page 12 disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure a ready and retrievable record of controlled substances were accurate and accountable for 2 of 2 residents for physician orders for control drugs for Methadone, Oxycodone and Clonazepam. (Resident #1, #2). The findings are: 1. Review of Resident #1's current FL-2 dated 10/01/15 revealed: -Diagnoses included congestive heart failure, diabetes mellitus II, hyperlipidemia, acute renal failure, acute pancreatitis, asthma, cardiomyopathy, methicillin-resistant Staphylococcus aureus, chronic pain syndrome, psychosis, major depressive disorder, and substance abuse-cocaine. -Medication orders for Methadone (pain reliever) 10mg 1 tablet every 12 hours and for Oxycodone (pain reliever) 1 tablet every 6 hours as needed. Review of Resident #1's record revealed an order dated 10/10/15 to change Methadone 10 mg to 5 mg every 8 hours times 30 days. Review of Resident #1's record revealed an order dated 11/12/15 to change Methadone 5 mg to 10 mg every 12 hours. Review of Resident #1's record revealed no controlled drug logs for October 2015, November 2015 and December 2015.	C 367	10NAC 1608(A) The Narcotic records were in the narcotic book - ([redacted]) Resident is new to facility + sees her pain management Dr. monthly c̄ new changes to medication orders each visit. Resident perferred to meds scheduled if it was ordered q̄12 or q8° (q̄12-8A-8P) q̄8° (&2-8) states it worked for her pain control. order to change medication from (10-10-15) from 10mg (methadone) to 5mg q̄8° can not be located in records nor can I find residents MAR's for ~~August~~ Sept or October since the survey 1/16/16 Forms located — S Davis Adm. — Plan - *Narcotic records will be in MAR record book - for easy access - so no records will be missed @ review. Administrator + meds tech will review narcotic records for accuracy daily (See form) 1/16/16 * All med changes will be highlighted in green and dated. Meds are administered as ordered - PRN meds will be noted as PRN if set @ scheduled times + according to need. S Davis -	

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C 367	Continued From page 13 Review of Resident #1's Medication Administration Records (MARs) for October 2015 revealed: -Methadone 10 mg was documented as administered scheduled at 8:00 a.m. and 8:00 p.m. from 10/1-10/14/15. -Methadone 5 mg was documented as administered scheduled at 8:00 a.m., 2:00 p.m. and 8:00 p.m. from 10/15-10/31/15. -Oxycodone 5 mg was documented as administered PRN at 8:00 a.m., 2:00 p.m.and 8:00 p.m. from 10/01/15 - 10/31/15. Review of Resident #1's Medication Administration Records (MARs) for November 2015 revealed: -Methadone 5 mg was documented as administered at 8:00 a.m., 2:00 p.m. and 8:00 p.m. from 11/1-11/11/15. -Methadone 10 mg was documented as administered scheduled at 8:00 a.m. and 8:00 p.m.-from 11/12-11/30/15. -Oxycodone 5 mg was documented as administered PRN at 8:00 a.m., 2:00 p.m.and 8:00 p.m. from 11/01/15 - 11/30/15. Review of Resident #1's Medication Administration Records (MARs) for December 2015 2015 revealed: -Methadone 10 mg was documented as administered scheduled at 8:00 a.m. and 8:00 p.m. from 12/1-12/2/15. -Oxycodone 5 mg was documented as administered PRN at 8 a.m. and 8 p.m. Interview with Resident #1 on 12/02/15 at 3:50pm revealed: -The resident reported no problems with the	C 367		

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C 367	Continued From page 14 facility administration of the prescribed Methadone 10mg at 8:00a.m. and 8:00p.m. for pain -The resident reported no problems with the facility administration of the prescribed Oxycodone 5 mg administered PRN at 8 a.m. and 8 p.m. for pain. Interview with the Administrator on 12/01/15 at 4:30 p.m. revealed: -Resident #1 did not have controlled drug count sheets for October 2015, November 2015 or December 2015 for Methadone 10mg or Oxycodone HCL 5 mg. -The controlled drug count sheets for Resident #1 had been missing from the Administrator's office for about 6 months (July 2015). -The only way staff kept track of the administration of controlled drugs for Resident #1 was by documenting on the Medication Administration Records (MARs). Telephone interview with the pharmacist on 12/02/15 at 11:40 a.m. revealed: -The pharmacist's dispensing record for Resident #1 revealed 60 tablets of Methadone 10 mg were dispensed on 11/12/15. -The pharmacist's dispensing record for Resident #1 revealed 90 tablets of Oxycodone HCL 5 mg were dispensed on 11/12/15. Interview with the Administrator on 12/02/15 at 3:50 p.m. revealed: -She had a controlled drug form to document Resident #1's control drugs on. - Resident #1's Methadone 10 mg and Oxycodone HCL 5 mg would be documented on the controlled drug form starting 12/02/15.	C 367	Addressed	

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C 367	Continued From page 15 2. Review of Resident #3's current FL-2 dated 1/22/15 revealed: - Diagnoses included schizophrenia hypertension and diabetic controlled. -There was no order for Clonazepam (anti-anxiety drug) 1 mg tablet twice a day as needed. Review of Resident #3's record revealed no order for Clonazepam 0.5 mg tablet twice a day as needed. Review of Resident #3's Medication Administration Records (MARs) for October 2015 revealed Clonazepam 1mg was documented as administered scheduled at 8:00 a.m. and 8:00 p.m. Review of Resident #3's Medication Administration Records (MARs) for November 2015 revealed Clonazepam 1mg tablet was documented as administered as needed (PRN) at 8:00 a.m. and 8:00 p.m. Review of Resident #3's Medication Administration Record (MARs) for December 2015 revealed Clonazepam 1 mg was not administered PRN on 12/1 or 12/2. Review of the medication on hand on 12/02/15 at 2:45 p.m. revealed: -Resident #1 had 30 tablets of Clonazepam 1 mg. -The label read take 1 tablet as needed when dispensed. Review of Resident #3's record revealed no controlled drug count sheets for October 2015, November 2015 or December 2015. On 12/02/15 at 3:00 p.m., Resident #3 declined to be interviewed.	C 367	Rule - 1008 - see copy Clonazepam Rx'd 30 tabs Left on form due to dose Age to ½ tab - Total tabs on hand 1st count 30 tabs Total on hand was greater - All narcotic records will be placed in MAR Record for easy Access Any changes in dosage or scheduling will be denoted in green and dated. - Sdpm	

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C 367	Continued From page 16 Interview with the Administrator on 12/02/15 at 2:30 p.m. revealed: -Thirty tablets of Clonazepam 1mg was on hand because staff gave Resident #3, 0.5 mg of Clonazepam from 11/1-11/30/15. -Clonazepam 1mg had been changed to Clonazepam 0.5 mg on 10/13/15, but had not been changed on the Medication Administration Records (MARs). -She could not find an order for Clonazepam 0.5 mg in Resident #3's record. -Resident #3 did not have controlled drug count sheets for October 2015, November 2015 or December 2015. -The controlled drug count sheets for Resident #3 had been missing from the Administrator's office for about 6 months (July 2015). -The only way staff kept track of the administration of controlled drugs for Resident #3 was by documenting on the Medication Administration Records (MARs). Telephone interview with the pharmacist on 12/02/15 at 3:45 p.m. revealed: -Sixty 1 mg tablets of Clonazepam were dispensed on 10/13/15 for Resident #3. -The order on file was for Clonazepam 1 mg as needed Bid. Telephone interview with the Resident #3's physician on 12/2/15 at 5:00 p.m. revealed: - Resident #3 had an order for Clonazepam 0.5 mg as needed Bid. -The order was changed on 10/13/15.	C 367	Addressed spoke c pharmacist (Brandi) 1/12/16 @ 2pm had both Orders on screen. Date order chg faxed to her was 10/28 order was changed on 11/7 -Salem.	
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights	C 912		

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C 912	Continued From page 17 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 observations, interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to test for tuberculosis for staff, other staff qualifications and Medication Aides, training and competency. The findings are: 1. Based on interview and personnel records, the facility failed to assure 1 of 4 sampled staff (Staff A) was tested for tuberculosis (TB) disease in compliance with TB control measuring using the 2-step method. [Refer to Tag C 140 10A NCAC 13G .0405(a) (Type B Violation)]. 2. Based on personnel records and interview, the facility failed to assure 2 of 4 staff sampled had no substantiated findings on the North Carolina Health Care Personnel Registry. (Staff A, C) [Refer to Tag C 145 10A NCAC 13G .0406(a)(5). (Type B Violation)]. 3. Based on personnel records and interview, the facility failed to assure 2 of 3 staff sampled had a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40. (Staff A, C). [Refer to Tag C 147 10A NCAC 13G .0406(a)(7) (Type B Violation)].	C 912	Addressed (done) 2nd step TB placed 1/19/16 To be read 48-72 hrs. Addressed (done) Addressed (done)	

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C 912	Continued From page 18 4. Based on interview and record review, the facility failed to assure the medication clinical skills competency validation was completed for 1 of 3 staff sampled (Staff A) prior to administration of medications; and failed to assure Staff A completed 5, 10 or 15 hours Medication Aide training or passed written Medication Aide test. Refer to Tag C 935 10A NCAC 13G 131D-4.5B(b) (Type B Violation)].	C 912		
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 administration. 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. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following:	C935		

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C935	Continued From page 19 a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 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. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and record review, the facility failed to assure the medication clinical skills competency validation was completed for 1 of 3 staff sampled (Staff A) prior to administration of medications; and failed to assure Staff A completed 5, 10 or 15 hours Medication Aide training or passed written Medication Aide test. The findings are: Review of personnel records revealed there was no personnel record for Staff A: -No documentation of completion of a medication clinical skills checklist. -No documentation of completion of 5, 10 or 15 hours medication aide training within 60 days of hire. -No documentation Staff A passed the Medication Aide written test.	C935	GS/31D 4.5B - facility not aware "Staff A" needed med administration - had discussed c̄ Local Agency and did not feel it was required since he was a PA + worked as the secondary care provider along c̄ Dr. Kenney no personell record was available because he is not an employee, he is the spouse of the administrator. He no longer wishes to actively participate in any care provided here - however a folder will be populated c̄ minimal data included - in the event the home requires his assistance Plan of correction - Any person, employee or Live in none employee Assisting or Administering meds will have All the forementioned requirements - 1 - skill ✓ list 2 - training within 60 days of hire 3 - proof of passing written exam. Medication aid training was done onsite by printing medication add study guide and reviewing with aā potential med tech - 4 staffers were sent p̄ much review for testing 1 of 4 passed the exam.	10/26

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C935	Continued From page 20 Interview with Staff A on 12/1/15 at 11:45 a.m. revealed: -He had worked at the facility since October 1, 2015. -He was a retired Physician Assistant. -He was qualified to give out medications. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -No medication clinical skills checklist had been completed for Staff A. -Staff A had not passed the written Medication Aide test. -Staff A had not completed the 5. 10 or 15 hours Medication Aide training. -She prepared the medications, but Staff A administered the medications to the residents. -Staff A was a retired Physician Assistant. -He was qualified to give medications. -She was responsible for making sure Medication Aides had a medication clinical skills competency validation and 5, 10 or 15 hours of training completed and passed the written Medication Aide test. A plan of protection was requested by this office on 12/02/15, and was not provided by the facility. 10/12/16 sent. 2nd time CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 28, 2016.	C935	GS 131 D-45 Addressed prior - All staffers + new hires p̄ ~~[illegible]~~ 10/01/3 will have drug screens. As required 10/26 Staff C has completed drug screen - (see form) 01/26	
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care	C992		

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C992	Continued From page 21 homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure examination and screening for the presence of controlled substances were performed for 2 of 2 sampled staff that were hired after 10/01/13. (Staff A, C)	C992		

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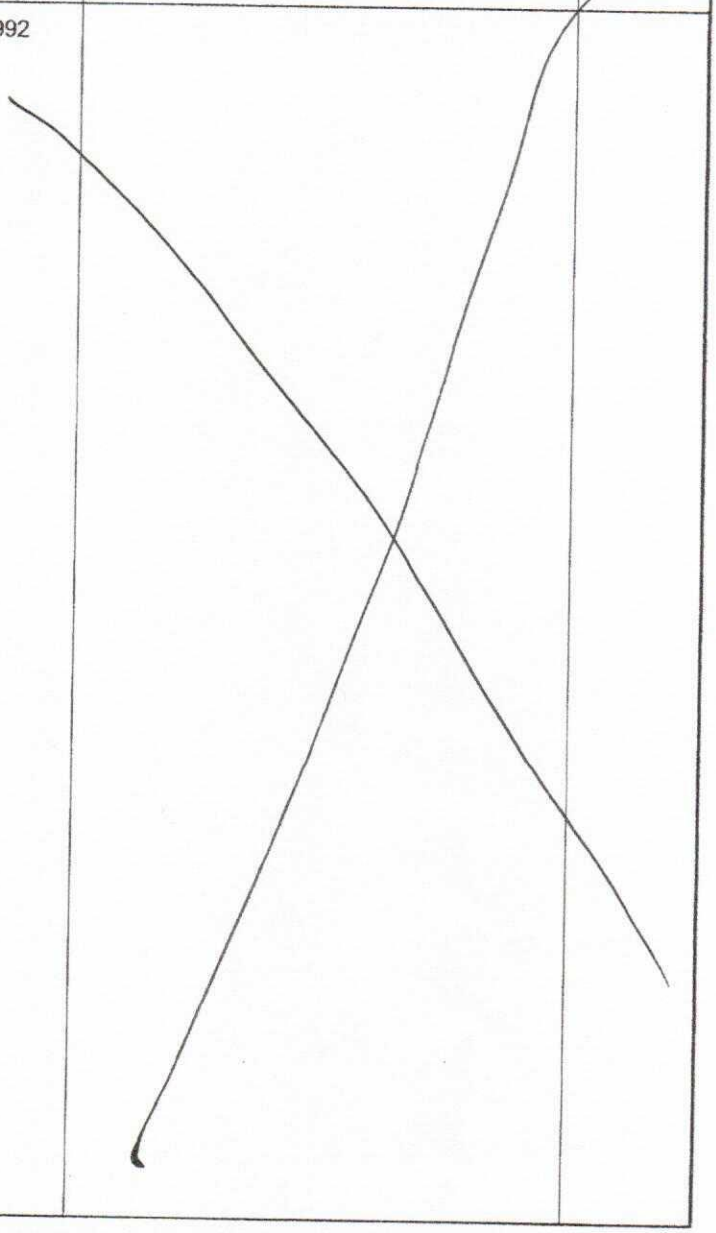
C992	Continued From page 22 1. Review of personnel records revealed there was no personnel record for Staff A/Personal Care Aide and no documentation of a controlled substance examination and screening test. Interview with Staff A on 2/01/15 at 11:45 a.m. revealed he had not been asked to do a controlled substance examination and screening test. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -Staff A had been working at the facility since October 2015. -She had not completed a controlled substance examination and screening test for Staff A. -She was unaware of the requirements for controlled substance examination and screening test for staff hired after 10/01/13. -She would be responsible for completion of the controlled substance examination and screening test for Staff A. 2.Review of Staff C's personnel record revealed: -She was hired as a Medication Aide on 10/23/15. No documentation of a controlled substance examination and screening test was found in Staff C's record. Staff C was not available for interview. Interview with the Administrator on 12/02/15 at 9:00 a.m. revealed: -She had not completed a controlled substance examination and screening test for Staff C. -She was unaware of the requirements for controlled substance examination and screening test for staff hired after 10/01/13. -She would be responsible for completion of the	C992		

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ALSTON FAMILY CARE HOME	476 LEONARD ROAD LOUISBURG, NC 27549

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C992	Continued From page 23 controlled substance examination and screening test for Staff C.	C992		