

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL046028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER DOUGLAS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1439 US 13 S AHOSKIE, NC 27910
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on June 6, 2016.	C 000		
C 171	<p>10A NCAC 13G .0504(a) Competency Validation For Licensed Health</p> <p>10A NCAC 13G .0504 Competency Validation For Licensed Health Professional Support Tasks</p> <p>(a) A family care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to assure that 3 of 3 sampled staff (Staff A, Staff B, and Staff C) were competency validated for application and removal of thromboembolism-deterrent (TED) hose by a Registered Nurse by return demonstration prior to performing required task.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel record revealed: -Staff A had been hired by the facility on August 2013. -There was no documentation that Staff A had been competency validated with putting on or removing TED hose. -Staff A did not have a Licensed Health Professional Support validation checklist in his</p>	C 171	<p>Douglas FCH RN has trained staff on (TED) hose proper application & removal. We have Completed & Signed a LHPs Validation checklist for Staff A, B, and C. Documentation has been put in each staff file</p> <p>6/10/16</p> <p>Staff A has been trained properly to apply & remove (TED) hose. A Signed LHPs Validation Checklist has been placed in Staff file.</p> <p>6/10/16</p>	6/10/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Carrie Douglas

TITLE
Administrative

(X6) DATE
6/13/16

STATE FORM

6900 DRLF11

If continuation sheet 1 of 4

Reviewed & Accepted 6/20/16 sm

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL046028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER DOUGLAS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1439 US 13 S AHOSKIE, NC 27910
---	--

(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 171	<p>Continued From page 1</p> <p>personnel file.</p> <p>Interview with a medication aide on 06/06/16 at 1:20 PM revealed that Staff A had assisted Resident #2 with putting on his TED hose because Resident #1 would have his TED hose when her shift started in the morning and Staff A worked the shift prior to her shift.</p> <p>Review of Resident #2's May 2016 Medication Administration Record (MAR) revealed Staff A had documented application and removal of TED hose for May 2016 for Resident #2.</p> <p>Refer to interview with Resident #2 on 06/06/16 at 12:15 PM. Refer to interview with Administrator on 06/06/16 at 12:31 PM. Refer to attempted interview with LHPS nurse on 06/06/16 at 12:38 PM.</p> <p>B. Review of Staff B's personnel record revealed: -Staff B was hired on 03/14/12 as the administrator and medication Aide. -There was no documentation that Staff B had been competency validated with putting on or removing TED hose. -Staff B did not have a Licensed Health Professional Support validation checklist in her personnel file.</p> <p>Interview with the Administrator (Staff B) on 06/06/16 at 12:31 PM revealed she had assisted Resident #2 with taking off and putting on of his TED hose.</p> <p>Review of Resident #2's May 2016 Medication Administration Record (MAR) revealed Staff B had documented application and removal of TED hose for May 2016 for Resident #2.</p>	C 171	<p>Staff B is now trained to apply & remove (TED) hose. A LHPS validation checklist has been completed, signed by RN and placed in Staff B file.</p> <p>6/10/16</p>	
-------	--	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL046028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER DOUGLAS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1439 US 13 S AHOSKIE, NC 27910
---	--

(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 171	<p>Continued From page 2</p> <p>Refer to interview with Resident #2 on 06/06/16 at 12:15 PM. Refer to interview with Administrator on 06/06/16 at 12:31 PM. Refer to attempted interview with LHPS nurse on 06/06/16 at 12:38 PM.</p> <p>C. Review of Staff C's personnel record revealed: -Staff C was hired in August of 2014 as a personal care aide and medication aide. -There was no record in the personnel file of the exact date. -There was no documentation that Staff C had been competency validated with putting on or removing TED hose. -Staff C did not have a Licensed Health Professional Support validation checklist in her personnel file.</p> <p>Interview with Staff C on 06/06/16 at 1:20PM revealed: -She was not sure of the exact date that she was hired but it was sometime in August of 2013. -She had assisted Resident #2 with putting on and removing his TED hose.</p> <p>Review of Resident #2's May 2016 Medication Administration Record (MAR) revealed Staff C had documented application and removal of TED hose for May 2016 for Resident #2.</p> <p>Refer to interview with Resident #2 on 06/06/16 at 12:15 PM. Refer to interview with Administrator on 06/06/16 at 12:31 PM. Refer to attempted interview with LHPS nurse on 06/06/16 at 12:38 PM.</p> <p>Observation of Resident #2 on 06/06/16 at 12:10</p>	C 171	<p>Staff C is a CNA and has proper training to apply (TED) hose & removal. We have retrained Staff C and completed a signed LHPS validation checklist by RN and placed in Staff C file.</p>	
-------	--	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL046028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER
DOUGLAS FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**1439 US 13 S
AHOSKIE, NC 27910**

(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 171	<p>Continued From page 3</p> <p>PM revealed Resident #2 had his TED hose on both of his legs.</p> <p>Interview with Resident #2 on 06/06/16 at 12:15 PM revealed: -He said he had to wear TED hose every day. -He had been using the TED hose now for about 20 years.</p> <p>Interview with a Medication Aide/the Administrator (Staff B) on 06/06/16 at 12:31 PM revealed: -She thought that the staff at the facility had been trained to perform LHPS task. -She did believe that any of the residents at the facility were receiving LHPS task. -She was going to get in contact with the LHPS Registered Nurse today to set up training for all staff to be competency validated for LHPS task.</p> <p>Attempted interview with LHPS Registered Nurse on 06/06/16 at 12:38 PM.</p>	C 171	<p>RN had previous trained but document was not in file due to the LHPS Validation Checklist say optional. The RN trained all staff & signed all documentation for files.</p>	6/13/16