

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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	C 000		
C 074	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on interview and observations, the facility failed to maintain walls, ceilings, and floors in the residents' bathrooms and bedrooms and the residents' living room clean and in good repair as evidenced by holes in the walls of one resident bedroom and bathroom, dirty shower curtains in 2 resident bathrooms, scuffed walls throughout resident living areas, and loose bathroom fixtures in 2 resident bathrooms. The findings are:</p> <p>1. Observation of the last bedroom on the left of the hall on 05/05/16 at 9:50 am revealed: -The bedroom door had 2 holes on the exterior side. -One of the holes was in the middle of the door level with the door knob, crescent moon shaped, approximately 6-8 inches in diameter. -The second hole was horseshoe shaped, approximately 5 inches in diameter above the first hole closer to the doorknob jamb. -Both holes appeared to be caused by an object striking the door with force.</p>	C 074		

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: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 074	<p>Continued From page 1</p> <ul style="list-style-type: none"> -On the inside of the bedroom, there was a round hole in the wall behind the door where it appeared that the doorknob had punched a hole through the sheetrock. -The grate over the heating duct above the inside of the bedroom door was missing. <p>2. Observations in the bathroom off the last bedroom on the left side of the hall on 05/05/16 at 10:00am revealed:</p> <ul style="list-style-type: none"> -The inside lower 1/3 of the shower curtain was caked in a brownish-black substance. -The shower arm flange was missing allowing the shower arm to wobble. -The shower faucet fixture was also loose in the shower wall. <p>3. Observation of the bathroom down the hallway to the residents' bedrooms during the facility tour on 05/05/06 at 10:05am revealed:</p> <ul style="list-style-type: none"> -There was an approximate 3" x 3" hole in the sheetrock next to the towel rack. -The towel rack was loose, not fully secured to the wall. -The grab bar inside the shower/tub was not secured to the wall making a hole visible in the sheetrock where the bar should have been secured. -There was mold and mildew caked around the small bar and recess inside the shower/tub. -The shower curtain had mildew stains along the bottom half. -The entire bottom of the tub area had dark, rusted, brown stains along the edges. -There was a tub mat inside the bottom of the shower/tub that had mildew and mold stains. -The shower nozzle was not firmly secured to the wall inside the shower; the base was loose and hanging around the nozzle. -There was dark, black stains around the commode and along the baseboard behind the 	C 074		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 074	<p>Continued From page 2</p> <p>commode.</p> <ul style="list-style-type: none"> -There was dark, black stains along the trim of the bathtub. -The door to the bathroom was scuffed around the doorknob and in several areas, there was spots where paint was missing. <p>4. Observation of the living room area during the facility tour on 05/05/16 at 10:30am revealed:</p> <ul style="list-style-type: none"> -The carpet in the living area had multiple dirty, brown, black spots. -There was ripples in the carpet by the sliding glass door. -There was a heavy duty outdoor rug inside the kitchen area and in front of the sliding glass door that led to the smoking area that was covering an extension cord. <p>Telephone interview with the Administrator on 05/05/16 at 4:04 pm revealed:</p> <ul style="list-style-type: none"> -They had been trying to fix things in the home. -The damage to the door and sheetrock was caused by a previous resident last year (2015). -The maintenance staff was in the process of repairing the damage. -The driver of the home and two male staff would occasionally fix "minor" things. -The staff members were responsible for cleaning each shift, especially the bathrooms. 	C 074		
C 076	<p>10A NCAC 13G .0315(a)(3) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and Furnishings</p> <p>(a) Each family care home shall:</p> <p>(3) have furniture clean and in good repair;</p> <p>This Rule shall apply to new and existing homes.</p>	C 076		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 076	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain 4 of 6 dining room chairs, one love seat in the living area, one resident's dresser, and the bathroom cabinet in good repair. The findings are:</p> <p>1. Observations during the facility tour on 5/5/06 revealed: -Four of six dining room chairs had torn seat cushions with stuffing exposed. -The black leather love seat in the living area had a tear in the top portion of the cushion and stuffing was exposed. -One resident's wooden dresser was scuffed and had numerous areas of chipped wood along the sides and drawers of the dresser. -The bathroom cabinet in the resident bathroom in the hallway had a three drawers; one drawer was missing. -The bathroom cabinet had four doors and one door was missing a knob.</p> <p>Telephone interview with the Administrator on 05/05/16 at 4:04 pm revealed: -They had been trying to fix things in the home. -The maintenance staff was in the process of repairing the damage. -The driver of the home and two male staff would occasionally fix "minor" things. -She as not aware that the furniture was in need of repair.</p>	C 076		
C 097	<p>10A NCAC 13G .0316 (b) Fire Safety And Disaster Plan</p> <p>10A NCAC 13G .0316 Fire Safety And Disaster</p>	C 097		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 097	<p>Continued From page 4</p> <p>Plan</p> <p>(b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews, record reviews, and observations, the facility failed to replace the batteries in four smoke detectors in order to maintain a working fire alarm system. The findings are:</p> <p>Upon arrival to the facility on 5/5/16 at 9:45am, survey staff could hear smoke detectors "chirping" from outside on the porch.</p> <p>Observation of the kitchen smoke detector at 9:55am on 5/5/16 revealed: -The fire alarm from the smoke detector in the kitchen began alarming at 9:55am. -There was a pot of water sitting on a hot burner on the stove. -The Supervisor-in-Charge (SIC) was in the staff bedroom talking on the telephone. -The residents were in their bedrooms. -At 10:02am, the SIC came into the dining room and opened a sliding glass door. -At 10:03am, the SIC turned off the burner on the stove. -At 10:05am, the fire alarm stopped alarming.</p> <p>Observation throughout the survey on 5/5/16</p>	C 097		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 097	<p>Continued From page 5</p> <p>revealed smoke detectors in the kitchen, hallway, and resident bedrooms making a "chirping" noise.</p> <p>Review of the Fire Inspection Report revealed the last inspection was completed on 2/7/13.</p> <p>Review of the Division of Environmental Health's inspection report dated 5/7/15 revealed: -There was a demerit score of 16. -Comments included "fire alarm chirping."</p> <p>Confidential interview with a resident revealed: -The fire alarms had been chirping for "about a month." -Staff was aware of the fire alarms needing new batteries.</p> <p>Interview with the facility's transportation staff on 5/5/16 at 11:45am revealed: -He was the driver for the facility. -He had been notified that morning, 5/5/16, that the home needed batteries.</p> <p>Interview with the Administrator on 5/5/16 at 4:35pm revealed: -There should have been batteries on hand to replace in the smoke detectors. -The SIC was responsible for getting new batteries or reporting if they needed batteries. -The staff usually changed the batteries every other month. -Staff tried to keep the smoke detectors working so they could tell which ones were working and which ones were not. -The fire inspection from 2015 tested the detectors and there was no problem. -The facility did not receive a check sheet from the inspector who came out last year.</p> <p>Observation of the SIC at 5:10pm on 5/5/16</p>	C 097		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 097	Continued From page 6 revealed he was replacing the batteries in all of the smoke detectors. _____ The facility provided the following plan of protection: -The facility will inspect the smoke detectors and replace batteries that need to be replaced. -The facility will have all deterctors inspected to make sure they are in working order. -The facility will run fire drills every month in addition to making sure all smoke detectors are in proper working order and batteries are changed accordingly. We will also make sure each resident understands what to do in a fire or disaster. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JUNE 19, 2016.	C 097		
C 100	10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by:	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 100	<p>Continued From page 7</p> <p>Based on interviews, record reviews, and observations, the facility failed to conduct fire drills during all shifts during 2 of 4 quarters in 2015. The findings are:</p> <p>Observation of the kitchen smoke detector at 9:55am on 5/5/16 revealed:</p> <ul style="list-style-type: none"> -The fire alarm from the smoke detector in the kitchen began alarming at 9:55am. -There was a pot of water sitting on a hot burner on the stove. -The Supervisor-in-Charge (SIC) was in the staff bedroom talking on the telephone. -The residents were in their bedrooms. -At 10:02am, the SIC came into the dining room and opened a sliding glass door. -At 10:03am, the SIC turned off the burner on the stove. -At 10:05am, the fire alarm stopped alarming. <p>Review of the Fire Inspection Report revealed the last inspection was completed on 2/7/13.</p> <p>Confidential interview with two residents revealed there had not been a fire drill in "several months."</p> <p>Review of the Fire Drill Reports from the facility dated 1/30/15 revealed:</p> <ul style="list-style-type: none"> -A fire drill was conducted by the lead SIC at 11:30am. -The location of the "alleged fire" was documented as the kitchen. -The evacuation time for all residents was documented as 2 minutes and 10 seconds. -All residents were documented as evacuating the home in a timely manner and met at the designated location. <p>Review of the Fire Drill Reports from the facility dated 5/1/15 revealed:</p>	C 100		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 100	<p>Continued From page 8</p> <ul style="list-style-type: none"> -A fire drill was conducted by the lead SIC at 12:30pm. -The location of the "alleged fire" was documented as the kitchen. -The evacuation time for all residents was documented as 2 minutes and 15 seconds. -All residents were documented as evacuating the home in a timely manner and met at the designated location. <p>There were no other fire drills recorded in 2015 and none had been recorded in 2016.</p> <p>Interview with the lead SIC on 5/5/16 at 12:00pm revealed:</p> <ul style="list-style-type: none"> -She conducted the fire drills in the home. -She had not conducted a fire drill since May of 2015. -She was aware that fire drills were supposed to be conducted quarterly and on different shifts. <p>Interview with the Administrator on 5/5/16 at 4:35pm revealed:</p> <ul style="list-style-type: none"> -The fire drill policy was for fire drills to be done monthly. -The staff were to record the fire drills on the fire drill forms. -She was not aware the fire drills had not been completed. 	C 100		
C 133	<p>10A NCAC 13G. 0403(c) Qualifications of Medication Staff</p> <p>10A NCAC 13G. 0403 Qualifications of Medication Staff (c) Medication aides and staff who directly supervise the administration of medications, except persons authorized by state occupational licensure laws to administer medications, shall</p>	C 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 133	<p>Continued From page 9</p> <p>complete six hours of continuing education annually related to medication administration.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure staff performing Medication Aide duties had met the requirements to administer medications as evidenced by 3 of 4 sampled staff (Staff B, D, and E) had not completed 6 hours of annual medication aide training.</p> <p>The findings are:</p> <ol style="list-style-type: none"> Review of Staff B's personnel file on 5/5/16 revealed: <ul style="list-style-type: none"> -Staff B was hired as a Supervisor-In-Charge (SIC) on 9/18/08. -Staff B passed the written Medication Aide test on 1/13/09. -Staff B completed 4 hours of continuing education related to Medication Administration during 2009. -Staff B completed 1 hour of continuing education related to Medication Administration during 2010. -There was no documentation that Staff B completed any Medication Administration continuing education in 2011. -Staff B completed 7 hours of continuing education related to Medication Administration in 2012. -Staff B completed 14 hours of continuing education in Medication Administration in 2013 and 10 hours in 2014. -In 2015, Staff B completed 3 hours of continuing education in Medication Administration. <p>Interview with Staff B on 5/5/16 at 4:56pm revealed:</p>	C 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 133	<p>Continued From page 10</p> <ul style="list-style-type: none"> -She had been employed at the facility for almost 8 years. -She was the lead SIC for this family care home. -She had completed continuing education in Medication Administration over the years, but she did not recall how many hours she had completed each year. -All of the training certificates would be in the personnel files. <p>2. Review of Staff D's personnel file on 5/5/16 revealed:</p> <ul style="list-style-type: none"> -Staff D was hired as a SIC on 5/27/13. -Staff D passed the written Medication Aide test on 10/14/13. -Staff D completed 9 hours of continuing education related to Medication Administration during 2013 and 2014. -There was no documentation that Staff D completed any continuing education related to Medication Administration in 2015. -Staff D had completed 3 hours of continuing education related to Medication Administration in 2016. <p>Staff D was not available for interview during the survey.</p> <p>Interview with the SIC on 5/5/16 at 4:56pm revealed:</p> <ul style="list-style-type: none"> -Staff D usually worked on Wednesdays only in the facility. -Staff D worked at the other family care homes primarily. -Any continuing education or training that Staff D had completed would be in his personnel file. <p>3. Review of Staff E's personnel file on 5/5/16 revealed:</p> <ul style="list-style-type: none"> -Staff E was hired as a SIC on 11/30/12. 	C 133		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 133	<p>Continued From page 11</p> <ul style="list-style-type: none"> -Staff E passed the written Medication Aide test on 6/17/13. -Staff E completed 2 hours of continuing education related to Medication Administration during 2013. -Staff E completed 10 hours of continuing education related to Medication Administration during 2014. -There was no documentation that Staff E completed any continuing education related to Medication Administration in 2015. -Staff E had completed 2 hours of continuing education related to Medication Administration in 2016. <p>Staff E was not available for interview during the survey.</p> <p>Interview with the SIC on 5/5/16 at 4:56pm revealed:</p> <ul style="list-style-type: none"> -Staff E was not scheduled to work until this weekend, 5/9/16. -Any continuing education or training that Staff E had completed would be in her personnel file. 	C 133		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall:</p> <p>(7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: Based on observation, interview and review of personnel files, the facility failed to assure 2 of 5 sampled staff (D, E) had a criminal background</p>	C 147		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 147	<p>Continued From page 12</p> <p>check in accordance with G.S. 114-19.10 and 131D-40. The findings are:</p> <p>1. Review of Staff D's personnel file on 05/05/16 revealed: -Staff D was hired as a Supervisor-In-Charge on 05/27/13. -Consent was signed for a criminal background check by Staff D on 5/27/13. -There was no documentation of a criminal background check for the state of North Carolina.</p> <p>Review of the staff schedule revealed Staff D worked as the SIC from 3:00pm-11:00pm every Wednesday during April 2016 and was scheduled every Wednesday in May 2016.</p> <p>Refer to interview with the Administrator and SIC on 05/05/16.</p> <p>Staff D was not available for interview during the survey.</p> <p>2. Review of Staff E's personnel file on 05/06/16 revealed: -Staff E was hired as a Supervisor-In-Charge on 11/30/12. -There was no consent for a criminal background check signed by Staff E in the personnel file. -There was no documentation of a criminal background check for the state of North Carolina.</p> <p>Review of the staff schedule revealed Staff E worked as the SIC from 7:00am-11:00pm every weekend (Saturday and Sunday) during April 2016 and was scheduled every weekend (Saturday and Sunday) in May 2016.</p> <p>Refer to interview with the Administrator and SIC on 05/05/16.</p>	C 147		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 147	<p>Continued From page 13</p> <p>Staff E was not available for interview during the survey.</p> <hr/> <p>Interview with the Administrator on 5/5/16 at 4:35pm revealed: -The lead SIC was responsible for all of staff trainings and personnel files. -The lead SIC was responsible for ensuring that the required paperwork was completed and placed in each staff's personnel file. -She was not aware that staff had not had criminal background checks completed upon hire.</p> <p>Interview with the SIC on 05/05/16 at 4:56pm revealed that she was the lead SIC for the home, but another SIC who was working at another home on 05/05/16 was responsible for staff trainings and personnel files.</p>	C 147		
C 155	<p>10A NCAC 13G .0501 (c) Personal Care Training And Competency</p> <p>10A NCAC 13G .0501 Personal Care Training And Competency</p> <p>(c) The facility shall assure that training specified in Paragraphs (a) and (b) of this Rule is successfully completed six months after hiring for staff hired after July 1, 2000. Staff hired prior to July 1, 2000, shall have completed at least a 20-hour training program for the performance or supervision of tasks listed in Paragraph (i) of this Rule or a 75-hour training program for the performance or supervision of tasks listed in Paragraph (j) of this Rule. The 20 and 75-hour training shall meet all the requirements of this Rule except for the interpersonal skills and</p>	C 155		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 155	<p>Continued From page 14</p> <p>behavioral interventions listed in Paragraph (j) of this Rule, within six months after hiring.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure 3 of 5 staff (Staff A, D, and E) employed by the facility after July 1, 2000 completed a 25-hour personal care training and competency program for performing personal care. The findings are:</p> <p>1. Review of Staff A's (Supervisor-in-Charge/Personal Care Aide) personnel file on 05/05/16 revealed: -Staff A was hired as a Supervisor-in-Charge (SIC) and Personal Care Aide (PCA) on 11/21/14. -He had completed the Licensed Health Professional Support (LHPS) competency validation and clinical skills checklist on 12/19/14. -There was no documentation that Staff A had been a Nurse Aide or Personal Care Aide. -There was no documentation of Staff A completing the 25-hour personal care training course approved by the Department.</p> <p>Review of the LHPS competency validation and clinical skills checklist revealed: -The tasks included: transfer techniques, ambulation, measuring height and weight, intake and output, bed making, infection control, vital signs, personal care skills, nutritional care, elimination care, communication, and documentation. -The certificate was signed by a registered nurse.</p> <p>Interview with Staff A on 05/05/16 at 3:34pm revealed: -He had never received certification as a Nurse</p>	C 155		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 155	<p>Continued From page 15</p> <p>Aide.</p> <ul style="list-style-type: none"> -The only personal care training he had completed was the clinical skills checklist that the nurse completed. -He did not recall completed a 25-hour training in personal care. -Personal care tasks that he currently provided to residents included: assistance in grooming with haircuts and taking vital signs and weights. Refer to interview with the Administrator and SIC on 05/05/16. <p>2. Review of Staff D's (Supervisor-in-Charge) personnel file on 05/05/16 revealed:</p> <ul style="list-style-type: none"> -Staff D was hired as a Supervisor-in-Charge (SIC) on 05/27/13. -He had completed the Licensed Health Professional Support (LHPS) competency validation and clinical skills checklist on 06/01/13. -There was no documentation that Staff D had been a Nurse Aide or Personal Care Aide. -There was no documentation of Staff D completing the 25-hour personal care training course approved by the Department. <p>Review of the LHPS competency validation and clinical skills checklist revealed:</p> <ul style="list-style-type: none"> -The tasks included: transfer techniques, ambulation, measuring height and weight, intake and output, bed making, infection control, vital signs, personal care skills, nutritional care, elimination care, communication, and documentation. -The certificate was signed by a registered nurse. <p>Staff D was not available for interview during the survey.</p> <p>Refer to interview with the Administrator and SIC on 05/05/16.</p>	C 155		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 155	<p>Continued From page 16</p> <p>3. Review of Staff E's (Supervisor-in-Charge) personnel file on 05/05/16 revealed: -Staff E was hired as a Supervisor-in-Charge (SIC) on 11/30/12. -She had completed the Licensed Health Professional Support (LHPS) competency validation and clinical skills checklist on 11/27/12. -There was no documentation that Staff E had been a Nurse Aide or Personal Care Aide. -There was no documentation of Staff E completing the 25-hour personal care training course approved by the Department.</p> <p>Review of the LHPS competency validation and clinical skills checklist revealed: -The tasks included: transfer techniques, ambulation, measuring height and weight, intake and output, bed making, infection control, vital signs, personal care skills, nutritional care, elimination care, communication, and documentation. -The certificate was signed by a registered nurse.</p> <p>Staff D was not available for interview during the survey.</p> <p>Refer to interview with the Administrator and SIC on 05/05/16.</p> <p>Interview with the Administrator on 5/5/16 at 4:35pm revealed: -The lead SIC was responsible for all of staff trainings and personnel files. -The lead SIC was responsible for ensuring that the required paperwork was completed and placed in each staff's personnel file. -She was not aware that staff had not had</p>	C 155		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 155	Continued From page 17 personal care training. Interview with the SIC on 05/05/16 at 4:56pm revealed that she was the lead SIC for the home, but another SIC who was working at another home on 05/05/16 was responsible for staff trainings and personnel files.	C 155		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to have at least one staff person on the premises for 10 of 35 shifts between 4/1/16 and 5/5/16 who had completed within the last 24 months a course on cardio-pulmonary resuscitation (CPR) and choking management.	C 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 176	<p>Continued From page 18</p> <p>The findings are:</p> <p>Observation during the facility tour beginning at 9:45am revealed that Staff A was the only staff present.</p> <p>Interview with Staff A on 5/5/16 at 10:00am revealed: -Staff A was the only staff working in the facility on 5/5/16. -Staff A was the only staff present in the home unless it was time to administer medications. -Another staff would come from the sister facility to administer medications since Staff A was not certified to administer medications.</p> <p>Review of the April and May 2016 staffing schedule revealed: -There was one staff scheduled for 16 hour shifts from 7:00am until 11:00pm. -On Wednesdays, one staff was scheduled from 7:00am until 3:00pm, and another staff was scheduled from 3:00pm until 11:00pm.</p> <p>Review of the personnel file for Staff A revealed: -Staff was hired as a Personal Care Aide/Supervisor-In-Charge on 11/21/14. -There was no documentation that Staff A had completed CPR training since employment.</p> <p>Review of the personnel files for Staff B, C, D, and E revealed these staff were all certified in CPR.</p> <p>Review of the April and May 2016 staffing schedule revealed: -Staff A had worked 9 shifts in April 2016 from 7:00am until 11:00pm. -Staff A was scheduled to work 8 shifts in May 2016 from 7:00am until 11:00pm.</p>	C 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 176	<p>Continued From page 19</p> <p>Interview with Staff A on 5/5/16 at 3:30pm revealed: -Staff A had to call another SIC if a resident needed medications. -Staff A did not have access to the medication cart. -Staff A had taken CPR but it had expired. -Staff A could not recall when he took CPR, but knew that it had been "a long time." -Staff A did not know if he was schedule to take CPR in the future.</p> <p>Telephone interview with the Administrator on 5/5/16 at 4:35pm revealed: -If Staff A was alone and a resident needed CPR or any emergency intervention, Staff A would call 911. -Then, Staff A would call for back-up from one of the sister facilities. -This was on the Administrator's "list" to address. -The SIC who acted as the Activity Director was responsible for handling staff tranings.</p> <p>Interview with the SIC on 5/5/16 at 4:56pm revealed: -Staff stayed overnight in the facility. -Staff that was scheduled to work 5/5/16 and 5/6/16 would stay overnight and be on duty until the next staff was scheduled to come in on 5/7/16 at 7:00am. -Staff A was scheduled to work from 5/5/16 until 5/7/16 at 7:00am. -Staff A was the only staff in the home unless she or another staff came in to administer medications. -The SIC was not aware that Staff A was not certified in CPR. -Staff A would not be working again until his CPR course was re-taken.</p>	C 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 176	Continued From page 20 The facility provided the following Plan of Protection on 5/5/16: -The facility has a CPR class for re-certification/certification shceduled for May 12, 2016. -The facility will make sure all staff on duty has CPR training. -The facility will make sure that all staff currently on duty have CPR training. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JUNE 19, 2016.	C 176		
C 264	10A NCAC 13G .0904(c)(1) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service (c) Menus in Family Care Homes: (1) Menus shall be prepared at least one week in advance with serving quantities specified and in accordance with the Daily Food Requirements in Paragraph (d) of this Rule. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure menus were prepared at least one week in advance with serving quantites specified and in accordance with the Daily Food Requirements. The findings are: Observation on 05/05/16 at 11:40 am revealed there was a menu only for the breakfast meal posted. Interview with the Supervisor in Charge (SIC)	C 264		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 264	<p>Continued From page 21</p> <p>revealed:</p> <ul style="list-style-type: none"> -Lunch and supper meals were usually catered by a local restaurant. -The restaurant did not provide a menu. -On days the restaurant did not cater, the staff cooked or take out was provided for the residents. <p>Observation of the lunch meal service on 05/05/16 at 1:20 pm revealed:</p> <ul style="list-style-type: none"> -The meal was prepared by the SIC. -The meal consisted of a ham sandwich, peas, corn on the cob, peaches, tea and water. <p>Confidential interviews with residents revealed:</p> <ul style="list-style-type: none"> -The only good meal is breakfast which is cooked by staff. -Since we don ' t have a menu, we never know what we are going to get. -The food here is terrible, there was this pan of meat, I think it was beef, but it stunk. -We never get juice. -I buy my own juice so I will have some (juice). <p>Telephone interview with the Administrator on 05/05/16 at 4:04 pm revealed:</p> <ul style="list-style-type: none"> -Food service was managed by the Administrator ' s family member. -The Administrator thought menus were provided by the caterer. -The caterer could have left menus at another facility nearby, also owned by the Administrator, with the expectation the menus would be shared. -The Administrator stated that she would discuss the lack of menus with the family member in charge of food service. 	C 264		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 273 C 273	<p>Continued From page 22</p> <p>10A NCAC 13G .0904(d)(3)(A) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family 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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure that 8 ounces of pasteurized milk was served at least twice a day. The findings are:</p> <p>Observation of the lunch and dinner food service on 05/05/16 at 1:20 pm and 5:30 pm revealed that milk was not served or offered.</p> <p>Confidential interviews with residents revealed the following: -The breakfast meal 05/05/16 consisted of grits, sausage, toast and water. -Milk was served in a glass once a month. -Milk is only served on cereal. -Residents stated they would like milk to drink with meals or snacks.</p> <p>Observations of the facilities' refrigerator contents on 05/05/16 at 11:42 am revealed two thirds of a gallon of whole milk.</p> <p>Telephone interview with the Administrator on 05/05/16 at 4:04 am revealed that: -The Administrator did not know that milk was not</p>	C 273 C 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 273	Continued From page 23 being served as required. -The Supervisor in Charge was responsible for ordering food and supplies need in each facility. -If something is needed it will be provided.	C 273		
C 288	<p>10A NCAC 13G .0905(a) Activities Program</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and review of the facility's activity calendar, the facility failed to develop a program of activities designed to promote the residents' active involvement. The findings are:</p> <p>Observation during tour of the facility starting at 9:45 a.m. on 5/5/16 revealed there was an activity calendar posted in the facility in the kitchen area.</p> <p>Review of the May 2016 activity calendar revealed: -Activities listed on the calendar included church, music, cards and board games, movie, outdoor activities, shopping, walking, and resident's choice. -Each week the activities were the same as the previous week's activities for that given day. -Each week averaged 19.5 hours of planned activities. -On 5/5/16, from 9:30 a.m. to 11:00 a.m., the residents were scheduled Bingo.</p> <p>Observation throughout the survey on 5/5/16 revealed:</p>	C 288		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 288	<p>Continued From page 24</p> <ul style="list-style-type: none"> -No activity occurred from 9:30 a.m. to 11:00 a.m. -The residents were walking in and out of the facility at their leisure. -Two residents stayed in their room until lunch or supper was served. -There were no supplies or games for activities in the facility <p>Confidential interview with a resident revealed:</p> <ul style="list-style-type: none"> -There were no activities going on other than going shopping. -He went to the mall once a month. <p>Confidential interview with a second revealed:</p> <ul style="list-style-type: none"> -It had been a long time since the residents had played Bingo. -The resident stayed in his room and watched television. <p>Confidential interview with a third resident revealed:</p> <ul style="list-style-type: none"> -He went to the sister facility and played basketball. -The staff who worked weekends did most of the activities. -The staff working weekends gave the residents a "Super Bowl party." <p>Telephone interview with the Administrator on 5/5/16 at 4:35pm revealed:</p> <ul style="list-style-type: none"> -There was a Supervisor-In-Charge (SIC) who was responsible for activities, but each SIC was responsible for working on activities with the residents. -The residents had cookouts at the sister facility for the holidays where all the residents would be served dinner. 	C 288		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 428 C 428	<p>Continued From page 25</p> <p>10A NCAC 13G .1206 Health Care Personnel Registry</p> <p>10A NCAC 13G .1206 Health Care Personnel Registry</p> <p>The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record review and interviews, the facility failed to comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .1001 and .1002 by not completing a Health Care Personnel Registry (HCPR) check upon hire for 5 of 5 sampled staff (A, B, C, D, E). The findings are:</p> <p>1. Review of the personnel file for Staff A on 5/5/16 revealed: -Staff A was hired as a Personal Care Aide/Supervisor-in-Charge on 11/21/14. -There was an HCPR verification in the personnel file for Staff A completed on 11/11/15. -Staff A was not listed on the HCPR Registry or the Nurse Aide I registry. -The HCPR verification read that Staff A had no findings listed on the registry.</p> <p>Refer to interview with the Administrator on 5/5/16 at 4:35pm.</p> <p>2. Review of the personnel file for Staff B on 5/5/16 revealed: -Staff B was hired as a Supervisor-in-Charge on 9/18/08. -There was an HCPR verification in the personnel</p>	C 428 C 428		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 428	<p>Continued From page 26</p> <p>file for Staff B completed on 10/9/08. -Staff B was listed on the Nurse Aide I registry. -The HCPR verification read that Staff B had no findings listed on the registry.</p> <p>Refer to interview with the Administrator on 5/5/16 at 4:35pm.</p> <p>3. Review of the personnel file for Staff C on 5/5/16 revealed: -Staff C was hired as a Supervisor-in-Charge on 4/26/10. -There was an HCPR verification in the personnel file for Staff C completed on 8/15/10. -Staff C was listed on the Nurse Aide I registry. -The HCPR verification read that Staff C had no findings listed on the registry.</p> <p>Refer to interview with the Administrator on 5/5/16 at 4:35pm.</p> <p>4. Review of the personnel file for Staff D on 5/5/16 revealed: -Staff D was hired as a Supervisor-in-Charge on 5/27/13. -There was an HCPR verification in the personnel file for Staff D completed on 5/28/13. -Staff D was not listed on the HCPR Registry or the Nurse Aide I registry. -The HCPR verification read that Staff D had no findings listed on the registry.</p> <p>Refer to interview with the Administrator on 5/5/16 at 4:35pm.</p> <p>5. Review of the personnel file for Staff E on 5/5/16 revealed: -Staff E was hired as a Supervisor-in-Charge on 11/30/12. -There was an HCPR verification in the personnel</p>	C 428		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 428	<p>Continued From page 27</p> <p>file for Staff E completed on 11/11/15. -Staff E was not listed on the HCPR Registry or the Nurse Aide I registry. -The HCPR verification read that Staff E had no findings listed on the registry.</p> <p>_____</p> <p>Telephone interview with the Administrator on 5/5/16 at 4:35pm revealed: -The Administrator was aware that the HCPR verifications were to be completed upon hire of new staff. -The SIC for the home was responsible for completing the HCPR verification for new staff that were hired. -She did not know why the HCPR verifications were not completed upon hire.</p> <p>_____</p> <p>The facility provided the following Plan of Protection: -All new hires will have their health care personnel registry check ran on them upon hire. -All new hires will have their health care personnel registry check completed and placed in their file.</p> <p>THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JUNE 19, 2016.</p>	C 428		
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</p>	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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	<p>Continued From page 28 regulations.</p> <p>This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to provide care and services to the residents which are adequate, appropriate, and in compliance with relevant federal and state rules and regulations as it relates to fire safety and disaster plan, training on cardio-pulmonary resuscitation, and health care personnel registry. The findings are:</p> <ol style="list-style-type: none"> 1. Based on interviews, record reviews, and observations, the facility failed to replace the batteries in four smoke detectors in order to maintain a working fire alarm system. [Refer to Tag C 0097, 10A NCAC 13G. 0316 Fire Safety and Disaster Plan (Type B Violation)]. 2. Based on interviews and record reviews, the facility failed to have at least one staff person on the premises for 10 of 35 shifts between 4/1/16 and 5/5/16 who had completed within the last 24 months a course on cardio-pulmonary resuscitation (CPR) and choking management. [Refer to Tag C 0176, 10A NCAC 13G. 0507 Training on Cardio-Pulmonary Resuscitation. (Type B Violation)]. 3. Based on record review and interviews, the facility failed to comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .1001 and .1002 by not completing a Health Care Personnel Registry (HCPR) check upon hire for 5 of 5 sampled staff (A, B, C, D, E). [Refer to Tag C 0428, 10A NCAC 13G. 1206 Health Care 	C 912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL067021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 102 ASH PLACE JACKSONVILLE, NC 28546
--	--

(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 29 Personnel Registry (Type B Violation)].	C 912		