

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/08/2016
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NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING AND MORE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 336 NC HIGHWAY 120 MOORESBORO, NC 28114
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C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on June 7, 2016 and June 8, 2016.	C 000		
C 007	10A NCAC 13G .0206 Capacity 10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any possible changes that may be required to the	C 007		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 007	<p>Continued From page 1</p> <p>building.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility failed to notify the Division of Health Service Regulation of the change in the evacuation capability of residents in the facility.</p> <p>The findings are:</p> <p>Interview with the Administrator on 6/7/15 at 8:25am revealed there were 6 residents who lived in the facility.</p> <p>Review of the Division of Health Service Regulation license for the facility for the current year from January 1, 2016 through December 31, 2016 revealed the licensed capacity was for six "All Ambulatory" residents.</p> <p>According to the Division's Construction Section, "any child under the age of six years must be considered non-ambulatory and needing assistance with evacuation."</p> <p>Observations on 6/7/16 during the survey revealed a 2 year old child was being cared for by the Supervisor-In-Charge (SIC) during her shift.</p> <p>Confidential interviews with six residents on 6/7/16 and 6/8/16 revealed: -Staff A's 2 year old "comes a lot." -The 2 year old would stay most of the shift when Staff A worked.</p> <p>Interview with the Administrator on 6/8/16 at</p>	C 007		

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C 007	<p>Continued From page 2</p> <p>8:55am revealed: -The 2 year old did not live in the facility. -Staff A's child was staying in the facility for some shifts, but "not here everyday...sometimes a day a week or something. " -"I'm here 90% of the time Monday through Friday unless I'm doing the transporting" and then the SIC would be left alone with the residents and 2 year old until the Administrator returned. -One resident required transportation Monday through Friday to a workshop which would take about 30 minutes round trip. -Another resident required weekly transportation to dialysis 3 days a week.</p> <p>Telephone interview with Staff B, SIC, on 6/8/16 at 10:40am revealed she and Staff A would work alternating days, so they could help each other with child care.</p> <p>_____</p> <p>A plan of protection was received from the facility on 6/8/16 as follows if there was any child in the facility under the age of 6, there would be someone else there designated to take care of the child.</p> <p>_____</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 23, 2016.</p>	C 007		
C 249	<p>10A NCAC 13G .0902(c)(3)(4) Health Care</p> <p>10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional;</p>	C 249		

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C 249	<p>Continued From page 3</p> <p>and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure implementation of finger stick blood sugar (FSBS) testing for 1 of 1 resident (Resident # 2) with orders for FSBS testing.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 2/2/16 revealed: -Diagnoses included type 2 diabetes, hypertension, and mild mental retardation. -The resident was documented as intermittently confused. -A physician's order for Glucophage (used to control blood sugar) 500mg 1 tab at 7:30am and one tab at 5:30pm was documented on the FL2.</p> <p>Review of a physician's order dated 2/19/16 revealed FSBS testing once a week.</p> <p>Review of Resident #2's March 2016 Medication Administration Record (MAR) revealed there were no documented FSBS results.</p> <p>Review of Resident #2's March 2016 FSBS log revealed: -A computer generated entry for FSBS tests once weekly after a meal or as needed when having illness. -FSBS tests were documented for 4 occurrences out of 4 opportunities. -FSBS on 3/7/16=122, 3/15/16=120, 3/20/16=147, and 3/27/16=112.</p>	C 249		

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C 249	<p>Continued From page 4</p> <p>Interview with Staff A, SIC, on 6/8/16 at 2:18pm revealed she had been unable to find any additional FSBS logs for Resident #2 other than the one from March 2016.</p> <p>Review of Resident #2's April 2016 MAR revealed: -A computer generated entry for FSBS tests once weekly after a meal or as needed when having illness. -FSBS tests were documented for 4 occurrences out of 4 opportunities. -FSBS on 4/4/16=110, 4/11/16=112, 4/18/16=114, 4/25/16=110.</p> <p>Review of Resident #2's May and June 2016 MARs revealed no documented FSBS results.</p> <p>Interview with the Administrator on 6/7/16 at 2:00pm revealed: -Resident #2 was the only resident with orders for FSBS testing once weekly. -FSBS results were supposed to be documented on the back of the resident's MARs. -Resident #2's glucometer is "stored in the office, but the battery is deader than anything. I was planning to pickup a new battery for it today."</p> <p>Interview with Resident #2 on 6/7/16 at 2:05pm revealed: -Staff tested her FSBS "sometimes." -She was unable to remember the last time her FSBS had been checked.</p> <p>Observation of the glucometer identified by the Administrator as belonging to Resident #2 on 6/7/16 at 2:31pm revealed: -There was no outer case for the glucometer. -There was no label on the glucometer identifying</p>	C 249		

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C 249	<p>Continued From page 5</p> <p>it as belonging to Resident #2. -The glucometer was operational. -There was no history in the glucometer.</p> <p>Interview with the Administrator on 6/7/16 at 2:35pm revealed: -She was aware the glucometer was not labeled, but that was not an issue because Resident #2 was the only resident in the facility who required FSBS testing. -She had just "found a battery and put in it."</p> <p>Telephone interview with the facility pharmacy on 6/7/16 at 2:45pm revealed: -The test strips for Resident #2's glucometer had last been dispensed on 4/17/15. -On 4/17/15, 100 lancets and 100 test strips had been dispensed for the resident's use. -There had been no other dispenses of diabetic supplies since 4/17/15.</p> <p>Observation of Resident #2's diabetic supplies on hand on 6/7/16 at 2:45pm revealed there were 20 test strips available for use for the resident.</p> <p>Interview with the Administrator on 6/8/16 at 1:50pm revealed: -She did not know why the FSBS had not been checked and recorded weekly for Resident #2. -The battery on the glucometer had "been out a day or two." -The FSBS "were being done up to 4 or 5 days ago until the battery went out."</p>	C 249		
C 252	<p>10A NCAC 13G .0903(a) Licensed Health Professional Support</p> <p>10A NCAC 13G .0903 Licensed Health Professional Support</p>	C 252		

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C 252	<p>Continued From page 6</p> <p>(a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks:</p> <ol style="list-style-type: none"> (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; 	C 252		

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C 252	<p>Continued From page 7</p> <p>Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter;</p> <p>(16) oxygen administration and monitoring;</p> <p>(17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints;</p> <p>(18) oral suctioning;</p> <p>(19) care of well-established tracheostomy, not to include indo-tracheal suctioning;</p> <p>(20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph);</p> <p>(21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP);</p> <p>(22) application of prescribed heat therapy;</p> <p>(23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;</p> <p>(24) ambulation using assistive devices that requires physical assistance;</p> <p>(25) range of motion exercises;</p> <p>(26) any other prescribed physical or occupational therapy;</p> <p>(27) transferring semi-ambulatory or non-ambulatory residents; or</p> <p>(28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure a registered nurse completed an on-site Licensed Health Professional Support (LHPS) review and physical assessment evaluation on a quarterly basis for 2 of 2 sampled residents (Resident #1 and #2)</p>	C 252		

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C 252	<p>Continued From page 8</p> <p>related to fluid restriction and fingerstick blood sugar (FSBS) testing.</p> <p>The findings are:</p> <p>A. Review of Resident #1's current FL2 dated 2/3/16 revealed: -No documented diagnoses. -The diet was documented "Fluid Restriction."</p> <p>Review of Resident #1's FL2 dated 4/16/15 revealed: -Diagnoses included end stage renal disease, hypopulmonary embolism, anemia, and seizures. -The diet was documented as a renal diet.</p> <p>Review of a physician's order for Resident #1 dated 4/1/14 revealed: -Renal diet. -1 liter fluid restriction daily.</p> <p>Review of Resident #1's Resident Register revealed she had been admitted to the facility on 5/25/12.</p> <p>Review of Resident #1's record revealed there was no LHPS review in the resident record.</p> <p>Interview with the Administrator on 6/7/16 at 1:35pm revealed: -"I wasn't aware we needed to do a LHPS for fluid restriction." -"I will get that done." -She had a registered nurse who came into the facility and did her LHPS evaluations.</p> <p>Interview with the Administrator on 6/8/16 at 10:50am revealed: -"We haven't been doing LHPS's on [Resident</p>	C 252		

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C 252	<p>Continued From page 9</p> <p>#1's name] cause we didn't know she was supposed to have one for fluid restrictions."</p> <p>B. Review of Resident #2's current FL2 dated 2/2/16 revealed diagnoses included type 2 diabetes, hypertension, and mild mental retardation.</p> <p>Review of a physician's order dated 2/19/16 revealed FSBS testing once a week.</p> <p>Review of Resident #2's LHPS evaluation dated 4/15/16 revealed:</p> <ul style="list-style-type: none"> -The task of collection and testing of FSBS samples was documented as a task. -There was no documented review of health status and care provided, physical assessment, current condition, progress to care provided, or recommended changes in care documented. -Documented "No LHPS at this time." -The form was signed by a registered nurse. <p>Review of Resident #2's record revealed there were no additional LHPS evaluations.</p> <p>Interview with the Administrator on 6/8/16 at 1:50pm revealed:</p> <ul style="list-style-type: none"> -Resident #2's LHPS should have been completed when the LHPS nurse last came on 4/15/16. -She was unsure why it had not been completed. -She was unable to find Resident #2's January LHPS evaluation. 	C 252		
C 330	<p>10A NCAC 13G .1004(a) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the</p>	C 330		

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C 330	<p>Continued From page 10</p> <p>preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 1 of 3 sampled residents (Resident #1) was administered calcitrol and warfarin as ordered by the prescribing practitioner.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 2/3/16 revealed:</p> <ul style="list-style-type: none"> -No documented diagnoses. -There was a physician assistant's order for calcitrol (used to treat low calcium levels) 0.5mcg daily was documented on the FL2. -There was a physician assistant's order for warfarin (used to prevent blood clots) 4mg 2 tabs daily at 5pm except Tuesday and Friday 1 tab at 5pm was documented on the FL2. <p>Review of Resident #1's FL2 dated 4/16/15 revealed diagnoses included end stage renal disease, hypopulmonary embolism, anemia, and seizures.</p> <p>1. Review of Resident #1's physician order sheet dated 2/11/16 revealed calcitrol 0.5mcg 1 cap three times a week at 8am (take on dialysis days).</p> <p>Review of Resident #1's April 2016 Medication Administration Record (MAR) revealed:</p>	C 330		

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C 330	<p>Continued From page 11</p> <p>-A computer generated entry for calcitrol 0.5mcg 1 capsule 3 times a week (take on dialysis days) for 4/1/16 to 4/6/15.</p> <p>-The calcitrol was documented administered for 6 occurrences from 4/1/16 to 4/6/16.</p> <p>-A hand written entry for calcitrol one tab every other day.</p> <p>-The calcitrol was documented administered for 10 occurrences out of 11 opportunities from 4/7/16 to 4/30/16.</p> <p>Review of Resident #1's May 2016 MAR revealed:</p> <p>-A computer generated entry for calcitrol 0.5mcg 1 capsule every other day scheduled at 8am.</p> <p>-Calcitrol was documented administered daily for 30 occurrences from 5/1/16 to 5/30/16.</p> <p>Review of Resident #1's June 2016 MAR from 6/1/16 to 6/7/16 revealed:</p> <p>-A computer generated entry for calcitrol 0.5mcg 1 capsule every other day scheduled at 8am.</p> <p>-Calcitrol was documented administered daily for 6 occurrences from 6/1/16 to 6/6/16.</p> <p>Observation of Resident #1's calcitrol 0.5mcg on hand in the facility on 6/7/16 at 10:55am revealed:</p> <p>-One bottle of calcitrol 0.5mg capsules.</p> <p>-The label directions on the bottle were calcitrol 0.5mcg 1 capsule daily.</p> <p>Telephone interview with Resident #1's dialysis clinic nurse on 6/8/16 at 10:15am revealed:</p> <p>-The current order for calcitrol was dated 4/4/16 for calcitrol 0.5mcg every other day.</p> <p>-The dialysis center had dispensed an additional 90 day supply of calcitrol 0.5mg tablets on 4/4/16.</p> <p>Interview with Resident #1 on 6/7/16 at 8:20am revealed she received her medications as</p>	C 330		

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C 330	<p>Continued From page 12</p> <p>ordered.</p> <p>Telephone interview with Resident #1's dialysis clinic nurse on 6/8/16 at 1:35pm revealed: -Resident #1's last calcium level dated 5/25/16 was "extremely low." -"Getting the calcitrol more should have helped to increase the calcium."</p> <p>2. Review of Resident #1's physician's order dated 2/25/16 revealed warfarin 6mg on Mondays and Fridays and 8mg all other days.</p> <p>Review of Resident #1's physician's order dated 3/17/16 revealed warfarin 8mg every day.</p> <p>Review of Resident #1's physician's order dated 4/11/16 revealed warfarin 12mg on Mondays and 8mg all other days.</p> <p>Review of Resident #1's physician's order dated 5/17/16 revealed warfarin 8mg on Sundays, Wednesdays, Fridays, and Saturdays and 12mg on Mondays, Tuesdays, and Thursdays.</p> <p>Review of Resident #1's physician's order dated 5/25/16 revealed warfarin 8mg on Friday's and Sundays and 12 mg all other days.</p> <p>Review of Resident #1's physician's order dated 5/31/16 revealed warfarin 12mg Mondays, Wednesdays, Fridays, Saturdays, and Sundays and 8mg on Tuesdays and Thursdays.</p> <p>Review of Resident #1's April 2016 MAR revealed warfarin was documented as administered 4/1/14 to 4/30/16 correctly for 30 occurrences out of 30 opportunities.</p> <p>Review of Resident #1's May 2016 MAR</p>	C 330		

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C 330	<p>Continued From page 13</p> <p>revealed:</p> <ul style="list-style-type: none"> -A computer generated entry for warfarin 4mg 1 tablet on Tuesdays and Fridays and 8mg Mondays, Wednesday, Thursdays, Saturdays, and Sundays at 6pm from 5/1/16 to 5/18/16. -A handwritten entry for warfarin 4mg take 2 tabs Sundays, Wednesdays, Friday, and Saturdays and take 3 tabs Monday, Tuesday, and Thursdays at 4pm from 5/18/16 to 5/31/16. -Warfarin was documented as administered from 5/1/16 to 5/31/16 with an incorrect dose for 8 occurrences out of 29 opportunities. -For example, on 5/2/16 warfarin 8mg was documented administered and the resident should have received 12mg. -On 5/6/16, warfarin 4mg was documented administered and the resident should have received 8mg. -On 5/16/16, warfarin 8mg was documented administered and the resident should have received 12 mg. -On 5/28/16, warfarin 8mg was documented administered and the resident should have received 12mg. <p>Review of Resident #1's June 2016 MAR revealed:</p> <ul style="list-style-type: none"> -A computer generated entry for warfarin 4mg take 8mg on Sunday and Friday and 12 mg all other days at 5pm. -Warfarin was documented administered correctly for 5 doses out of 7 opportunities. -No doses were documented administered for 6/5/16 to 6/7/16. <p>Observation of Resident #1's warfarin on hand in the facility on 6/7/16 at 10:55am revealed:</p> <ul style="list-style-type: none"> -There was one bottle of warfarin 4mg with 3 tablets inside. The bottle label directions were "Take 2 tablets (=8mg) by mouth on Sunday and 	C 330		
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C 330	<p>Continued From page 14</p> <p>Friday and 3 tablets (=12mg) on all other days." -There was one bubble pack of warfarin 4mg with 6 tablets. The bubble pack directions were "Take 2 tablets (=8mg) by mouth on Sunday and Friday and 3 tablets (=12mg) on all other days."</p> <p>Interview with Resident #1 on 6/7/16 at 8:20am revealed she received her medications as ordered.</p> <p>Telephone interview with the facility pharmacy on 6/8/16 at 9:38am revealed: -On 2/11/16 they had an electronic script for Resident #1 for warfarin 4mg 2 tab daily. -The order changed again on 2/11/16 with a handwritten order by the physician to warfarin 4mg on Tuesdays and Fridays and 8mg all other days and discontinuation of the previous 2/11/16 order. -They received an order on 5/17/16 for warfarin 8mg Sundays, Wednesdays, Fridays, and Saturdays and 12mg on Mondays, Tuesdays, and Thursdays. -The last order they had received was 5/27/16 for warfarin 8mg on Sundays and Fridays and 12mg all other days. -The pharmacy did not receive the 5/31/16 order. -The pharmacy dispensed 48 tablets of warfarin 4mg tablets on 3/17/16, 4/11/16, and 5/11/16.</p> <p>Telephone interview with Resident #1's primary care provider's nurse on 6/8/16 at 1:29pm revealed on 5/31/16 the resident's INR (a lab test used to monitor blood thinning medication) "was okay. So just make sure she is getting the correct dose now."</p>	C 330		
C 399	10A NCAC 13G .1103 (c) Accounting For Resident's Personal Funds	C 399		

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C 399	<p>Continued From page 15</p> <p>10A NCAC 13G .1103 Accounting For Resident's Personal Funds</p> <p>(c) A record of each transaction involving the use of the resident's personal funds according to Paragraph (b) of this Rule shall be signed by the resident, legal representative or payee or marked by the resident, if not adjudicated incompetent, with two witnesses' signatures at least monthly verifying the accuracy of the disbursement of personal funds. The record shall be maintained in the home.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure there was a record of each transaction involving the use of the resident's personal funds signed by the resident at least monthly verifying the accuracy of the disbursement of personal funds and that the record was maintained in the home for 3 of 3 sampled residents (Resident #1, #2, and #3).</p> <p>The findings are:</p> <p>Confidential interviews with five residents concerning personal fund management on 6/7/16 and 6/8/16 revealed:</p> <ul style="list-style-type: none"> -4 of 5 residents personal funds were managed by the residents. -5 of 5 residents were not signing verifying the accuracy of their monthly disbursement of personal funds. -2 of 5 residents were not shown pharmacy statements detailing the copays on their medications. -The Administrator determined how much each resident must pay each month out of their personal funds towards their pharmacy balance. 	C 399		
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C 399	<p>Continued From page 16</p> <p>Interview with the Administrator on 6/8/16 at 8:55am revealed:</p> <ul style="list-style-type: none"> -5 of 6 residents in the facility managed their own personal funds. -She did not keep records detailing the accounting of resident personal funds. -She was unaware she needed to keep records detailing transactions with the resident's personal funds. -She did not require the residents to sign each month verifying the accuracy of the disbursement of personal funds. -Each month she would just give each resident their \$66 and then the residents would be required to give some of the money back to her to pay towards their pharmacy bill. -"I don't show them their pharmacy bill. I just take the money and pay it each month." -She did not keep records detailing how much was paid each month towards each resident's outstanding pharmacy balance. -A family member managed personal funds for the remaining resident and was responsible for paying that resident's pharmacy bill. <p>Telephone interview with the facility pharmacy on 6/8/16 at 9:38am revealed payments were being received regularly from the facility to pay for 3 of 3 sampled residents (Resident #1, #2, and #3) outstanding balances.</p>	C 399		
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		

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C 912	Continued From page 17 regulations. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws, and rules and regulations related to evacuation capability. The findings are: Based on observations and interviews, the facility failed to notify the Division of Health Service Regulation of the change in the evacuation capability of residents in the facility.[Refer to D 007, 10A NCAC 13G .0206(b) Capacity (Type B Violation.)]	C 912		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5	C 934		

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C 934	<p>Continued From page 18</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide mandatory annual infection prevention training for 3 of 3 medication aides (Staff A, B, and C) that had been employed for more than one year.</p> <p>The findings are:</p> <p>A. Review of Staff A's, Supervisor-In-Charge (SIC), personnel file revealed: -Staff A was hired as an SIC on 4/10/15. -She completed the medication aide clinical skills validation on 4/10/15. -She passed the written medication aide exam on 9/29/15. -She completed the 15 hour medication aide training on 2/4/16. -There was no documentation the state approved infection control training had ever been completed by Staff A.</p> <p>Interview with Staff A, SIC, on 6/8/16 at 10:33am revealed: -She had been working in the facility since April 2015. -Her hours were Mondays, Wednesdays, and Fridays 8am until 5pm and Tuesdays and Thursdays 8am to 4pm. -Her duties included administering medications to residents.</p> <p>Refer to the interview with the Administrator on 6/7/16 at 3:02pm.</p> <p>B. Review of Staff B's, SIC, personnel file revealed:</p>	C 934		

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C 934	<p>Continued From page 19</p> <ul style="list-style-type: none"> -Staff B was hired as an SIC on 8/13/14. -She completed the medication aide clinical skills validation on 10/21/14. -She passed the written medication aide exam on 12/4/14. -She completed the 15 hour medication aide training on 9/26/14. -There was no documentation the annual state infection control training had been completed since 12/16/14. <p>Telephone interview with Staff B, SIC, on 6/8/16 at 10:49am revealed:</p> <ul style="list-style-type: none"> -She worked as an SIC in the facility. -Her normal work schedule was Mondays, Thursdays, and Fridays 7:30am to 4:30pm. -Her duties included administering medications to residents. <p>Refer to the interview with the Administrator on 6/7/16 at 3:02pm.</p> <p>C. Review of Staff C's, Administrator, personnel file revealed:</p> <ul style="list-style-type: none"> -Staff C's date of hire was 5/12/95. -She completed the medication aide clinical skills validation on 1/27/00. -She passed the written medication aide exam on 7/26/00. -There was no documentation the annual state infection control training had been completed since 12/16/14. <p>Refer to the interview with the Administrator on 6/7/16 at 3:02pm.</p> <p>_____</p> <p>Interview with the Administrator on 6/7/16 at 3:02pm revealed:</p> <ul style="list-style-type: none"> -She, Staff A and Staff B were the only staff who 	C 934		

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C 934	Continued From page 20 administered medications in the facility. -She was aware of the required annual infection control training requirements for all staff who administered medications. -"No one teaches infection control anymore." -She had recently contacted the Administrator of another facility who also was a Registered Nurse and could teach the class "to see what other training we needed." -She had not yet arranged for the staff to receive the training.	C 934		
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.	C935		

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C935	<p>Continued From page 21</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> 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. <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure 1 of 3 sampled staff (Staff A) had successfully completed the 5 hour medication training class and state approved medication aide testing within 60 days of the medication clinical competency validation before administering medications.</p> <p>The findings are:</p> <p>A. Review of Staff A's, Supervisor-In-Charge (SIC), personnel file on 6/8/16 revealed:</p> <ul style="list-style-type: none"> -Staff A was hired as an SIC on 4/10/15. -She had completed the medication clinical skills validation on 4/10/15. -She had completed the state approved medication aide test on 9/29/15. -She had completed the 15 hour medication aide training on 2/4/16. -Staff A had not been employed as a medication aide prior to being hired to work in the facility. 	C935		
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C935	<p>Continued From page 22</p> <p>Observation of Staff A, SIC, on 6/7/16 at 3:20pm revealed she prepared and administered oral medications to one resident.</p> <p>Interview with Staff A, SIC, on 6/8/16 at 10:33am revealed: -She had been working in the facility since April 2015. -She did not start administering medications to the residents until she had passed the state approved medication aide test on 9/29/15.</p> <p>Interview with the Administrator on 6/8/16 at 8:55am revealed she was responsible for ensuring staff qualifications were completed on new hires.</p>	C935		