

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL091015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/01/2016
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1421 ROSS MILL ROAD HENDERSON, NC 27537
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C 000	Initial Comments	C 000		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on personnel record and interview, the facility failed to assure 1 (Staff B) of 3 sampled staff had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) check.</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed: -He was hired as a medication aide on 12/05/15. -No documentation of a HCPR check was found in Staff B's record.</p> <p>Staff B was off duty.</p> <p>Interview with the administrator on 6/01/16 at 4:30 p.m. revealed: -She could not find a HCPR check in Staff B's record. -She went online and checked Staff B's HCPR check prior to hire, but she did not print it off. -The facility's monitoring plan in place for staff's HCPR checks was it should be completed prior to hire.</p>	C 145		

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

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C 145	Continued From page 1 Review of a fax received from the facility revealed a HCPR check for Staff B dated 6/02/16 which documented no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) check.	C 145		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to assure 1 (Resident #1) of 3 residents sampled were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Resident #1's Resident Register revealed date of admission was 7/17/14.</p> <p>Review of Resident #1's record revealed documentation of a TB skin test given on</p>	C 202		

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C 202	<p>Continued From page 2</p> <p>10/21/14 and read on 10/23/14 as negative.</p> <p>Interview with Resident #1 on 6/1/16 at 1:20 p.m. revealed he did not know the last time he had a TB skin test.</p> <p>Interview with the administrator on 6/01/16 at 4:30 p.m. revealed: -She could only find documentation of one TB skin test in Resident #1's record. -She thought Resident #1 had a 2-step TB skin test. -Staff would take Resident #1 to his physician's office to get his 1st step TB skin test. -The Supervisor was responsible for making sure all residents had a 2-step TB skin test. -The facility's monitoring plan in place for residents' TB skin test was 1st step prior to admission and the 2nd step within 2-4 weeks of admission.</p> <p>The supervisor was off duty.</p>	C 202		
C 272	<p>10A NCAC 13G .0904(d)(2) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service</p> <p>(d) Food Requirements in Family Care Homes: (2) Foods and beverages that are appropriate to residents' diets shall be offered or made available to all residents as snacks between each meal for a total of three snacks per day and shown on the menu as snacks.</p> <p>This Rule is not met as evidenced by: Based on the review of the snack menu and interviews, the facility failed to assure foods and beverages appropriate to residents' diets were</p>	C 272		

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C 272	<p>Continued From page 3</p> <p>offered or made available to all residents as snacks between meals for a total of three snacks per day.</p> <p>The findings are:</p> <p>Review of the facility's census on 6/01/16 revealed 6 residents at the facility.</p> <p>Interviews with 3 of 3 residents on 6/01/16 revealed: -They were offered 2 snacks per day.</p> <p>Review of the facility's menu on 6/01/16 at 4:00 p.m. reveal snacks were documented to be served between breakfast and lunch and between lunch and dinner.</p> <p>Examples of snack items on the facility's menu revealed juices and fresh fruit.</p> <p>Observation of the food supply on 6/01/16 at 12:45 p.m. revealed the snacks items listed on the menu were available for snacks to be served.</p> <p>Interview with the administrator on 6/01/16 at 4:30 p.m. revealed: -Snacks were offered before lunch and dinner. -The type of snacks offered to the residents were potato chips, crackers, cakes and fruit bars. -Snacks were offered to the residents 2 times a day. -Some of the residents had their own snacks. -She was not aware that snacks should be offered to residents three times per day. -She would start offering residents three snack per day.</p>	C 272		

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C 934	Continued From page 4	C 934		
C 934	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(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</p> <p>This Rule is not met as evidenced by: Based on personnel records and interview, the facility failed to assure 2 of 2 sampled medication aides completed the state mandated annual infection control course. (Staff A and C).</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel record revealed: -She was hired as an administrator on 6/01/13. -No documentation of the completion of the state mandated annual infection control course was found in Staff A`s record.</p> <p>Interview with Staff A on 6/01/16 at 4:30 p.m. revealed: -She had completed an infection control course, but not the state mandated infection control</p>	C 934		

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C 934	<p>Continued From page 5</p> <p>course.</p> <p>-She did not know there was a state mandated infection control course.</p> <p>-She was responsible for making sure all staff had completed the infection control courses.</p> <p>-She would complete the state mandated annual infection control course.</p> <p>2 Review of Staff C's personnel record revealed:</p> <p>-He was hired as a Supervisor on 7/15/14.</p> <p>-No documentation of the completion of the state mandated annual infection control course was found in Staff C's record.</p> <p>Staff C was off duty</p> <p>Interview with the administrator on 6/01/16 at 4:30 p.m. revealed:</p> <p>-Staff C had completed an infection control course, but not the state mandated infection control course.</p> <p>-She did not know there was a state mandated infection control course.</p> <p>-She was responsible for making sure all staff had completed the infection control courses.</p> <p>-Staff C would complete the state mandated annual infection control course.</p>	C 934		
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(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</p>	C935		

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C935	<p>Continued From page 6</p> <p>medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> 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. <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ol style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <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. b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section. <p>This Rule is not met as evidenced by: Based on interview and personnel record, the facility failed to assure 2 of 2 sampled medication aides that were hired after 10/01/13 had completed the 5-hour training course and 10-hour training course within 60 days of being hire as a</p>	C935		

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C935	<p>Continued From page 7</p> <p>medication aide. (Staff B, C)</p> <p>The findings are:</p> <p>1. Review of Staff B's personnel record revealed: - He was hired as a medication aide on 12/05/15. -No documentation Staff B had completed the 5 and 10 hours of medication aide training course.</p> <p>Staff B was off duty.</p> <p>Interview with the administrator on 6/01/16 at 4:30 p.m. revealed: -Staff B had not completed the 5 or 10 hours of medication aide training course. Refer to interview with the administrator on 6/01/16.</p> <p>.2. Review of Staff C'-s personnel record revealed: - He was hired as a supervisor on 7/15/14. -No documentation Staff C had completed the 5 or 10 hours of medication aide training course.</p> <p>Staff C was off duty.</p> <p>Refer to interview with the administrator on 6/01/16.</p> <hr/> <p>Interview with the administrator on 6/01/16 at 4:30 p.m. revealed: -She was not aware that medication aides had to complete the 5 and 10 hours of medication aide training course within 60 days of being hire as a medication aide. -She would be responsible for making sure all medication aides completed the 15 hours training course within 60 days of being hired as a medication aide.</p>	C935		

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C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p>	C992		

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C992	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on interview and personnel records, the facility failed to assure examination and screening for the presence of controlled substance were performed for 1 (Staff B) of 2 sampled staff that were hired after 10/01/13.</p> <p>The findings are:</p> <p>Review of Staff B's personnel record revealed: -He was hired as a medication on 12/05/15. -Documentation of a consent form for a controlled substance screen test was found in Staff B's record. -No documentation of a controlled substances screen test was found in Staff B's.</p> <p>Staff B was off duty.</p> <p>Interview with the administrator on 6/01/16 at 4:30 p.m. revealed: -She could not find documentation of a controlled substance screen test in Staff B's record -A controlled substance screen test had been completed for Staff B. -She would repeat the controlled substance screen test for Staff B. -The facility's monitoring plan in place for a controlled substance screen test for staff was testing should be completed, prior to hire.</p>	C992		