Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	HAL034019		07/01/2016

NAME OF PROVIDER OR SUPPLIER
C R T - GOLDEN LAMB REST HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
1515 GOLDEN LAMB COURT
WINSTON SALEM, NC 27105

(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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey 6/30/16 through 7/1/16.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews the facility failed to repair floors and walls in 2 of 4 residents' common bathrooms. The findings are: A. Observation on 6/30/16 from 9:00 am until 10:07 am of the residents' common bathroom (room #103) revealed: 1. There were two toilet stalls, each with 1 toilet. -The wall behind the toilet had square white tile covering the drywall. -The lower, bottom section of the wall behind the toilet in the left stall, was missing tiles and had drywall visible. -The wall where the tile was missing was brown in various places behind the toilet. -The space of missing tile and brown spots covered a 1 foot by 1.5 foot area of the wall behind the toilet. -The toilet in the same stall was unstable, moving back and forth and rocking from side to side when lightly touched.	D 074		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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D 074	Continued From page 1 2. A drain in the floor was in front of the right toilet stall and residents had to step on or across the drain to enter the stall. -The tile around the drain was missing, causing the floor to be unlevel in a 4 inch by 7.5 inch space around the drain. -The depth of the space with missing tile was ½ inch deep. -The missing tile was a potential tripping hazard for the residents because of the uneven surface. Interview on 6/30/16 at 9:30 am with the housekeeping staff revealed: -She cleaned bathroom #103, but had nothing to do with the missing tile on the floor or at the back of the toilet. -She was aware the toilet in the left stall was loose from the floor because it moved when she cleaned it. -The thought the Administrator and the maintenance person were aware of the needed repairs in common bathroom #103. -She had not observed any residents fall or trip in the bathroom due to the missing title around the floor drain. Confidential interview with four residents revealed: -They used bathroom #103 (pink bathroom), and were aware the toilet in the left stall was loose from the floor. -They did not use the toilet in that stall, they went to another bathroom or used the other stall. -The residents were unable to recall exactly how long the toilet had been loose from the floor but said they had never fallen off the toilet. -The residents revealed they had not mentioned the loose toilet to the Administrator, but was sure the housekeepers were aware because they cleaned the bathroom daily.	D 074		

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D 074	Continued From page 2 -Two residents were aware the drain in front of the right bathroom stall was missing tile around the drain. -The residents said they just stepped over the drain when entering the stall. -One resident revealed he had notice the tiles around the floor drain was missing, so did not use the "pink" bathroom unless he was just washing his hands. Refer to interview on 6/30/16 at 2:20 pm with the maintenance person. Refer to interview on 7/01/16 at 12:15 pm with the Administrator. B. Observation on 6/30/16 at 3:28 pm of the residents' common bathroom (room #115) revealed: -A drain in the floor was in front of the right toilet stall was missing tile. -The tile around the drain was missing causing the floor to be unlevel in a 4 inch by 6.5 inch circular space around the drain. -The depth of the space with missing tile was ½ inch deep. -Residents had to step across the drain to use the toilet. -The missing tile was a hazard for the residents and risk for falls. Confidential interview with two residents revealed: -They used bathroom #115 and stepped over the drain with the missing tile. -The tile had been missing around the drain for at least two or more years. -The residents did not inform staff of the missing title but was sure housekeeping and maintenance were aware because they were often in the bathroom and you couldn't miss not seeing the	D 074		

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D 074	Continued From page 3 tile was missing around the drain. Refer to interview on 6/30/16 at 2:20 pm with the maintenance person. Refer to interview on 7/01/16 at 12:15 pm with the Administrator. _____ Interview on 6/30/16 at 2:20 pm with the maintenance person revealed: -He was aware of the left stall in the common bathroom #115 needed repairs. -He had to wait for the approval and money from the owners. -He was also aware of the repairs needed around the floor drains in common bathrooms #103 and #115. -He would check with the owners today and try to ensure the areas were repaired. Interview on 7/01/16 at 12:15 pm with the Administrator revealed: -She was unaware of the tile missing around the drain in both common bathrooms #103 and #115. -She was aware of the missing tile behind the left stall in common bathroom #115, and was in the process of having that fixed. -She was unaware the toilet moved and rocked in the left stall in common bathroom #115. -She would see to all the above being fixed. -She was responsible for seeing repairs were completed as needed.	D 074		
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall:	D 076		

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D 076	Continued From page 4 (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed assure heat/air conditioning (AC) unit had knobs for the control the temperature coming from the unit for 7 of 20 (Room #113, #116, #119, #120, #123, #124, and #140) resident rooms. The findings are: Observation and interview on 6/30/16 during the initial tour of the facility from 9:00 am to 10:07 am revealed the heat/AC unit in the following resident rooms were missing control knobs: 1. Resident room #113: Two residents resided in the room. -The heat/AC unit was an individual unit mounted to the wall. -The unit was on as observed from the sounds and breezes of air coming from the unit. -There was no knob to control the temperature setting. -There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located. -The temperature setting of the unit could not be determined. -There was no way for the residents residing in the room to control the temperature setting of the unit or adjust to their comfort level. The residents in the room were not available for interview. 2. Resident room #116: Two residents resided in this room.	D 076		

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D 076	Continued From page 5 -The heat/AC unit was an individual unit mounted to the wall. -The unit was on as observed from the sounds and breezes of air coming from the unit. -There was no knob to control the temperature setting. -There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located. -There was no way for the residents residing in the room to adjust temperature settings to their comfort level. Based observations and attempted interviews on 6/30/16 it was determined the residents in the room were not interviewable. 3. Resident room #119: The heat/AC unit was an individual unit mounted to the wall. -The unit was on as observed from the sounds and breeze of air coming from the unit. -There was no knob to control the temperature setting. -There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located. -There was no way for the residents residing in the room to determine the temperature setting of the unit or to adjust the temperature setting to their comfort level. Interview on 6/30/16 at 9:34 am with the resident in room #119 revealed: -The resident was unaware what happened to the control knobs on the heat/AC units. She was unable to maneuver the controls on the unit without staff assistance. 4. Resident room #120: The heat/AC unit was an individual unit mounted to the wall.	D 076		

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D 076	Continued From page 6 -The unit was not on as observed from no sounds or breezes coming from the unit. -There was no knob to control the temperature setting. -There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located. -There was no way for the resident residing in the room to adjust temperature settings to their comfort level. -The resident was not available for interview. 5. Resident room #123: Two residents resided in this room. -The heat/AC unit was an individual unit mounted to the wall. -The unit was on as observed from the sounds and breezes of air coming from the unit. -There was no knob to control the temperature setting. -There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located. -There was no way for the residents residing in the room to adjust temperatures to their comfort level. Interview on 6/30/16 at 9:54 am with one of the residents in room #123 revealed: -She was unaware what happened to the control knob. It was difficult to adjust the temperatures. If she asked staff would assist her adjusting the temperature. Interview on 6/30/16 with the second resident in room #123 was not available. 6. Resident room #124: Two residents resided in this room. -The heat/AC unit was an individual unit mounted	D 076		

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D 076	Continued From page 7 to the wall. -The unit was on as observed from the sounds and breezes of air coming from the unit. -There was no knob to control the temperature setting. -There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located. -There was no way for the residents residing in the room to adjust temperatures to their comfort level. Based on observation and attempted interview on 06/30/16 one resident was not interviewable. The other resident residing in room #124 was not available for interview. 7. Resident room #140: One resident resided in the room. -The heat/AC unit was an individual unit mounted to the wall. -The unit was not on with no sounds or breezes coming from the unit. -There was no knob to control the temperature setting. -There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located. -The temperature setting of the unit could not be determined. -There was no way for the resident residing in the room to control the temperature setting of the unit or adjust to their comfort level. Interview on 6/30/16 at 3:30 pm with the resident of room #140 revealed the resident was not aware what had happened to the control knob. Review of the Environmental Health inspection report dated 5/25/16 revealed documentation the	D 076		

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D 076	Continued From page 8 facility did not have control knobs on the heat/AC units. The report did not list specific room numbers. Interview on 06/30/16 at 3:00 pm with Personal Care Aide (PCA) revealed: -He had seen knobs missing from some heat/AC units, but was unaware what happened to them. -He was not sure if control knobs were breaking and residents were throwing them away without telling staff. -Some residents adjusted the temperature themselves, or staff adjusted the temperature. -The metal piece on the AC unit could be turned with a little force. -Some residents never made adjustments to their units. Interview on 07/01/16 at 12:45 pm with the Administrator revealed: -In May 2016, the Environmental Health inspector made her aware the control knobs were missing from the heat/AC units. -In May 2016, she replaced the control knobs on all the units. -She was unaware some units were still missing control knobs -She thought "the residents must be taking the control knobs off units and throwing them away". -She had not witnessed or been told that was what the residents were doing, "but something happened, because she just replaced the control knobs". -She did not have a list of the resident room numbers that she replaced the missing control knobs. -She would buy more, although they were expensive.	D 076		

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D 079	Continued From page 9	D 079		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on interview and observation, the facility failed to maintain a clean environment free of hazards related to bedbugs in 7 of 20 rooms (#100, #101, 105, #123, #136, #137, #140). The findings are: Observation during the initial tour of the facility on 6/30/16 from 9:00 am to 10:07 am revealed: -Six resident rooms occupied by residents (#100, #101, #105, #123, #136, #137, and #140) had bed head boards and frames, but no mattresses. -A small bedbug was observed crawling across the white bed spread covering the boxspring in room #140. -No bedbug activity was observed in the other rooms. -No protective sheets were observed on the beds. Confidential interview with facility staff revealed some beds were missing both mattress and box springs because the facility had bedbugs. Interview on 6/30/16 at 10:38 am with the Administrator revealed:	D 079		

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D 079	Continued From page 10 -The mattress and box spring in room 123 was outside "airing out." -The resident wet the bed through the mattress to the box spring, so she instructed staff to take the mattress outside and wash it and let it dry. -Sometimes she told staff to air the mattress out if the residents wet the bed. -There was no response, when asked about an incontinence program for the resident in room #123 to prevent her from wetting the bed through both the mattress to box spring. A second interview on 6/30/16 at 11:48 am with the Administrator revealed: -The facility had bedbugs last year and did not currently have bedbugs. -The last time the extermination company came to the facility was in December 2015. -There was no policy for staff to follow if bedbugs were identified. -If facility staff saw bedbugs they should tell her. Observation on 6/30/16 at 3:53 pm of the mattress and box spring belonging to room 123 revealed: -Both the mattress and box spring were outside of the facility and propped against a wire fence with the bottom, short side on the ground. -Insects were observed crawling on the mattress and box spring. -There were no obvious stains or odor coming from the mattress or box spring. A third interview on 7/01/16 at 1:10 pm with the Administrator revealed: -She was unaware staff and residents observed bedbugs. -After observing the bedbugs, staff should have come directly to her and informed her of the bedbugs.	D 079		

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D 079	Continued From page 11 -She told staff, if they see bedbugs to "spray the alcohol." -When she was told staff had reported the Administrator had instructed them to take mattresses and box springs outside due to bedbugs, she stated the staff were "supposed to tell me", but did not admit that she was aware bedbugs were in the facility. Confidential interviews with various staff members revealed : -The staff reported the facility currently had bedbugs in various rooms throughout the facility. -The facility had bedbugs since last year. -Last year the facility admitted residents from a facility in another county that had closed, and since had bedbugs. -The Administrator was aware the facility had bedbugs because facility staff were unable to move beds (destroy or take outside) without first getting the Administrator's approval. -It was the Administrator that told staff what to do with the mattress and box spring. -The Administrator instructed staff to use alcohol to kill bedbugs and to take the mattress and box spring outside to be washed down with bleach or to destroy them. -Exterminators came out 3-4 times but had not been to the facility in 4-6 months. -The mattress in room #100 was taken out a couple of weeks ago because staff observed bedbugs when changing the bed linen. -This past Tuesday, (June 28th) staff took the mattress and box spring off the bed in room #123 and sat them outside due to bedbugs. -They were day shift staff and were not aware where the resident in room #123 was sleeping. -The mattress and box spring from room #123 was washed down with bleach water and left outside to dry.	D 079		

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D 079	Continued From page 12 -All staff had observed the facility currently had bedbugs and even observed bedbugs today in resident room #140. -The bed and mattress from room #140 had been removed from the facility and sent to the dump because of bedbugs. The resident had left the facility. -To their knowledge no residents complained about getting bit by bedbugs. -It was the facility's protocol if the bedbugs were observed, staff was to first notify the Administrator. -The Administrator usually instructed staff to take the mattresses and box spring outside, wash them down with bleach water, and spray the area of the room (head board) with alcohol. -The Administrator instructed some mattresses and box springs to be destroyed. -They were not sure why some mattresses and box springs were destroyed and some were washed with bleach water, but they did as instructed by the Administrator. Review of the facility's extermination reports revealed: -The facility was treated for bedbugs on 11/16/15, 11/23/15, 12/03/15, and 12/15/15. -The rooms treated were #101 and #136. -There was no documentation any other rooms were treated or checked for bedbugs. Interview on 6/30/16 at 10:50 am with the exterminator that treated the facility on the above dates revealed: -Monthly, he provided general pest control treatment to the facility. -General pest control treatment excluded inspecting and treating for bedbugs. -The facility had to call and inform him when they saw bedbugs because inspecting and treating the	D 079		

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D 079	Continued From page 13 facility for bedbugs was extra cost. -The last time he treated the facility for bedbugs was 4/13/16 and was in room #137 only. -He told the Administrator to call him if more bedbugs were observed in the facility. -He did not inspect the whole facility for bedbugs. -The rooms inspected for bedbugs were the room numbers given to him by the Administrator. -He also inspected the rooms to the left and right of room being treated for bedbugs. -If the facility observed continual bedbugs they should have contacted him for further treatment. -He did not tell the facility to use alcohol to kill the bedbugs, but he did use alcohol to find out where the bedbugs were located. -He also told the Administrator when bedbugs were observed to remove, wash and dry bed linen and residents clothing. Interview on 6/30/16 at 3:08 pm with the resident in room #105 revealed: -Three days ago the maintenance man sprayed his room for bedbugs. -He was unaware of what type of spray was used. -He had seen bedbugs, but to his knowledge had not gotten bit by bedbugs. -His skin was tough and he could not feel if they were biting him. Based on observation and attempted interview on 6/30/16 revealed the Residents in rooms #123 and 137 were not interviewable. Review of the facility's current sanitation rating dated May 25, 2016 revealed a Status Code A with a score of 93.0. There was no mention of bedbugs, or pests noted.	D 079		

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WINSTON SALEM, NC 27105

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D 091	Continued From page 14	D 091		
D 091	10A NCAC 13F .0306(b)(5)(6) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 4 of 9 (#105, #112, #123, #141) rooms occupied by two residents had at least 1 comfortable chair for each resident. The findings are: A. Observation on 6/30/16 from 9:00 am to 10:07 am of resident rooms revealed: -Two residents lived in room #105, there was only 1 chair for either residents or guest. -Two residents lived in room #112, there was only 1 chair for either residents or guest. -Two residents lived in room #123, there was only 1 chair for either residents or guest. -Two residents lived in room #141, there was only 1 chair for either residents or guest. Interview on 6/30/16 at 3:08 pm with a resident who resided in room #105 revealed: -He lived in the facility for almost 1 year and had never had two chairs in the room. -If his roommate was sitting in the chair, then he	D 091		

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D 091	Continued From page 15 sat on the bed, and the same for if he was sitting in the chair the roommate sat on the bed. -He did not really have visitors, but if when someone came to visit him they sat in the chair and he sat on the bed. Interview on 6/30/16 at 4:43 pm with a resident who resided in room #112 revealed: -The resident had lived at the facility for almost three years and there had always been 1 chair in the room. -Her and her roommate either sat on their beds or in the hallway. -She was not sure a second chair would fit in the room. Interview on 6/30/16 at 9:13 am with a resident who resided in room #123 revealed: -She had lived at the facility for almost 1 year. -She shared the room with another resident. -There had always been 1 chair in the room. -She didn't care about having 2 chairs as "there was not enough room for 2 chairs in the room", but would make the room more crowded. -Her roommate had clothes in plastic bags in the corner of the room. -She usually sat or lay down on the bed. Interview on 6/30/16 at 2:43 pm with both residents who resided in room #141 revealed: -One resident lived at the facility for a few months. -The second resident was unsure how long he had resided at the facility. -Both residents agreed there should be another chair in the room, because if one resident was sitting in the chair, then the other resident was forced to sit or lay on the bed, and they did not always feel like laying on the bed. -They did not know where to find an extra chair if	D 091		

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D 091	Continued From page 16 needed. Interview on 7/01/16 at 8:50 am with the Administrator revealed: -She was in the facility almost daily, but did not observe the resident rooms. -She was unaware some rooms did not have a chair per resident. -She would view all resident rooms and put one chair per resident in the rooms.	D 091		
D 093	10A NCAC 13F .0306(b)(8) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure each resident had a functioning light or lamp overhead the bed with a switch within reach for 13 of 20 resident rooms. The findings are: Observations on 6/30/16 from 3:00 pm to 3:45 pm revealed 13 resident rooms with 1 or no lamps (Rooms #100, #105, #112, #116, #117, #118, #119, #120, #123, #124, #139, #140, and #141) and each resident room had a light switch	D 093		

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D 093	Continued From page 17 next to the door of the room to turn on and off the ceiling light were as follows: 1. Resident room #105 was occupied by 2 residents. -Each resident had a bedside table. -No lamps were observed in the room for the residents to use when in the bed. Interview on 06/30/16 at 3:08 pm with one of the residents in room #105 revealed: -He had lived in the room for almost 1 year. -There had never been lamps in the room. -When he wanted to see, he had to get up and go the light switch to turn on the ceiling light. -It would be nice to have a functioning light by the bedside. 2. Resident room #120 was occupied by 2 residents. -Each resident had a bedside table. -No lamps were observed in the room for the residents to use when in the bed. The residents in room #120 were not available for interview. 3. Resident room #119 was occupied by 1 resident. -The resident had a bedside table. -No lamps were observed in the room for the residents to use when in the bed. The resident in room #119 were not available for interview. 4. Resident room #123 was occupied by 2 residents. -Each resident had a bedside table. -There was 1 lamp observed on the bedside table	D 093		

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D 093	Continued From page 18 by the window. -The lamp was covered with items and not visible unless items were moved. -The lamp had a cord long enough to reach the electrical outlet but was not plugged into the outlet. -The other bedside table was located across the room, more than 10 feet. -There was no lamp on the other bedside table. Interview on 6/30/16 at 3:20 pm with one resident in room #123 revealed: -There was a lamp on the bedside table by the window. -That was her roommate's personal lamp, but the lamp was never used. -She was unaware if the lamp was operable. -If all the items on the bedside table were moved the lamp could possibly be used. -She did not have a lamp on her side of the room. -She was used to not having a lamp and functioned okay without a lamp. 5. Resident room #141 was occupied by 2 residents. -Each resident had a bedside table. One between the beds and one 10 feet across the room. -One lamp was observed in the room but was not close for either resident to reach without getting out of bed. -The ceiling light was on, and one resident was sitting in the chair by the window reading. Interview on 6/30/16 at 3:20 pm with one resident in room #141 revealed: -There was a lamp on the bedside table by the window. -That was her roommate's personal lamp, but the lamp was never used. -She was unaware if the lamp was operable.	D 093		

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D 093	Continued From page 19 -If all the items on the bedside table were moved the lamp could possibly be used. -She did not have a lamp on her side of the room. -She was used to not having a lamp and functioned okay without a lamp. Continued observations on 6/30/16 between 3:30 pm and 3:45 pm of other residents' rooms without lamps for each resident revealed each resident room had a light switch next to the door of the room for the overhead light. 6. Room #112, there were 2 beds with 1 lamp on top of the chest of drawers against the wall next to the room door. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #112 were not available for interview. 7. Room #124, there were 2 beds with 1 lamp on top of the chest of drawers across from the second bed next to the window of the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #124 were not available for interview. 8. Room #116, there were 2 beds and no lamps in the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #116 were not available for interview. 9. Room #117, there were 2 beds with 1 lamp on top of the bedside table next to the first bed in the room. Both beds were not accessible to the light	D 093		

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D 093	Continued From page 20 switch on the wall next to the entrance door of the room. The residents in room #117 were not available for interview. 10. Room #118, there were 2 beds and no lamps in the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #118 were not available for interview. 11. Room #139, there were 2 beds with no lamps in the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #139 were not available for interview. 12. Room #140, there was 1 bed and no lamp in the room. Interview on 6/30/16 at 3:35 pm with the resident residing in room #140 revealed: - There were no bedside lamps in the room. -There had never been lamps in the room. -He was "ok" with not having a lamp at the bedside in the room. -The resident's bed was next to the wall below the overhead light switch and he could turn the overhead light on from the bed. 13. Room #100, there were 2 beds and no lamps in the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room.	D 093		

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D 093	Continued From page 21 The residents in room #100 were not available for interview. Interview on 7/01/16 at 12:15 pm with the Administrator revealed: -She was in the facility almost daily. -She did not go into the residents' rooms daily. -She was unaware each resident did not have a lamp for use in their room. -She would get lamps for the residents that did not have a bedside lamp.	D 093		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and record review, the facility failed to assure 3 of 6 sampled staff (A, B, D) were tested upon employment for Tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are:	D 131		

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D 131	Continued From page 22 A. Review of Staff B's personnel file revealed: -He was hired on 5/06/2016 as a laundry attendant. -There was no documentation of any TB skin test upon hire for Staff B. Observation on 6/30/16 from 9:00 am to 4:00 pm revealed: -Staff B was in the facility laundry room. -Staff B was washing bed linens, resident clothes and other items at the facility. -Staff B folded residents clothing and took them to the residents' rooms. Interviews on 6/30/16 at 10:28 am and 7/01/16 at 8:40 am with Staff B revealed: -He had worked at the facility for 2 months. -He believed that he started working from late April or early May 2016, he was unable to recall the exact hire date. -He worked in the laundry room rom 8:00 am to 4:00 pm, Monday through Friday. -He washed and folded the bed linen, residents' clothing and any other items needing washing. -He had had a previous TB test, but that was unsure how long ago. -He had not had a TB test since he started working at the facility. Interview on 6/30/16 at 3:50 pm with the Administrator revealed she could not say why TB testing was not performed on Staff B. Refer to interview on 6/30/16 at 4:10 pm with a Personal Care Aide. Refer to confidential interviews with 7 residents. Refer to second interview on 6/30/16 at 4:00 pm with the Administrator.	D 131		

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D 131	Continued From page 23 B. Review of the facility's personnel files revealed: -Staff A did not have a personnel record. -There was no job description on file for Staff A. -There was no documentation when Staff A was hired or started working at the facility. -There was no documentation that Staff A had a TB test prior to employment or after employment at the facility. Observation on 6/30/16 from 9:00 am to 4:00 pm revealed: -Staff A was in resident rooms mopping floors, cleaning the bathrooms (toilets, tubs and showers), cleaning chairs, mopping the dining room, emptying trash cans, and performing a variety of housekeeping duties. Interview on 6/30/16 at 11:20 am with Staff A revealed: -He had worked at the facility since June 2, 2015. -He had not done any paperwork or testing since his employment at the facility. -He and Staff D were housekeepers; they both worked Monday through Friday 8:00 am to 4:00 pm. -His duties included mopping floors, cleaning the bathrooms, mopping the dining room, emptying trash cans, and doing various housekeeping duties. Interview on 6/30/16 at 11:44 am with the Administrator revealed: -She did not have employee records for Staff A because she did not consider Staff A to be employed by the facility. -Staff A's pay did not come from the facility because he was hired by the church. -Although the church and the facility had the	D 131		

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D 131	Continued From page 24 same owner she did not consider Staff A to be an employee of the facility. -She was not aware that Staff A should have had TB testing completed. Refer to interview on 6/30/16 at 4:10 pm with a Personal Care Aide. Refer to confidential interviews with 7 residents. Refer to second interview on 6/30/16 at 4:00 pm with the Administrator. C. Review of the facility's personnel file revealed: -Staff D did not have a personnel record. -There was no job description on file for Staff D. -There was no documentation when Staff D was hired or started working at the facility. -There was no documentation Staff D had a TB test prior to employment at the facility or after employment at the facility. Observation on 6/30/16 from 9:00 am to 4:00 pm revealed: -Staff D was performing housekeeping duties: She was in resident rooms mopping floors, cleaning the bathrooms (toilets, tubs and showers), cleaning chairs, mopping the dining room, emptying trash cans, and performing a variety of housekeeping duties. Interview on 6/30/16 at 11:25 am with Staff D revealed she worked at the facility "since last year", she thought maybe June 2015. -She was a housekeeper at the facility, and had always worked at the facility. -She did not understand the English language well and was unable to say if she had a TB test or prior to employment or after employment. She said she did not understand.	D 131		

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D 131	Continued From page 25 Interview on 6/30/16 at 11:44 am with the Administrator revealed: -She did not have employee records for Staff D because she did not consider Staff D to be employed by the facility. -Staff D's pay did not come from the facility because she was hired by the church. -Although the church and the facility had the same owner she did not consider Staff D to be an employee of the facility. -She was not aware that Staff D should have had TB testing completed. Refer to interview on 6/30/16 at 4:10 pm with a Personal Care Aide. Refer to confidential interviews with 7 residents. Refer to second interview on 6/30/16 at 4:00 pm with the Administrator. _____ Interview on 6/30/16 at 4:10 pm with a Personal Care Aide revealed: -Staff B worked Monday - Friday at the facility as a laundry person. -Staff B washed, dried, folded and distributed clothing to the residents, bed linen and other laundry duties. -Staff B worked at the facility for "a couple of months." -Staff A and D worked at the facility as housekeepers. -Staff A and D worked daily at the facility since June 2015. -Staff A, B and D worked between the hours of 8:00 am to 4:00 pm. Confidential interviews with 7 residents revealed:	D 131		

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D 131	Continued From page 26 -Staff B worked daily at the facility, but not weekends. -Staff B worked in the laundry room, but delivered clothes to the residents rooms. -Staff B was responsible for washing, folding and delivering clothes to the residents, along with bed linen. -Staff A and D worked at the facility as housekeepers. -Staff A and D worked daily at the facility cleaning resident rooms, mopping floors, cleaning up spills, and performed various cleaning duties. -Staff A and D were in the facility daily from 8:00 am to 4:00 pm. -All 7 residents confirmed Staff A and D had worked at the facility daily from 8:00 am to 4:00 pm from June 2015 to today's date (June 30, 2016). Interview on 6/30/16 at 4:00 pm with the Administrator revealed: -TB skin tests were to be a two-step process upon hire for staff. -She had been working as the Administrator, the Medication Aide, the Supervisor in Charge, the Personal Care Aide, and "whatever else needed to get done, so some things slipped by me". -Another person used to work in the administration office helping with paperwork, but no longer worked here. _____ A Plan of Protection was provided by the facility on 7/01/2016: -Immediately, all staff/volunteers will have the 2-step TB screening and all forthcoming employees. -Administrator and office staff will monitor employees' records for all documents. This will be done upon employment and randomly thereafter.	D 131		

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(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
D 131	Continued From page 27 CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED AUGUST 15, 2016.	D 131		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure 6 of 6 sampled staff (Staff A, B, C, D, E and F) had no substantial findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hiring. The findings are: A. Review of Staff B's personnel records revealed: -A hire date of 5/06/16 as a laundry attendant. -No documentation of a completed HCPR check was in Staff B's records. The Administrator provided a HCPR check for Staff B which had been completed 7/01/16 with no findings. Observation on 06/30/16 from 9:00 am to 4:00 pm revealed:	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	HAL034019		07/01/2016

NAME OF PROVIDER OR SUPPLIER
C R T - GOLDEN LAMB REST HOME

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D 137	Continued From page 28 -Staff B was in the facility laundry room. -Staff B was washing bed linen, resident clothes and other items at the facility. -Staff B folded residents' clothing and took them to the residents' rooms. Interviews on 06/30/16 at 10:28 am and 07/01/16 at 8:40 am with Staff B revealed: -He worked at the facility for 2 months. -He believed that he started working from late April or early May 2016; he was unable to recall the exact hire date. -He worked in the laundry room from 8:00 am to 4:00 pm, Monday through Friday. -He washed and folded the bed linen, residents' clothing and any other items needing washing. -He did not know what a HCPR check was and did not know if that had been done. Interview on 07/01/16 at 8:41 am with the Administrator revealed: -A HCPR check had not been completed for Staff B. -It was her responsibility to ensure the HCPR check was completed for Staff B, but she got busy and forgot to do it. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. B. Review of Staff C's personnel records revealed: -A hire date of 5/20/15 as a Nursing Assistant (NA) and a Medication Aide (MA). -No documentation of a completed HCPR check was in Staff C's records. The Administrator provided a HCPR check for Staff C which had been completed 7/01/16 with no findings.	D 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
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D 137	Continued From page 29 Telephone interview on 6/30/16 at 4:50 pm with Staff C revealed: -She had worked as a NA and MA at another facility. -She was sure that a HCPR check had been performed. "If you check the HCPR, I am there as a Certified Nursing Assistant. Ask the (named) Administrator and she will tell you I have had all that stuff." Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. C. Review of Staff E's personnel records revealed: -Staff E was hired as a NA and driver, but no hire date was listed -No documentation of a completed HCPR check was in Staff E's records. The Administrator provided a HCPR check for Staff E which had been completed 7/01/16 with no findings. Interview on 7/01/16 at 9:30 am with Staff E revealed: -He had worked as a NA at the facility since 10/31/06. -"I'm sure the Administrator had completed a HCPR check on me," but had never seen it. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. D. Review of Staff F's personnel records revealed: -Staff F was hired on 7/10/04 as a MA and Personal Care Aide. -No documentation of a completed HCPR check	D 137		

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D 137	Continued From page 30 was in Staff F's records. No completed HCPR check was provided by the Administrator for Staff F before exit on 7/01/16. Telephone interview on 6/30/16 at 4:45 pm with Staff F revealed: -She worked as a MA and Supervisor. -She was sure that a HCPR check had been completed by the Administrator but had never seen it. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. E. Review of the facility's personnel files revealed: -Staff A did not have a personnel record. -There was no documentation when Staff A was hired or started working at the facility. -There was no job description on file for Staff A. -There was no documentation a HCPR check had been completed for Staff A. No completed HCPR check was provided by the Administrator for Staff A before exit on 7/01/16. Observation on 6/30/16 from 9:00 am to 4:00 pm revealed: -Staff A was in resident rooms mopping floors, cleaning the bathrooms (toilets, tubs and showers), cleaning chairs, mopping the dining room, emptying trash cans, and performing a variety of housekeeping duties. Interview on 6/30/16 at 11:20 am with Staff A revealed: -He worked at the facility since June 2, 2015. -He and Staff D were housekeepers; they both worked Monday through Friday 8:00 am to 4:00	D 137		

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D 137	Continued From page 31 pm. -His duties included mopping floors, cleaning the bathrooms, mopping the dining room, emptying trash cans, and doing various housekeeping duties. -He brought employee records with him from a previous employer with him, and gave them to the owner. -He was unaware where those documents were located. Interview on 6/30/16 at 11:44 am with the Administrator revealed: -She did not have employee records for Staff A because she did not consider Staff A to be employed by the facility. -Staff A's pay did not come from the facility because he was hired by the church. -Although the church and the facility had the same owner she did not consider Staff A to be an employee of the facility. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. F. Review of the facility's personnel file revealed: -Staff D did not have a personnel record. -there was no job description on file for Staff D. -There was no documentation when Staff D was hired or started working at the facility. -There was no documentation a HCPR check was obtained for Staff D. No completed HCPR check was provided by the Administrator for Staff D before exit on 7/01/16. Observation on 6/30/16 from 9:00 am to 4:00 pm revealed: -Staff D was performing housekeeping duties consisting of mopping floors, cleaning the	D 137		

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D 137	Continued From page 32 bathrooms (toilets, tubs and showers), cleaning chairs, mopping the dining room, emptying trash cans, and performing a variety of housekeeping duties. Interview on 6/30/16 at 11:25 am with Staff D revealed she worked at the facility "since last year", she thought maybe May or June 2015. -She was a housekeeper at the facility, and had always worked at the facility. -She did not understand the English language well and was unable to answer questions regarding employment record. Interview on 6/30/16 at 11:44 am with the Administrator revealed: -She did not have employee records for Staff D because she did not consider Staff D to be employed by the facility. -Staff D's pay did not come from the facility because she was hired by the church. -Although the church and the facility had the same owner she did not consider Staff D to be an employee of the facility. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. _____ Interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator revealed: -She was responsible for performing the HCPR checks on new staff upon hire. -She checked the HCPR check online to see if the staff were on the registry and if they were licensed. She printed the results and kept them in a separate file. She could not locate the results for any of the staff requested. -She had been performing the tasks of Administrator, Medication Aide, Supervisor in	D 137		

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D 137	Continued From page 33 Charge, Care Aide, "and whatever needed to get done, so some things slipped by me". -A third person used to work in the office and helped with Administrative tasks, but they no longer worked here. _____ A Plan of Protection was provided by the facility on 7/01/16: -Immediately all staff will have HCPR checks and all forthcoming employees. -Administrator and office staff will monitor employees' records for all documents. This will be done upon employment and randomly thereafter. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED AUGUST 15, 2016.	D 137		
D 139	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interview, the facility failed to assure a Criminal Background check was completed prior to hire for 6 of 6 sampled staff (Staff A, B, C, D, E, and F). The findings are: A. Review of Staff B's personnel records revealed:	D 139		

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D 139	Continued From page 34 -Staff B was hired on 5/06/16 as a Laundry attendant. -No documentation of a completed criminal background check in Staff B's personnel record. Observation on 6/30/16 from 9:00 am to 4:00 pm revealed: -Staff B was in the facility laundry room. -Staff B was washing bed linen, resident clothes and other items at the facility. -Staff B folded residents' clothing and took them to the residents' rooms. Interviews on 6/30/16 at 10:28 am and 7/01/16 at 8:40 am with Staff B revealed: -He worked at the facility for 2 months. -He believed that he started working from late April or early May 2016; he was unable to recall the exact hire date. -He worked in the laundry room from 8:00 am to 4:00 pm, Monday through Friday. -He washed and folded the bed linen, residents clothing and any other items needing washing. -He obtained a criminal background for personal reasons, but it was prior to starting work at the facility. -No one at the facility had said anything to him regarding obtaining a criminal background check. Interview on 7/01/16 at 8:41 am with the Administrator revealed: -She was responsible to ensure documents for employment were obtained. -She knew what documents were required for new employees, but forgot to get a criminal background check for Staff B. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator.	D 139		

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D 139	Continued From page 35 B. Review of Staff C's personnel records revealed: -Staff C was hired on 5/20/15 as a Medication Aide (MA) and Nursing Assistant (NA). -There was no documentation of a completed criminal background check in Staff C's personnel record. Telephone interview on 6/30/16 at 4:50 pm with Staff C revealed: -She was hired as a NA and a MA, but was not administering medications yet. -She also worked at another facility as a NA and MA. -She was aware the facility performed background checks to be hired. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. C. Review of Staff E's personnel records revealed: -Staff E was hired as a NA and driver, but no hire date was listed. -There was no documentation of a completed criminal background check in Staff E's personnel record. -A signed criminal background consent dated 3/21/13 for the facility to "maintain a criminal background check in the employee's file". Interview on 7/01/16 at 9:30 am with Staff E revealed: -He had worked at the facility since 11/31/06 as a NA. -He thought a criminal background check was completed by the office when he was hired. -He signed a consent when he was hired for a criminal background report to be kept in his employee file.	D 139		

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D 139	Continued From page 36 Interview on 6/30/16 at 3:30 pm with the Administrator revealed: -Staff E had worked at the facility for approximately 6 years, left for 2 weeks, then was rehired. "We re-checked some things, but I'm not sure if a Criminal Background was re-done." -She could not locate documentation that a Criminal Background was done on Staff E. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. D. Review of Staff F's personnel records revealed: -Staff F was hired on 7/10/04 as a Personal Care Aide (PCA) and a MA. -There was documentation of a completed criminal background check in Staff F's personnel record dated 9/06/04. Telephone interview on 6/30/16 at 4:45 pm with Staff F revealed: -She had worked at the facility since 2004 and was currently a Supervisor in Charge and a MA. -She thought a criminal background check was completed by the facility when she was hired. -She signed a consent when she was hired for a criminal background report to be kept in her employee file. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. E. Review of the facility's personnel files revealed: -Staff A did not have a personnel record. -There was no documentation of a job description on file for Staff A. -There was no documentation when Staff A was	D 139		

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D 139	Continued From page 37 hired or started working at the facility. -There was no documentation of a criminal background check for Staff A. Interview on 6/30/16 at 11:20 am with Staff A revealed: -He worked at the facility since June 2, 2015. -He had not done any paperwork or testing since his employment at the facility. -He worked as a housekeeper, Monday through Friday 8:00 am to 4:00 pm. -His duties included mopping floors, cleaning the bathrooms, mopping the dining room, emptying trash cans, and doing various housekeeping duties. Interview on 6/30/16 at 11:44 am with the Administrator revealed: -She did not have employee records for Staff A because she did not consider Staff A to be employed by the facility. -Staff A's pay did not come from the facility because he was hired by the church. -Although the church and the facility had the same owner she did not consider Staff A to be an employee of the facility. -She would obtain a criminal background check on Staff A. Refer to second interview on 6/30/16 at 4:00 pm and 07/01/16 at 10:00 am with the Administrator. F. Review of the facility's personnel file revealed: -Staff D did not have a personnel record. -There was no documentation when Staff D was hired or started working at the facility. -There was no documentation of a job description on file for Staff D. -There was no documentation of a criminal background check for Staff D.	D 139		

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D 139	Continued From page 38 Interview on 6/30/16 at 11:25 am with Staff D revealed she worked at the facility "since last year", she thought maybe June 2015. -She was a housekeeper at the facility. Interview on 6/30/16 at 11:44 am with the Administrator revealed: -She did not have employee records for Staff D because she did not consider Staff D to be employed by the facility. -Staff D's pay did not come from the facility because she was hired by the church. -Although the church and the facility had the same owner she did not consider Staff D to be an employee of the facility. -She will obtain a criminal background on Staff D. Refer to second interview on 6/30/16 at 4:00 pm and 07/01/16 at 10:00 am with the Administrator. _____ Interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator revealed: -On the facility's job application "we have a question about if the applicant had a previous felony, so we would perform a criminal background check if the applicant replied yes". -Criminal background checks were not required to be completed when we first opened the facility in the 1990's. -She was responsible for running the criminal background checks. -A third person used to work at the facility and helped with the administrative records, but no longer works here. -The new employees signed a consent for the facility to keep a criminal background report in their file. -After a new staff member was interviewed and	D 139		

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D 139	Continued From page 39 they accepted the job offer, a criminal background check was obtained. _____ A Plan of Protection was provided by the facility on 7/01/2016. -Immediately all staff will have a Criminal Background check and all forthcoming employees. -Administrator and office staff will monitor employees' records for all documents. This will be done upon employment and randomly thereafter. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED AUGUST 15, 2016.	D 139		
D 161	10A NCAC 13F .0504(a) Competency Validation For LHPS Tasks 10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task (a) An adult care home shall assure that non-licensed personnel and licensed personnel not practicing in their licensed capacity as governed by their practice act and occupational licensing laws are competency validated by return demonstration for any personal care task specified in Subparagraph (a)(1) through (28) of Rule .0903 of this Subchapter prior to staff performing the task and that their ongoing competency is assured through facility staff oversight and supervision. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure 1 of 6 sampled staff (Staff C) was competency validated for Licensed Health	D 161		

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D 161	Continued From page 40 Professional Support (LHPS) tasks. The findings are: Review of Staff C's personnel record revealed: -A hire date of 9/01/15 as a Nursing Assistant (NA) and Medication Aide (MA). -There was no documentation of the LHPS competency validation. Telephone interview on 6/30/16 at 4:45 pm with Staff C revealed: -She worked as a NA and had not worked as a MA at this facility. -She had not been checked off for the LHPS competency validation at the facility. Interview on 6/30/16 at 4:00 pm with the Administrator revealed: -The Administrator had been performing the duties of Administrator, MA, Supervisor, Care Aides, "and whatever needed to get done, so some things slipped by me". -She did not know why the LHPS competency validation was not in Staff C's personnel record. Interview on 6/30/16 with the LHPS nurse was not available. Observation of Staff C performing her NA duties was not available as she was not on duty on 6/30/16 or 7/01/16.	D 161		
D 164	10A NCAC 13F .0505 Training On Care Of Diabetic Resident 10A NCAC 13F .0505 Training On Care Of Diabetic Residents An adult care home shall assure that training on	D 164		

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D 164	Continued From page 41 the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes; (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; (g) universal precautions; (h) appropriate administration times; and (i) sliding scale insulin administration. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to assure 1 of 6 Staff (Staff F) received training by a licensed health professional on the care of diabetic residents prior to administering insulin to diabetic residents. The findings are: A. Review of Staff F's personnel record revealed: -She was hired as a Nurse Aide (NA)/Medication Aide (MA) on 7/10/04. -Documentation Staff F completed the medication skills checklist on 7/22/04. -There was no documentation Staff F had received training in the care of diabetic residents.	D 164		

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D 164	Continued From page 42 Telephone interview on 6/30/16 at 4:45 pm with Staff F revealed: -She worked at the facility as the MA and Supervisor. -She had completed her medication training at a facility in another part of the state. -She completed the continuing education classes that were provided at the facility by outside instructors. She was sure that she had the diabetic trainings in the past. All certificates were turned into the office staff for filing in the staff records. -She performed fingerstick blood sugar checks and administered insulin as ordered. Interview on 7/01/16 at 8:55 am with the Administrator revealed: -A pharmacist went to the facility to give the staff inservices, including diabetic training. -Any inservice certificates for attendees were given to the Administrator for filing in the appropriate records. -The sign-in sheets were kept by the pharmacist, and were not given to the Administrator. -She could not locate documentation that Staff F had received diabetic training. Interview on 7/01/16 at 9:00 am with the pharmacy representative revealed: -Their pharmacist/trainer did provide inservices to the facility and was certified to teach 5 of the State required classes including Diabetic training. -Their pharmacist/trainer used an attendance record to print out the certificates that were provided to the facility. -He was not able to access the attendance records or certificates as the pharmacist/trainer maintained them on a laptop. The pharmacist/trainer was unavailable due to	D 164		

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D 164	Continued From page 43 vacation. -He could not determine if Staff F had received the Diabetic training at any time.	D 164		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interviews, the facility failed to assure 2 of 3 sampled residents (Residents #1 and #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. The findings are: A. Review of Resident #3's current FL 2 dated 3/08/16 revealed: -Diagnoses included Diabetes type 2, hypertension, and anemia. Review of Resident #3's Resident Register revealed an admission date of 7/11/14.	D 234		

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D 234	Continued From page 44 Review of Resident #3's record revealed: -No documentation that TB testing had been administered before or after admission to the facility. -No documentation of any TB testing results were found in Resident #3's record. Interview on 6/30/16 at 11:30 am with Resident #3 revealed he was certain that TB testing had been performed in the past, but was not sure when. Interview on 7/01/16 at 8:55 am with the Administrator revealed: -She could not locate the TB testing results in Resident #3's record and had contacted his physician's office for the results. -Residents were to have a 2 step TB testing after admission with the results in their record. B. Review of Resident #1's current FL2 dated 1/27/16 revealed diagnoses included epilepticus, encephalopathy, anxiety, hypertension, stroke, mood disorder, and seizures (chronic). The Resident Register revealed an admission date of 9/12/14. Review of documentation in Resident #1's record revealed: -The resident was admitted from a skilled rehab facility. -Documentation from the rehab facility showed a chest X-ray was obtained in October 2014. -Notes at the bottom of the report documented the resident previously tested positive for PPD. -A month later (November 2014) the same rehab facility performed another TB skin test. -The results documented were read as 0 mm, indicating a negative PPD.	D 234		

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D 234	Continued From page 45 -There was no documentation the facility had completed a 2nd step TB test for Resident #1. Interview on 6/30/16 at 3:45 pm with Resident #1 revealed: -He had a TB test at the "other home." -He was unaware of TB test results. -He does not recall testing positive for TB or the chest X-ray. -He does not recall having a TB test at this facility. Interview on 7/01/16 at 8:43 am with the Administrator revealed: -She thought Resident #1's TB test from the discharging facility was good and she did not have to get another TB test. -She did not view the TB test results from the discharging facility. -She was unaware a negative PPD was completed after the chest X-ray. -She will get another TB test for Resident #1. _____ A Plan of Protection was provided by the facility on 7/01/16: -Immediately all residents will have TB screening upon admission. This will be required before admission with a second TB screening to be done thereafter. -Administrator and office staff will monitor resident records for all documents. This will be done upon admission and randomly thereafter. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED AUGUST 15, 2016.	D 234		

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D 273	Continued From page 46	D 273		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure physician referral for 1 of 3 sampled residents (Resident #2) with a physician's order to change an indwelling Foley catheter monthly. The findings are: Review of Resident #2's current FL2 dated 8/18/15 revealed: -Diagnoses included recurrent urinary tract infections, Alzheimer's dementia, and history of urinary retention and incontinence. -An order for nitrofurantoin (Macrodantin) 50 mg each night (nitrofurantoin is an antibiotic used in the treatment and prevention of urinary tract infections). Review of Resident #2's Resident Register revealed an admission date of 12/2/14. Review of a hospital visit note dated 3/25/16 revealed: -Resident #2 was treated for sepsis due to unspecified organism, acute cystitis with hematuria, and urinary tract infection. Review of Resident #2's physician's visit notes dated 4/14/16 revealed: -"Urodynamics completed".	D 273		

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D 273	Continued From page 47 -The resident was unable to void when bladder filled to 1000 cc. -Foley catheter inserted, daily catheter needed. -To follow-up as scheduled. -The notes were signed by the Urologist. Review of Resident #2's physician's visit notes dated 4/20/16 revealed: -Cystoscopy with irrigation from Foley catheter. -The resident unable to void at all and Foley catheter replaced. The resident will need chronic catheter or be started on in and out (I & O) "Cath" 4 times a day. -If the resident cannot have an I & O "Cath", a supra pubic would be preferred over a Foley catheter. -The notes were signed by the Urologist. Review of Resident #2's physician's visit notes dated 4/20/16 revealed: -"Please do one of the following depending on what is available at the nursing home, either do I & O Cath every 6 hours or keep Foley catheter in place and change monthly". -If resident and family were willing, a supra pubic tube was an option. -Continue Macrodantin one a day. -The notes were signed by the Urologist. Review of Resident #2's record revealed no documentation the Foley catheter was changed monthly in May or June 2016. Review of Resident #2's Medication Administration Records (MARs) for April, May and June 2016 revealed: -An entry for nitrofurantoin 50 mg scheduled to be administered at 8:00 pm. -Documentation of nitrofurantoin administered as ordered.	D 273		

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D 273	Continued From page 48 Based on observation, record review and staff interviews, it was determined Resident #2 was not interviewable. Interview on 6/29/16 at 12:20 pm with the Administrator revealed: -Resident #2 had a Foley catheter with a urine collection leg bag. -Staff were responsible for emptying the Foley bag. -She was unaware the Foley catheter was supposed to be changed monthly. -She thought the Foley catheter was changed in April and had not been changed since then. Interview on 6/29/16 at 12:40 pm with a friend of Resident #2 revealed: -Resident #2 did have a Foley catheter and she thought it was supposed to be changed monthly. -She had asked staff about changing Resident #2's Foley catheter. -The visitor had noticed the Foley catheter had an odor, and needed to be changed. -The visitor spoke with staff last week about getting the Foley catheter changed. -As of today she had not been made aware of any pending appointments with the Urologist and not sure if an appointment had been made. -She thought the last time the Foley had been changed was April 2016. Second interview on 6/29/16 at 5:00 pm with the Administrator revealed: -She had contacted the Urologist's office and spoke with the office staff person. -The office staff person informed her that the Foley catheter had not been changed since April 2016 and it needed to be changed monthly. -The Urologist had written the order to change	D 273		

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D 273	Continued From page 49 Resident #2's Foley catheter monthly. -The Administrator and facility staff had not "picked up" on the order written by the Urologist about the Foley catheter to be changed monthly. -The Medication Aides were responsible for reviewing all orders and processing all orders. -She was not sure why an appointment had not been made to have the Foley catheter changed. Attempted telephone interview on 7/1/16 at 8:20 am with Resident #2's Urologist was unsuccessful. Interview on 7/1/16 at 8:35 am with a Supervisor/Medication Aide revealed: -She was not aware Resident #2's Foley catheter was supposed to be changed monthly. -The Medication Aides were responsible for processing orders. -The Medication Aides should have made an appointment to have the Foley catheter changed monthly. -All appointments were written down in an appointment book. Observation of the residents' appointment book with a Supervisor/Medication Aide revealed: -An appointment written in the appointment book for Resident #2 on 4/20/16 at 9:20 am. -No appointments written in the appointment book for May, June or July 2016. Second interview on 7/1/16 at 9:10 am with a Supervisor/Medication Aide revealed: -She was not sure what happened as to why an appointment was not made to have the Foley catheter changed. -The Foley catheter had not been changed since April 2016. -An appointment was made for Resident #2 with	D 273		

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D 273	Continued From page 50 the Urologist for today for 9:00 am but it may need to be rescheduled. -Staff changed the urine collection leg bag every 2 weeks, but staff did not document when the urine collection bag was changed. -She had noticed last week (on Tuesday or Thursday) an appointment had not been scheduled with the Urologist to have the Foley catheter changed. -She had called Resident #2's primary care physician's office last Tuesday to set up an appointment to have the Foley catheter changed. -She could never "get a hold" of anyone at the office and the office never called her back. -She did not think about calling the Urologist's office to set up an appointment and was not aware the Urologist had written the order for the Foley catheter to be changed monthly. Second interview with the Administrator on 7/1/16 at 9:15 am revealed Resident #2 had an appointment scheduled for today at 9:00 am, but the Nurse Practitioner changed the time of the appointment to 11:00 am today. Observation of Resident #2 with staff present in the common bathroom on 7/1/16 at 9:20 am revealed: -Resident #2 had a Foley catheter in place with a urine collection leg bag above the knee secured to the resident's right leg with a Velcro strap. -There was approximately 200 cc of urine in the urine collection bag that was clear in appearance and amber in color. -There was no date on the urine collection bag. - No foul odor was detected.	D 273		
D 298	10A NCAC 13F .0904(d)(2) Nutrition And Food Service	D 298		

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D 298	Continued From page 51 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult 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. This Rule is not met as evidenced by: Based on interviews, record reviews, and observations the facility failed to assure that snacks were offered or made available to all residents between each meal, for a total of three snacks per day, and shown on the menu as snacks. The findings are: Review of the facility's 7-day week-at-glance menu posted in the kitchen revealed snacks were listed three times daily. Once after the breakfast meal, once after the lunch meal; and once after the evening meal. Observation on 6/30/16 from 9:00 am to 6:00 pm revealed: -The facility had a census of 29 residents residing in the building. -No snacks were observed served or offered to the residents between meals. Interview on 6/30/16 at 9:52 am with the food service manager revealed: -The kitchen prepared snacks at 10:00 am, 2:00 pm, and 8:00 pm. -Floor staff (Personal Care Aides or Medication Aides) were responsible for obtaining the snacks and passing them out to the residents.	D 298		

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D 298	Continued From page 52 -If floor staff did not obtain snacks from the kitchen, she did not remind them, but put the snacks back in the kitchen when setting up for the next meal. Interview on 6/30/16 at 3:46 pm with a Personal Care Aide revealed: -He worked the second shift. -Snacks were not given out to the residents daily, or at least when he worked, they were not given out. -The kitchen prepared the snacks and floor staff were to obtain the snacks and give to the residents. -Most days he was busy and forgot about the snacks. -He thought snacks were given at night before residents went to bed, but most times even those were not given out to the residents. Interview on 7/01/16 at 11:48 am with the Administrator revealed: -Snacks were to be given out three times daily at 10:00 am, 2:00 pm, and 8:00 pm. -"I ain't gone lie," most daily snacks were not given to the residents. -She "gets busy and forgets to remind the other staff to give out snacks". -She would make an effort to ensure snacks were given to the residents at least three times daily, if resident are not sleeping. Confidential interviews with 7 residents revealed: -Four residents revealed snacks were never offered between meals. -Three residents said sometimes snacks were given out before bed, but not that often.	D 298		

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D 358	Continued From page 53	D 358		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure medications were administered as ordered by the licensed prescribing practitioner for 1 of 6 sampled residents (#3) which included errors with sliding scale insulin administration. The findings are: A. Review of Resident #3's current FL2 dated 3/08/16 revealed: -Diagnoses included Diabetes type 2, hypertension, diabetic foot infection, and anemia. -A physician's order for finger stick blood sugars (FSBS) at 7:30 am, 11:30 am, 4:40 pm and bedtime. -A physician's order for Novolog insulin (a fast acting insulin used to lower blood sugar levels) injection per sliding scale: 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, and 351-400=10 units. -There was no ordered parameters to notify the physician if the blood sugar results were high or low. -A physician's order for Levemir 15 units at bedtime (a long acting insulin).	D 358		

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D 358	Continued From page 54 -A physician's order for Glipizide 5 mg daily with breakfast (an oral medication to treat diabetes type 2). Review of Resident #3's May 2016 Medication Administration Record (MAR) revealed: -Handwritten entries for blood sugar (BS) checks daily before meals and at bedtime and scheduled for 7:30 am, 11:30 am, 4:30 pm, and 8:00 pm. -BS results were documented daily at 7:30 am as ordered and ranged from 91 to 155. -BS results were documented daily at 11:30 am as ordered except for 5/14/16 (no reason documented for omission) and 5/18/16 (documented to be at a physician's appointment). The BS ranged from 62 to 162. -BS results were documented daily at 4:30 pm as ordered and ranged from 77-192. -BS results were documented daily at 8:00 pm as ordered except 5/02/16 (no reason documented for the omission). The BS ranged from 94 to 168. -A handwritten entry for Novolog sliding scale insulin (SSI) with the scale written out as ordered and scheduled for 8:00 am, 12:00 pm, 5:00 pm and 8:30 pm. -There were 124 opportunities for BS and insulin administration in May 2016. -Insulin was administered or not, incorrectly 13 of 124 opportunities in May 2016. -Examples of omissions, errors or inaccurate doses of insulin administered in May 2016 are: -A BS result on 5/20/16 at 7:30 am was documented as 155 but no insulin was documented as administered, and no reason was documented why insulin was not administered. -Novolog 2 units was documented as administered on 5/24/16 at 12:00 pm for a BS result of 114. There was no documentation the reason this was administered. -No insulin was documented as administered for	D 358		

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(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
D 358	Continued From page 55 11:30 am BS results of 150 on 5/22, 162 on 5/23, 155 on 5/25, and 162 on 5/26/16. There was no documentation why the insulin was not administered as ordered. -Novolog 2 units was documented as administered at 8:30 pm for BS results of 147 on 5/03 and 111 on 5/05 with no reason documented why Novolog was administered. -No insulin was documented as administered for 8:00 pm BS results of 168 on 5/08, 160 on 5/15, and 237 on 5/20/16. There was no documentation for the reason the insulin was not administered as ordered. Review of Resident #3's June 2016 MAR revealed: -Documentation that Resident #3 was in the hospital from 6/01 to 6/06/16. -Handwritten entries for blood sugar (BS) checks daily before meals and at bedtime and scheduled for 7:30 am, 11:30 am, 4:30 pm, and 8:00 pm. -BS results were documented daily from 6/07 to 6/30/16 at 7:30 am as ordered and ranged from 101 to 171. -BS results were documented daily at 11:30 am from 6/07 to 6/30/16 as ordered and ranged from 93 to 189. -BS results were documented daily from 6/06 to 6/30/16 at 4:30 pm as ordered except for 6/17/16 (there was no reason documented for the omission) and 6/28/16 which was documented as Resident #3 refused. The BS ranged from 88 to 241. -BS results were documented daily from 6/06 to 6/29/16 at 8:00 pm as ordered except for 6/15, 6/20, and 6/25/16. There was no reason documented for the omissions. The BS ranged from 92 to 193. -A handwritten entry for Novolog sliding scale insulin (SSI) with the scale written out as ordered	D 358		

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D 358	Continued From page 56 and scheduled for 8:00 am, 12:00 pm, 5:00 pm and 8:30 pm. -There were 124 opportunities for BS and insulin administration in June 2016. -Insulin was administered or not, incorrectly 6 of 96 opportunities in June 2016. -Examples of omissions, errors or inaccurate doses of insulin administered in June 2016 are: -There was no documentation that Novolog insulin was administered for 7:30 am BS results of 155 on 6/07 and 171 on 6/09/16. There was no documentation for the reason insulin was not administered as ordered. -There was no documentation that Novolog insulin was administered for 11:30 am BS results of 189 on 6/07 and 186 on 6/22/16. There was no documentation for the reason insulin was not administered as ordered. -There was no documentation that Novolog insulin was administered for 8:00 pm BS results of 176 on 6/14/16. There was no documentation for the reason insulin was not administered as ordered. Interview on 6/30/16 at 11:30 am with Resident #3 revealed: -He was a Diabetic on SSI. He was to receive insulin if his BS was greater than 200. -The facility checked his FSBS 4 times per day and reported the results to him. -His BS was "pretty stable". -He depended on the facility to administer the correct insulin to him. -He expected the facility to administer his insulin as ordered by his physician. Interview on 6/30/16 at 2:20 pm with the Administrator revealed: -She expected SSI to be administered as ordered by the physician.	D 358		

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D 358	Continued From page 57 -The Medication Aides (MA) were to document reasons on the back of the MAR if a FSBS was not obtained and a medication was not administered as ordered. -No other residents at the facility were currently on SSI. -Two of the MA documenting on Resident #3's MAR in May and June 2016 were either "retired or no longer worked here". -She did not audit the MARs for accuracy. -No one currently was in charge of audited the MARs for accuracy and omissions. Interview on 7/01/16 at 8:30 am with a MA revealed: -Resident #3 was to receive SSI if his BS was greater than 200. -The MAs were to document the route and dose on the MAR. If it was not given or if no BS was obtained, they were to document the reasons on the back of the MAR. Interview on 7/01/16 at 9:15 am with Resident #3's physician's office representative revealed: -There was no documentation in Resident #3's office records that the facility had notified the physician that the SSI was not being administered as ordered. -They expected SSI to be administered 4 times a day. -They expected the physican's orders to be followed. -Resident #3's BS and labwork has been stable. His HgA1c was 7.1 (used to measure diabetes control over the previous 3 months. A normal result for a diabetic was less than 7). -Insulin and BS control was important for a Diabetic.	D 358		

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D912	Continued From page 58	D912		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' 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 regulations. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure every resident received care and services which are adequate, appropriate, and in compliance with rules and regulations as related to test for tuberculosis, North Carolina Health Care Personnel Registry, Criminal Background check, and Residents Tuberculosis test and Medical Examination. The findings are: 1. Based on interview and record review, the facility failed to assure 3 of 6 sampled staff (A, B, D) were tested upon employment for Tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. [Refer to Tag D131 10A NCAC 13F .0406(a) Test for Tuberculosis (Type B Violation).] 2. Based on interviews and record reviews, the facility failed to ensure 6 of 6 sampled staff (Staff A, B, C, D, E and F) had no substantial findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hiring. [Refer to Tag D137 10A NCAC 13F .0407(a)(5) Other Staff Qualifications (HCPR) (Type B Violation).]	D912		

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D912	Continued From page 59 3. Based on record reviews and interviews, the facility failed to assure a Criminal Background check was completed prior to hire for 6 of 6 sampled staff (Staff A, B, C, D, E, and F). [Refer to Tag D139 10A NCAC 13F .0407(a)(7) Other Staff Qualification (Criminal Background Check) (Type B Violation).] 4. Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled residents (Residents #1 and #3) were tested upon admission for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services. [Refer to Tag D234 10A NCAC 13F .0703(a) Tuberculosis test, Medical Exam and Immunization (Type B Violation).]	D912		
D934	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	D934		

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D934	Continued From page 60 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 1 sampled Medication Aides (Staff F) had received annual inservice training on infection control, safe practices for injections, and glucose monitoring. The findings are: Review of Staff F's personnel record revealed: -A hire date of 7/10/04 as a MA and Care Aide (CA). -She became a Supervisor on 8/12/07. -There was no documentation of infection control training. Interview on 6/30/16 at 4:45 pm with Staff F revealed: -She worked as a MA and Supervisor. -She had completed her medication training at another facility. -"Different people came in about monthly" to provide training, mostly to the MAs. -She had taken the annual Infection Control training as required, but could not recall the date of the class. The sign-in sheet and certificates were kept in the office. Interviews on 6/30/16 at 2:20 pm and 7/01/16 at 8:55 am with the Administrator revealed: -She performed the duties of Administrator, Supervisor, MA, CA, "and whatever needs to get done, so some things slipped by me". -A pharmacist came to the facility to provide the required inservices to the staff, including the annual infection control inservice. -The pharmacist maintained a sign-in sheet, but it was not given to me. He also provided certificates, but did not give them to the facility	D934		

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D934	Continued From page 61 right away. -She was not sure why the certificates weren't in the staff folders. -She had thinned the files, and was sure Staff F had completed infection control training as required. She could not locate her thinned files at this time. Interview on 7/01/16 at 9:00 am with the pharmacy representative revealed: -Their pharmacist/trainer did provide inservices to the facility and was certified to teach 5 of the State required classes including Infection Control training. -Their pharmacist/trainer used an attendance record to print out the certificates that were provided to the facility. -He was not able to access the attendance records or certificates as the pharmacist/trainer maintained them on a laptop. The pharmacist/trainer was unavailable due to vacation. -He could not determine if Staff C or F had received the Infection Control training since he could not access the training records. Documentation of a completed infection control training was not submitted to the survey team before exit on 7/01/16.	D934		
D992	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is	D992		

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D992	Continued From page 62 conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure an examination and screening for the presence of controlled substances was performed for 5 of 6 sampled staff (Staff A, B, C, D and E) hired after 10/1/13 before the employee began working at the facility.	D992		

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D992	Continued From page 63 The findings are: A. Review of Staff B's personnel file revealed: -He was hired on 5/06/16 as a laundry attendant. -There was no documentation a controlled substance screening was performed before Staff B began working at the facility. Interviews on 06/30/16 at 10:28 am and 07/01/16 at 8:40 am with Staff B revealed: -He worked at the facility for 2 months. -He believed that he started working in late April or early May 2016, he was unable to recall the exact hire date. -He worked in the laundry room from 8:00 am to 4:00 pm, Monday through Friday. -He washed and folded the bed linen, residents clothing and any other items needing washing. -He did not recall doing a drug screening prior to or after employment at the facility. Interview on 6/30/16 at 3:30 pm with the Administrator revealed: -She had not sent Staff B to get a drug screen performed, would not state the reason. Refer to interview on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. B. Review of Staff C's personnel file revealed: -Staff C was hired on 5/20/15 as a Nursing Assistant (NA) and Medication Aide (MA). -There was no documentation a controlled substance screening was performed before Staff C began working at the facility. Interview on 6/30/16 at 3:30 pm with the Administrator revealed "a drug screen was not performed on Staff C", and would not state the reason.	D992		

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D992	Continued From page 64 Interview on 6/30/16 at 4:50 pm with Staff C revealed she thought she had completed a drug screen. Refer to interview on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. C. Review of Staff E's personnel file revealed: -Staff E was hired as a NA and driver but no date of hire date or date of re-hire was listed. -There was no documentation a controlled substance screening was performed before Staff E began working at the facility. Interview on 7/01/16 at 9:30 am with Staff E revealed: -He had worked at the facility since 11/31/06 as a NA. -He was sure that a urine drug screening was completed by the office when he was hired. Interview on 6/30/16 at 3:30 pm with the Administrator revealed: -Staff E had worked at the facility for approximately 6 years, left for 2 weeks, then was re-hired. -"We re-checked some things," but a drug screen was not required when he was first hired. -She was not sure when Staff E left and was re-hired. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. D. Review of the facility's personnel files revealed: -Staff A did not have a personnel record. -There was no documentation when Staff A was hired or started working at the facility. -There was no documentation a drug screen had	D992		

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D992	Continued From page 65 been completed for Staff A. Interview on 06/30/16 at 11:20 am with Staff A revealed: -He worked at the facility since June 2, 2015. -He was a housekeepers and worked Monday through Friday 8:00 am to 4:00 pm. -His duties included mopping floors, cleaning the bathrooms, mopping the dining room, emptying trash cans, and doing various housekeeping duties. -He brought employee records from a previous employer with him, and gave them to the owner. -He was unaware where those documents were located. Interview on 06/30/16 at 11:44 am with the Administrator revealed: -She did not have employee records for Staff A because she did not consider Staff A to be employed by the facility. -Staff A's pay did not come from the facility because he was hired by the church. -Although the church and the facility had the same owner she did not consider Staff A to be an employee of the facility. -She did not have Staff A do a controlled drug screening. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. E. Review of the facility's personnel file revealed: -Staff D did not have a personnel record. -There was no documentation when Staff D was hired or started working at the facility. -There was no documentation a drug screen was obtained for Staff D. Interview on 06/30/16 at 11:25 am with Staff D	D992		

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D992	Continued From page 66 revealed she worked at the facility "since last year", she thought maybe May or June 2015. -She was a housekeeper at the facility. -She did not understand the English language well and was unable to answer questions regarding employment record. Interview on 06/30/16 at 11:44 am with the Administrator revealed: -She did not have employee records for Staff D because she did not consider Staff D to be employed by the facility. -Staff D's pay did not come from the facility because she was hired by the church. -Although the church and the facility had the same owner she did not consider Staff D to be an employee of the facility. -She did not have Staff D do a controlled drug screening. Refer to interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator. _____ Interviews on 6/30/16 at 4:00 pm and 7/01/16 at 10:00 am with the Administrator revealed: -She had been performing the duties of Administrator, MA, Supervisor in Charge, NA, "and whatever needed to get done, so some things slipped by me". -A third person used to work at the facility and helped with the administrative records, but no longer work here. -Controlled substance screenings were performed more than once at the facility. "Some staff were tested after they were hired, some were tested before." Random checks were done as needed. -She was aware that controlled substance screening was to be completed before staff	D992		

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D992	Continued From page 67 began working at the facility. -Staff controlled substance screening samples were sent to a local laboratory.	D992		