

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL033006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2016
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NAME OF PROVIDER OR SUPPLIER YOUR LOVING FAMILY CARE HOME I	STREET ADDRESS, CITY, STATE, ZIP CODE 730 MARIGOLD STREET ROCKY MOUNT, NC 27801
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C 000	Initial Comments	C 000		
C 145	<p>10A NCAC 13G .0406(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 staff sampled (C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) according to G.S. 131E-256 upon hire.</p> <p>The findings are:</p> <p>Review of the employee record for Staff C revealed:</p> <ul style="list-style-type: none"> - There was no listed hire date. - There was no documentation of the HCPR status of Staff C. <p>Interview on 7/20/16 at 5:10 p.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> - He had been hired around 12/20/15 or the beginning of January 2016. - Staff C was relief staff and back up for staff absences. - He had passed medications for residents and had been the maintenance worker. - The Health Care Personnel Registry check had not been completed for Staff C. 	C 145		

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

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C 254	<p>10A NCAC 13G .0903(c) Licensed Health Professional Support</p> <p>10A NCAC 13G .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure quarterly Licensed Health Professional Support (LHPS) reviews for 1 of 2 sampled residents who had physician orders for oxygen therapy. (Resident #1).</p> <p>The findings are:</p> <p>Review of the current FL-2 dated 12/08/15 for Resident # 1 revealed:</p>	C 254		

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C 254	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Diagnoses of Chronic Obstructive Pulmonary Disease, Tobacco Abuse, and Paranoid Schizophrenia. - There was an oxygen order for 2 liters/minute with no indication of frequency of use and no indication of how oxygen was to be delivered, either by nasal cannula or mask. <p>Review of the record for Resident #1 revealed:</p> <ul style="list-style-type: none"> - There was no documentation of a LHPS review by the nurse since 4/03/15. - The LHPS review on 4/03/15 included an oxygenation saturation check of 94%. - The lungs were not auscultated and there was no documentation of the resident's breathing. <p>Observation on 7/20/16 at 9:15 a.m. revealed Resident #1 on the front porch with a portable oxygen tank at 2 liters/minute and a nasal cannula in use.</p> <p>Observation of the room of Resident #1 on 7/20/16 at 9:30 a.m. revealed eight oxygen tanks in a secure tank stand on the floor.</p> <p>Interview on 7/20/16 at 10:45 a.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> - Resident #1 had been taking care of the ordering for his oxygen and tubing. - She was not sure how often the tubing was to be changed. - The resident always took off the oxygen when he wanted to smoke. - There had not been any incidents of fires or concerns with his oxygen and smoking. - The nurse had been out to complete the LHPS reviews previously and recently on other residents with LHPS tasks. - The nurse made her own schedule to complete 	C 254		

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C 254	<p>Continued From page 3</p> <p>the LHPS reviews.</p> <ul style="list-style-type: none"> - When the nurse came to the facility she and the nurse must have forgotten to include Resident #1 with the rest of the LHPS reviews. - She did not know the LHPS review for Resident #1 had not been completed since 4/03/15. - There was not a system in place to ensure residents with LHPS tasks were identified and seen by the nurse for the review within 30 days of the onset of the task and then quarterly thereafter. <p>Observation of Resident #1 on 7/20/16 at 11:15 a.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> - The nasal cannula being used by the resident was stained with a dark brownish color on both nares tubes. - The rest of the tubing was clean. - The resident's breathing with the oxygen in place appeared normal. <p>Interview on 7/2016 at 11:15 a.m. with the resident revealed:</p> <ul style="list-style-type: none"> - Resident #1 used the oxygen all of the time except when smoking. - He had no problems with breathing at present and the oxygen use helped him. - He ordered his own tubing and oxygen tanks from the company himself. - He called and ordered the supplies about every 2 weeks. - The oxygen company was to arrive this week and deliver his supplies. - He had one more nasal cannula and tubing left in his room. - He changed the tubing and nasal cannula about one time per week. - He did not recall the nurse being out to the facility to see him about his breathing and oxygen for a long time 	C 254		

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C 934	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 2 of 3 medication aides sampled (A and B) had completed the state mandatory, annual in-service training program on infection prevention.</p> <p>The findings are:</p> <p>1. Review of the employee record for Staff A revealed:</p> <ul style="list-style-type: none"> - Staff A was the owner / Administrator and a medication aide. - Staff A had a medication clinical skills evaluation on 5/13/13 and 5/01/16. - She had passed the medication administration written examination on 7/21/2000. - There was no documentation of the state 	C 934		

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C 934	<p>Continued From page 5</p> <p>mandatory, annual in-service training program on infection prevention.</p> <p>Interview on 7/20/16 at 5:10 p.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> - She had been the owner and Administrator since 1999. - She had been passing medication since 2000. - She and other staff had an infection control course on bloodborne pathogens, but did not realize it was not the state mandatory annual infection prevention course. <p>2. Review of the employee record for Staff B revealed:</p> <ul style="list-style-type: none"> - Staff B was hired as a paraprofessional on 5/09/11. - Staff A had a medication clinical skills evaluation on 10/01/12 and 5/01/16. - She had passed the medication administration written examination on 11/03/13. - There was no documentation of the state mandatory, annual in-service training program on infection prevention. <p>Interview on 7/20/16 at 5:10 p.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> - Staff B started out as a cook, and housekeeper. - She became a medication aide in 2013 when she passed her medication administration test and had been passing medication since then. - Medication aide staff had an infection control course on bloodborne pathogens, but she did not realize it was not the state mandatory annual infection prevention course. 	C 934		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency	C935		

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C935	<p>Continued From page 6</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ul style="list-style-type: none"> a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ul style="list-style-type: none"> a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ul style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. b. An examination developed and administered by the Division of Health Service Regulation in 	C935		

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C935	<p>Continued From page 7</p> <p>accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 medication aides (Staff C) hired on or after October 1, 2013 had successfully completed the 15 hour medication administration training and the written medication administration test within 60 days of hire. The findings are:</p> <p>Review of the employee record for Staff C revealed:</p> <ul style="list-style-type: none"> - There was no hire date documented.- Staff C was hired as a maintenance worker and then relief /back up staff. - A medication clinical skills validation was dated 5/01/16. - There was no documentation of 5 hour or 10 hour medication administration training. - There was no documentation of a written medication administration test having been completed. <p>Interview on 7/20/16 at 5 p.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> - Staff C was hired around 12/20/15 or the beginning of January 2016. - His working titles were maintenance worker and back-up relief including medication administration when she or other staff were out of the facility. - He had been passing medication since she went away over the holidays in December 2015 and continued to pass medications in the facility when staff were out as recent as last week. - He had not had a 5 or 10 hour medication training but would get the usual medication training all med staff received. - He had not had the written medication 	C935		

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C935	<p>Continued From page 8</p> <p>administration examination but it was schedule in the near future.</p> <ul style="list-style-type: none"> - She was not aware of the requirements for medication administration since 9/30/13. <p>Review of the July 2016 medication administration record (MAR) for Resident #1 revealed a Spiriva inhaler was listed for administration and had been initialed as administered from 7/02/16 - 7/18/16 as administered.</p> <p>Review of the residents medication on hand revealed there was no Spiriva inhaler on hand.</p> <p>Interview with the Administrator and telephone interview with the pharmacist on 7/20/16 at 12:10 p.m. revealed:</p> <ul style="list-style-type: none"> - The Spiriva medication had not come in to the facility since the resident 's insurance would not pay for it. - The pharmacy had notified the physician but had not heard back from them about a substitute inhaler. - There was no Spiriva on hand in the facility. <p>Interview with the Administrator on 7/20/16 at 5:10 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff C must have thought the Spiriva was one of the resident's "as needed" inhalers. - Staff C had the medication clinical skills validation completed and should know how to check medication before administering and completed the correct documentation of the administration. - She would ensure Staff C had met the requirements before passing medications. 	C935		

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C992	Continued From page 9	C992		
C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p>	C992		

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C992	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to assure 1 of 1 staff (Staff C) hired on or after 10/01/13 had controlled substance screening prior to hire.</p> <p>The findings are:</p> <p>Review of the employee record for Staff C revealed:</p> <ul style="list-style-type: none"> - There was no hire date documented. - Staff C was hired as a maintenance worker and then relief /back up staff - There was no documentation of a controlled substance screen in the employee record. <p>Interview on 7/20/16 at 5 p.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> - Staff C was hired around 12/20/15 or the beginning of January 2016. - He was hired as a maintenance worker and then as as relief for regular staff when they were out on leave. - His duties included medication administration and had passed medications and cared for residents last December 2015 for the holiday period when she was out and as recently as last week. - She was not aware of the controlled substance screening requirement for new hires since 9/30/13. 	C992		