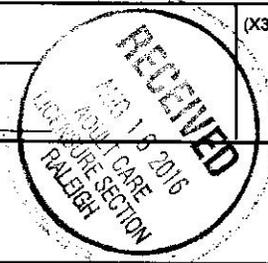


Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092194 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 07/08/2016 |
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| NAME OF PROVIDER OR SUPPLIER VAL'S FAMILY CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 3708 ROCK CREEK DR RALEIGH, NC 27609 |
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| C 000 | Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on July 7 - 8, 2016. | C 000 | | |
| C 140 | <p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, 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.</p> <p>(b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 6 staff (Staff F) sampled had been tested for Tuberculosis (TB) disease in compliance with TB control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff F's, Personal Care Aide/Medication Aide, employee record revealed: -Staff F's hire date was 08/12/2015. -Documentation of a TB skin test (tbst) placed on</p> | C 140 | <p>Staff F 2nd step TB was read on 7/07/16 and turned in to Admin 7/10/16. File is now updated. To prevent future mistakes, the new procedures for when hiring employees, they must have both TB tests, Drug test, CPR certification and proper Med Aide training before beginning work with residents. This is to be implemented by the facilities second in charge who is responsible for hiring and firing employees. The Admin is to check all employee files once a month to ensure all documentation is up to date and filed.</p> | 8/22/16 |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

J. Marshonique

TITLE
Admin

(X6) DATE
8/15/16

STATE FORM

6899 H9GJ11

If continuation sheet 1 of 21

Reviewed and Accepted 08/19/2016 HF

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| C 140 | <p>Continued From page 1</p> <p>05/04/2016 and read as negative on 05/07/2016. -There was no documentation of a second TB skin test for Staff F.</p> <p>Interview with the Administrator on 07/07/2016 at 6:25pm revealed: -The Administrator knew the requirement for TB skin testing was a two-step process. -The Administrator had informed the "Second-in-Charge" (SIC) about needing Staff F's 2nd step TB skin testing. -The Administrator had given Staff F a deadline of 07/04/2016 to complete the two-step TB skin testing. -The Administrator had asked Staff F for the 2nd TB skin test two weeks ago. -The Administrator had the overall responsibility to ensure TB skin testing was done. -The Administrator had the overall responsibility to ensure documentation for results of tb skin testing were filed in staff records. -The Administrator had reviewed Staff F's personnel record three weeks ago and sent Staff F a text that the 2nd step TB skin test was needed. -Staff F had not completed the two-step TB skin test requirement.</p> <p>Staff F was not available for interview.</p> | C 140 | | |
| C 147 | <p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> | C 147 | | |

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| C 147 | <p>Continued From page 2</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record reviews and interviews, the facility failed to assure 2 of 6 staff (Staff C, Staff D) sampled had a criminal background check in accordance with G.S 131D-40.</p> <p>The findings are:</p> <ol style="list-style-type: none"> Review of Staff C's personnel record revealed: <ul style="list-style-type: none"> -Staff C was hired on 04/12/2016 as a Personal Care Aide/Nursing Assistant. -There was no documentation of a county criminal background check. -There was no documentation of a state criminal background check. -There was no documentation signed by Staff C consenting to have a criminal background check. <p>Interview with the Administrator on 07/07/2016 at 4:50pm revealed:</p> <ul style="list-style-type: none"> -She was responsible to ensure the criminal background checks were completed and filed. -She had not had time to complete all criminal background checks. -She was trying to manage other homes. -She depended on the "Second-in-Charge" staff to manage records in the facility. <p>Interview with the Administrator on 07/08/2016 at 7:55am revealed:</p> <ul style="list-style-type: none"> -She did not have a criminal background check performed for Staff C. -The "Second-in-Charge" staff had just mailed information on 07/04/2016 or 07/05/2016 to the State Bureau of Investigation (SBI) for the criminal | C 147 | <p>Staff C's background check was returned from SBI on 7/21/16. Filed in folder. Staff D's national background check and fingerprints were sent to SBI on 7/13/16 received back on 8/5/16. Employee D had no criminal history and was re-instated to her normal shift schedule. To avoid this citation, the facility has implemented a new policy for the SIC or Admin to request and send in all required background checks for new potential employees on day of first interview. All files are to be reviewed and followed up by the SIC with SBI to ensure background checks are received back from SBI/FBI within 10 business days and filed on record for employees. Admin or SIC will review files once monthly to ensure all files are up to date.</p> | |

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| C 147 | <p>Continued From page 3</p> <p>background check to be performed.</p> <p>-The facility had not received any results back from the SBI for the criminal background check for Staff C.</p> <p>-Staff C's work schedule at the facility since hire had been Thursdays, Fridays, and Saturdays from 7pm to 8am.</p> <p>-Staff C was originally hired at another facility owned by the Administrator and had only worked at that facility for about 2 weeks. No criminal background check had been performed while Staff C worked at the other facility.</p> <p>-The Administrator had recently started completing the criminal background request at the time of interview of a prospective employee.</p> <p>Interview with Staff C on 07/08/2016 at 8:10am revealed:</p> <p>-Staff C had been employed with the facility since 04/2016.</p> <p>-Staff C had left employment with the facility and returned.</p> <p>-Staff C was hired to work as a Personal Care Aide and was also a Medication Aide.</p> <p>Interview with Residents on 07/07/2016 from 9:55am to 10:15am revealed the residents denied concerns or complaints and were not afraid of anyone at the facility.</p> <p>Interviews with two family members on 07/07/2016 at 12:00pm and 07/08/2016 at 4:00pm revealed there were no concerns or complaints with the staff and care provided at the facility. One family member stated the facility was "awesome, been great."</p> <p>2. Review of Staff D's personnel record revealed:</p> | C 147 | | |

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| C 147 | <p>Continued From page 4</p> <ul style="list-style-type: none"> -Staff D was hired on 10/02/2015 as a Personal Care Aide/Nursing Assistant/Medication Aide. -There was no documentation of a county criminal background check performed. -There was no documentation of a state criminal background check performed. -There was no documentation signed by Staff D consenting to have a criminal background check performed. <p>Interview with the Administrator on 07/07/2016 at 4:50pm revealed:</p> <ul style="list-style-type: none"> -She was responsible to ensure the criminal background checks were completed and filed. -She had not had time to complete all criminal background checks. -She was trying to manage other homes. -She depended on the "Second-in-Charge" staff to manage records in the facility. -Staff D had been in the United States less than 4 years. -Staff D needed to have a national criminal background check. -Staff D had submitted a national background check that the employee had done online on 09/26/2015. -The Administrator was advised by the county Adult Home Specialist that the online criminal background check submitted by the employee was not sufficient so the Administrator submitted fingerprints to the SBI for a criminal background check to be performed. -The Administrator received a response from the SBI dated 05/10/2016 stating the fingerprint card for Staff D was rejected and requested resubmission. -The Administrator had not followed up and resubmitted fingerprints to the SBI because she | C 147 | | |

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| C 147 | <p>Continued From page 5</p> <p>had "been really busy, trying to manage other homes".</p> <p>-The Administrator was responsible to respond to the SBI request for resubmission of fingerprints for Staff D.</p> <p>Interview with the Administrator on 07/08/2016 at 7:45am revealed:</p> <p>-The facility had recently been given a correction action report by the county Adult Home Specialist citing criminal background check for Staff D.</p> <p>-The Administrator was not aware she had to request the criminal background check through the SBI until informed by the county AHS sometime in 05/2016.</p> <p>-The Administrator had until 06/24/2016 to have everything corrected that was cited in the county corrective action report.</p> <p>-Staff D worked at the facility one day a week on Wednesdays.</p> <p>-The Administrator had recently started completing the criminal background request at the time of interview of a prospective employee.</p> <p>Staff D was not available for interview during the survey.</p> <p>Interview with Residents on 07/07/2016 at revealed the residents denied concerns or complaints and were not afraid of anyone at the facility.</p> <p>Interviews with two family members on 07/07/2016 at 12:00pm and 07/08/2016 at 4:00pm revealed there were no concerns or complaints with the staff and care provided at the facility. One family member stated the facility was "awesome, been great."</p> | C 147 | | |

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| C 147 | <p>Continued From page 6</p> <p>The facility submitted a Plan of Protection on 07/08/2016 which included the following:</p> <ul style="list-style-type: none"> -The SBI would be contacted and request a process status of background check for Staff C. -The facility would submit a new national background check with fingerprints to the SBI. -Staff D's shift would be replaced by another staff with a completed criminal background check. -The Administrator would be responsible to review and file criminal background checks in employee records. -The Administrator would implement a plan to review all employee files every two months in order to maintain proper documentation and up to date personnel files. -The Administrator will submit criminal background checks for any new employee on date of first interview in order to have proper documentation and assure resident safety. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 22, 2016.</p> | C 147 | | |
| C 153 | <p>10A NCAC 13G .0501 (a) Personal Care Training And Competency</p> <p>10A NCAC 13G .0501 Personal Care Training And Competency</p> <p>(a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the</p> | C 153 | | |

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| C 153 | <p>Continued From page 7</p> <p>Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interview, the facility failed to assure 1 of 6 staff (Staff A) successfully completed the required 25 hour state approved personal care training program and competency evaluation.</p> <p>The findings are:</p> <p>Interview with Staff A upon entrance to the facility on 07/07/2016 at 9:15am revealed:</p> <ul style="list-style-type: none"> -Staff A's job title was Activity Director and Care Coordinator. -Staff A was the only staff on duty at the facility. -Staff A was not a nursing assistant. -Staff A was a nurse from another country. -Staff A worked at the facility with the residents when needed. -Staff A was taking care of the residents at the facility today because the staff who usually worked was not working today (07/07/2016). -All the residents living at the facility were non-ambulatory and assistance required included transferring, toileting, and dressing. <p>Observation upon initial tour of the facility on 07/07/2016 from 9:15am - 9:45am revealed:</p> <ul style="list-style-type: none"> -Staff A was the only staff in the facility. | C 153 | <p>Staff A started PCA training on 7/13/16. She is due to complete 80 hours by August 22nd. In the future all PCA employees will complete training within 6 months of hire date. Reliable RN who is approved by the state is now regularly scheduled and as well to enlist new employees in the future. Second in charge is responsible for employees to attend PCA training when scheduled. Admin is to obtain certifications and file accordingly for each employee. Review of files by Admin once monthly to ensure it is present.</p> | |
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| C 153 | <p>Continued From page 8</p> <ul style="list-style-type: none"> -There were three residents in their rooms in bed. <p>Review of Staff A's personnel record revealed:</p> <ul style="list-style-type: none"> -Staff A's hire date was documented as 06/20/2014. -There was a notarized document for a "Diploma" which stated the staff had "completed full course of studies in specialty "Doctor's Assistant - Laboratory Assistant" and was given a qualification of Doctor's Assistant - Laboratory Assistant. -There was a signed job description by Staff A dated 03/11/2015 for a Personal Care Aide/Certified Nursing Assistant. -No documentation for 25 hours of personal care training and competency evaluation. <p>Interview with Staff A on 07/07/2016 at 3:45pm revealed:</p> <ul style="list-style-type: none"> -Staff A attended a class at the local community college for a nursing assistant but did not pass the test. -Staff A had not completed a 25 hour or 80 hour personal care aide training and competency evaluation. <p>Interview with Staff A on 07/08/2016 at 11:30am revealed:</p> <ul style="list-style-type: none"> -Staff A fed residents. -Staff A walked with residents. -Staff A bathed residents. -Staff A provided toileting assistance to residents. -Staff A checked residents for incontinent care every two hours. <p>Observation of Staff A at intervals during the survey revealed:</p> <ul style="list-style-type: none"> -On 07/07/2016 at 10:40am, Staff A assisted Resident #1 with eating. | C 153 | | |

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| C 153 | <p>Continued From page 9</p> <p>-On 07/08/2016 at 10:30am, Staff A assisted Resident #1 with ambulation and toileting.</p> <p>-On 07/08/2016 at 12:55pm, Staff A fed Resident #3 in the resident's room.</p> <p>Interview with the Administrator on 07/07/2016 at 3:50pm revealed:</p> <p>-The Administrator thought Staff A's training in another country qualified the staff to perform personal care tasks for residents living at the facility.</p> <p>-Staff A had not completed the 25 hour or 80 hour personal care aide training and competency evaluation.</p> <p>-Staff A had probably only worked at the facility one or two times and worked only when needed which was not often.</p> | C 153 | | |
| C 315 | <p>10A NCAC 13G .1002(a) Medication Orders</p> <p>10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:</p> <p>(1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;</p> <p>(2) if orders are not clear or complete; or</p> <p>(3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.</p> <p>The facility shall ensure that this verification or clarification is documented in the resident's record.</p> | C 315 | | |

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| C 315 | <p>Continued From page 10</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews, the facility failed to assure clarification and verification of a sliding scale insulin medication order for 1 of 3 residents (Resident #2) sampled with a sliding scale insulin order.</p> <p>The findings are:</p> <p>Review of the Resident Register for Resident #2 revealed Resident #2 was admitted to the facility on 12/16/2015 from another facility.</p> <p>Review of Resident #2's current FL-2 dated 12/14/2015 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included Dementia, Recurrent Urinary Tract Infection, Coronary Artery Disease, Hypertension, History of Recurrent Fall, Left Hydronephrosis, Gastro-esophageal Reflux Disease, Depression, Psoriasis, and Insulin Dependent Diabetes Mellitus. -There was a physician's order for Humalog insulin as per sliding scale before meals and at bedtime. -There were no sliding scale insulin parameters provided by the physician on the 12/14/2015 FL-2. <p>Review of a pharmacy review dated 03/10/2016 revealed the Pharmacy Reviewer noted Humalog insulin sliding scale before meals and at bedtime, and "need specifics in chart".</p> <p>Review of a Consultant Pharmacist's Communication to Provider Pharmacy created between 03/01/2016 and 03/10/2016 revealed the facility documented a request was sent on 03/14/2016 for a chart copy of the Humalog sliding</p> | C 315 | <p>Contacted residents physicians they did not have record of sliding scale previous to 3/30/16 because it was prescribed many years ago. Contacted residents previous facility, requested an order they have on file. They had already moved resident files off site. Doctor [redacted] was contacted to provide a clarification on 8/5/16. In their records they found a sliding scale from February 2016 that they made no comments or charges to. The scale was starting BS at 151 to administer insulin. Changed scale 3/3/16. In the future all new and current residents will have doctors orders for all medications. Doctors will provide a visit form signed and dated at every visit. SFC and Admin will be responsible for checking FL-2 forms and obtaining clarifications as needed.</p> | |

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| NAME OF PROVIDER OR SUPPLIER VAL'S FAMILY CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 3708 ROCK CREEK DR RALEIGH, NC 27609 |
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| C 315 | <p>Continued From page 11</p> <p>scale order.</p> <p>Review of physician's orders for Resident #2 revealed:</p> <ul style="list-style-type: none"> -There was a physician assistant electronically signed order dated 03/30/2016 for Humalog Insulin (a fast acting injectable medication used to lower blood sugar in diabetes) sliding scale order as follows: if blood sugar greater than 200, inject 2 units, 210-250=4 units, 251-300=6 units, 301-350=8 units, 351-500=10 units, greater than 500, 12 units, schedule appointment with doctor. -There were initials and a date of 05/23/2016 handwritten on the 03/30/2016 printed sliding scale parameter order. -There were no previous or subsequent physician ordered sliding scale insulin parameters found in Resident #2's record. <p>Observation of the Medication Aide (MA) on 07/07/2016 between 5:15pm and 5:25pm revealed:</p> <ul style="list-style-type: none"> -The MA performed a finger stick blood sugar (FSBS) check for Resident #2. -The glucometer screen reading was 177. -The MA then stated Resident #2 was on a sliding scale insulin which was to be administered when the resident's FSBS was 200 or greater. -The MA had checked the FSBS flow sheet and the parameters for administering the SSI must have changed during the time the MA had been off. -The MA called the Administrator over to the med cart and asked the Administrator about the parameters being changed from 200 to 151 for the beginning SSI parameters. The Administrator told the MA that Resident #2 was supposed to be administered Humalog Insulin 2 units for the FSBS of 177 according to the sliding scale parameters documented on the Sliding Scale Insulin flow | C 315 | <p>The SIC is responsible for clarifying new orders from the doctor. They within 24 hours. They will be responsible for delivering new prescriptions and orders to, however the SIC will transcribe the correct order to MAE and any other appropriate document for administering meds to clarify communication to Med Aides. Further will review Med orders on per month, pharmacy review meds quarterly.</p> | |
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| C 315 | <p>Continued From page 12 sheet.</p> <p>-The MA prepared the Humalog Insulin per Resident #2's Humalog insulin pen and administered 2 units to Resident #2.</p> <p>Review of a Sliding Scale Insulin flow sheet with no month or year documented revealed:</p> <p>-There were sliding scale insulin parameters for Humalog insulin as follows: 151-200=2 units, 201-250=3 units, 251-300=4 units, 301-350=6 units, 351-400=8 units, less than 55 give insta glucose gel and call physician, greater than 400 give 10 units and call physician.</p> <p>-There was documentation of 88 finger stick blood sugar results.</p> <p>-There was documentation of administration of Humalog insulin 2 to 3 units for 16 times according to the handwritten sliding scale parameters documented on the sliding scale insulin flow sheet for finger stick blood sugars ranging from 152 to 212.</p> <p>Review of Humalog Insulin sheets for Resident #2 revealed:</p> <p>-There was no documentation of physician ordered sliding scale parameters for Humalog insulin.</p> <p>-There was documentation of administration for Humalog insulin from 12/15/2015-12/31/2015 for finger stick blood sugars ranging from 152 to 288. The amount of Humalog insulin documented as administered ranged from 2 units to 4 units.</p> <p>-There was documentation of administration of Humalog insulin 47 times from 12/15/2015 - 12/31/2015.</p> <p>-There was documentation of administration for Humalog insulin from 01/01/2016-01/31/2016 for finger stick blood sugars ranging from 151 to 313. The amount of Humalog insulin documented as</p> | C 315 | | |

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| C 315 | <p>Continued From page 13</p> <p>administered ranged from 2 units to 6 units.</p> <p>-There was documentation of administration of Humalog insulin 38 times from 01/01/2016 - 01/31/2016.</p> <p>-There was documentation of administration for Humalog insulin from 02/01/2016-02/29/2016 for finger stick blood sugars ranging from 154 to 373. The amount of Humalog insulin documented as administered ranged from 2 units to 6 units.</p> <p>-There was documentation of administration of Humalog insulin 14 times from 02/01/2016 - 02/29/2016.</p> <p>Review of a Sliding Scale Insulin flow sheet for April 2016 revealed:</p> <p>-There were sliding scale insulin parameters for Humalog insulin as follows: 151-200=2 units, 201-250=3 units, 251-300=4 units, 301-350=6 units, 351-400=8 units, less than 55 give insta glucose gel and call physician, greater than 400 give 10 units and call physician.</p> <p>-There was documentation of 91 finger stick blood sugar results.</p> <p>-There was documentation of administration of Humalog insulin 2 units to 8 units for 20 times according to the handwritten sliding scale parameters documented on the sliding scale insulin flow sheet for finger stick blood sugars ranging from 151 to 386.</p> <p>Review of a Sliding Scale Insulin flow sheet for May 2016 revealed:</p> <p>-There were sliding scale insulin parameters for Humalog insulin as follows: 151-200=2 units, 201-250=3 units, 251-300=4 units, 301-350=6 units, 351-400=8 units, less than 55 give insta glucose gel and call physician, greater than 400 give 10 units and call physician.</p> | C 315 | | |

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| C 315 | <p>Continued From page 14</p> <p>-There was documentation of 72 finger stick blood sugar results.</p> <p>-There was documentation of administration of Humalog insulin of 2 units to 4 units for 8 times according to the handwritten sliding scale parameters documented on the sliding scale insulin flow sheet for finger stick blood sugars ranging from 161 to 289.</p> <p>Review of a second Sliding Scale Insulin flow sheet beginning May 25, 2016 through May 31, 2016 revealed:</p> <p>-There were sliding scale insulin parameters for Humalog insulin as follows: greater than 200=2 units, 210-250=4 units, 251-300=6 units, 301-350=8 units, 351-500=10 units, greater than 500 give 12 units and schedule doctor appointment, less than 55 give insta glucose gel.</p> <p>-There was documentation of 21 finger stick blood sugar results.</p> <p>-There was documentation of administration of Humalog Insulin 2 units for 6 times for finger stick blood sugars ranging from 120 to 194.</p> <p>Review of a Sliding Scale Insulin flow sheet for June 2016 revealed:</p> <p>-There were sliding scale insulin parameters for Humalog insulin as follows: greater than 200=2 units, 210-250=4 units, 251-300=6 units, 301-350=8 units, 351-500=10 units, greater than 500 give 12 units and schedule doctor appointment, less than 55 give insta glucose gel.</p> <p>-There was documentation of 90 finger stick blood sugar results.</p> <p>-There was documentation of administration of Humalog insulin 2 units for 1 time when Resident #2's finger stick blood sugar results was documented as 176 on 06/10/2016 at 6:00pm.</p> | C 315 | | |

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| C 315 | <p>Continued From page 15</p> <p>Interview with the MA on 07/08/2016 at 4:10pm revealed:</p> <ul style="list-style-type: none"> -The MA had been off for 4 days and the MA remembered Resident #2's sliding scale parameters for insulin administration started when the resident's FSBS was greater than 200 before the MA was off. -The MA was not aware of a physician's order changing the sliding scale insulin parameters. -When the MA checked the FSBS flow sheet for Resident #2 on 07/07/2016, the 200 on the sliding scale parameters had been marked out and changed to 151. -The MA did not know who had made the change to the sliding scale insulin parameters on the FSBS flow sheet. -The MA was confused after seeing the change, so the MA asked the Administrator about the parameters. <p>Interview with the Administrator on 07/08/2016 at 4:15pm revealed:</p> <ul style="list-style-type: none"> -When Resident #2 was admitted to the facility, the Humalog SSI insulin instructions were printed on the medication box that came with the resident on admission. -The facility did not have any documentation of physician ordered SSI parameters other than what was on the medication box. -The medication box had been discarded once the medication was finished. -The facility did not have any documentation of physician ordered parameters prior to the 03/30/2016 order. -The physician had visited the facility on 12/29/2015 and gave the facility an order to continue current insulin regimen but no order was | C 315 | | |

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| C 315 | <p>Continued From page 16</p> <p>provided.</p> <ul style="list-style-type: none"> -The Supervisor was responsible for writing the instructions and parameters for the sliding scale insulin administration on the FSBS flow sheets. <p>Interview with the Administrator on 07/08/2016 at 4:30pm revealed:</p> <ul style="list-style-type: none"> -The Administrator had changed the sliding scale parameters on the FSBS flow sheet from 200 to 151 on 07/07/2016 before the MA went to administer the insulin because the Administrator thought the Physician Assistant (PA) had confirmed the parameters to start at 151. -The Administrator did not check the order before making the change because she "was in a hurry". -The last time the Administrator had checked the resident records in the facility was in May 2016. -The Administrator thought the order signed by the PA on 05/23/2016 for the sliding scale insulin parameters for Resident #2 started at 151. <p>The Plan of Protection submitted by the facility on 07/08/2016 included the following:</p> <ul style="list-style-type: none"> -The Administrator will ensure all orders are obtained upon admission of any new resident. -The Administrator will clarify with the physician the correct sliding scale parameters to be used for Resident #2. -A copy of the physician ordered sliding scale for Resident #2 will be filed with the MAR for staff to reference. -The Administrator will ensure resident records are reviewed monthly and any time a new order is written to ensure it is included on the Medication Administration Record, FL-2, and resident's chart. <p>CORRECTION DATE FOR THE TYPE B</p> | C 315 | | |

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| C 315 | Continued From page 17 VIOLATION SHALL NOT EXCEED AUGUST 22, 2016. | C 315 | | |
| C 912 | <p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure all residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to medication orders and staff qualifications. The findings are:</p> <p>1. Based on record reviews and interviews, the facility failed to assure 2 of 6 staff (Staff C, Staff D) sampled had a criminal background check in accordance with G.S 131D-40.[Refer to Tag 0147, 10A NCAC 13G .0406(a) Other Staff Qualifications (Type B Violation)].</p> <p>2. Based on observations, interviews, and record reviews, the facility failed to assure clarification and verification of a sliding scale insulin medication order for 1 of 3 residents (Resident #2) sampled with a sliding scale insulin order. [Refer to Tag 0315, 10A NCAC 13G .1002(a) Medication Orders (Type B Violation)].</p> | C 912 | | |

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| C935 | <p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a 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 accordance with subsection (c) of this section. | C935 | <p><i>All correct & follow up on aides</i></p> | |

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| C935 | <p>Continued From page 19</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure 1 of 6 staff (Staff E) who was hired after 10/01/2013 as a Medication Aide (MA), had successfully completed the 5, 10, or 15 hour medication aide training and medication aide clinical skills checklist (Staff E) prior to administering medications.</p> <p>The findings are:</p> <p>Review of Staff E's personnel record revealed: -Staff E was hired on 01/16/2016 as a Medication Aide/Personal Care Aide (MA/PCA). -There was a job description dated and signed on 01/16/2016 for a medication aide. -Staff E had successfully passed the Medication Aide test on 09/14/2000. -There was no documentation for medication aide employment verification. -There was no documentation for Staff E completing the 5 hour, 10 hour, or 15 hour medication aide training prior to 05/18/2016. -There was no documentation for completion of the medication aide clinical skills checklist prior to 05/14/2016.</p> <p>Interview with the Administrator on 07/07/2016 at 4:30pm revealed: -Staff E had been administering medications at the facility since employment at the facility. -Staff E had been employed at the facility since 01/16/2016. -Staff E had been a medication aide since 09/14/2000. -Staff E worked at the facility Monday through</p> | C935 | | |

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| C935 | <p>Continued From page 20</p> <p>Friday 7am - 2pm shift.</p> <ul style="list-style-type: none"> -Staff E was not working on 07/07/2016 due to personal reasons. -The Administrator thought she only needed to verify the staff had passed the state medication test before the staff was allowed to administer medications at the facility. -The first medication clinical skills checklist completed for Staff E was done on 05/14/2016. -The Administrator had not performed any verification of prior medication aide employment for Staff E. <p>Review of Medication Administration Records (MARs) for 3 of 3 residents living in the facility revealed Staff E had documented administration of medications from 01/2016 - 05/2016 when the medication clinical skills checklist was completed and Staff E completed the 15 medication aide training.</p> <p>Staff E was not available for interview during the survey.</p> | C935 | | |

Val's Family Care Home Plan of Correction

Survey Date: 7/08/2016

FCL-092-194



10A NCAC 13G .0405(a)(b) Test for Tuberculosis (ID TAG: C 140)

Staff F's 2nd step TB was read on 7/07/2016 and turned in to Admin on 7/10/2016. Admin filed appropriately, file is now updated. To prevent future citation, all employees will have both TB tests on file before starting work with residents or being put on the schedule to work. The SIC has been instructed to have both TB tests on file before starting a new employee on the schedule. This procedure is to be implemented by the SIC who is responsible for hiring and firing all employees. The Admin will ensure all employee files are correct and up to date on a monthly basis, as well as review new hire employee files within 7 days of hire date.

10A NCAC 13G .0406(a)(7) Other Staff Qualification (ID TAG: C 147)

Staff C's Background check was received from SBI on 7/21/2016. Filed appropriately in staff file. Staff D's national background check and fingerprints were sent to SBI on 7/13/2016 and received results back on 8/05/2016. Employee D has no criminal history and was re-instated to her normal shift schedule. To avoid future citation, the facility has implemented a new policy which requires the SIC or Admin, whichever hires the employee, to submit the background check request to SBI within 24 hours of the initial interview. All requests sent to SBI are to be followed up by the SIC to ensure background checks are received from SBI within 10 business days and filed on record. Admin will review all employee files monthly to ensure all documentation is up to date and present for each employee.

10A NCAC 13G .0501 (a) Personal Care Training And Competency (ID TAG: C 153)

Staff A started PCA training on 7/13/2016 and is due to complete 80 hours by August 22, 2016. In the future all employees who are not Registered Nurse Aides with the state of NC will complete PCA training within 6 months of hire date. A Registered Nurse who is approved by the State of NC is now regularly scheduled and on call to enlist new employees in the future for training. SIC is responsible for employees to attend PCA training as scheduled, and to ensure they are able to attend on the scheduled times. Admin is to obtain certifications for all PCA trainees and file them appropriately in employee files. Review of files will be done by Admin monthly to ensure certification is present.



10A NCAC 13G .1002(a) Medication Orders (ID TAG: C 315)

Admin contacted residents physician, they did not have record of sliding scale previous to 3/30/2016 because it was prescribed many years ago. Contacted residents previous facility to request an order they had on file prior to discharge, resident's files had been moved off site. Dr. Kalra (previous physician) at Doctors Making Housecalls was contacted to provide clarification on 8/05/2016. In the doctors records for February 2016 they found a copy of residents monthly Blood Sugar readings with the sliding scale parameters that started at 151 to administer insulin. This scale was seen by a doctor and they had no changes until 3/30/2016. To ensure all med orders are clarified and verified. The SIC will be responsible for clarifying, if needed, any new orders from the primary physician within 24 hours of receiving new orders. New resident's FL-2 will be reviewed by the SIC and Admin to ensure all clarifications are present and med orders are correct before admission of resident. The SIC will also be responsible for delivering the verified med orders to the pharmacy within 24 hours of receipt and will also transcribe the verified med orders to the residents MAR and any other med administering paperwork on file. Copy of verified med order will be present in resident MAR for the first 7 days since the MAR is updated for Med Aides to review and familiarize themselves with the change. Admin will review each residents Med Orders monthly, Pharmacist will review med orders quarterly and provide feedback. Feedback from pharmacist is to be followed up by the SIC and any corrections recommended are to be done within 7 days of pharmacy review.

131D-4.5B (b) Med Aides; Training and Competency Evaluation Requirements (ID TAG: C 935)

Staff E has completed Med Aide Verification Checklist and 15 hours of training in May 2016. Prior to the verification Staff E had administered medication to residents. In order to prevent future citation, all new employees who are Med Aide certified, will have their Medication Checklist verified by our Registered Nurse within 2 weeks of initial interview. Also verification of previous employment is to be provided prior to hiring or scheduling an employee to administer medications to residents. If verification is not able to be provided, the employee must complete a 15 hour training course with the Registered Nurse before passing medication. It will be the the SIC's responsibility to ensure all documentation is present in employee file before hired or allowed to pass medications to residents. Admin will review employee files on a monthly basis to ensure all files are updated and current with employee qualifications. All new hire employee files will be reviewed by Admin within 7 days of hire date to ensure proper paper work is in place.

Correction Date for All Citations. Aug. 22, 2016

*J. Martynjuk
Tanya Martynjuk
Admin
8/15/16*