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
	FCL008038		06/29/2016

RECEIVED AUG 23 2016 ADULT CARE LICENSURE SECTION RALEIGH

NAME OF PROVIDER OR SUPPLIER: A SHARPE HAVEN

STREET ADDRESS, CITY, STATE, ZIP CODE: 222 CONNARITSA ROAD, KELFORD, NC 27847

(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
C 000	Initial Comments The Adult Care Licensure Section and the Bertie County Department of Social Services conducted an annual survey on June 29, 2016.	C 000		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family 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 the medication administration records (MARs) were accurate and complete for 1 of 3 residents (#3) sampled which included a dietary supplement, Astaxanthin. The findings are: Review of Resident #3's current FL-2 dated 4/11/16 revealed: -Diagnosis included hypertension, gastroesophageal reflux disease, autistic disorder and bipolar disorder with manic psychosis. -A physician's order for Astaxanthin 4mg twice a day (a dietary supplement that may be beneficial for various diseases). Review of Resident #3's April 2016 - June 29, 2016 medication administration records (MARs) revealed: -There was an entry for Astaxanthin 4mg to be	C 330	Administration The facility will continue to monitor the meds, to assure that all meds are in order, and given according to prescribed. Facility will not disburse meds that is brought into the facility by a family member or others. Monitor Qmth	8/25/16

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Green
TITLE: administrator
(X6) DATE: 8/13/16

Reviewed & Accepted c Revision SM 8/25/16

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
	FCL008038		06/29/2016

NAME OF PROVIDER OR SUPPLIER: A SHARPE HAVEN

STREET ADDRESS, CITY, STATE, ZIP CODE: 222 CONNARITSA ROAD, KELFORD, NC 27847

(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
C 330	Continued From page 1 administered twice a day. -There was documentation that Astaxanthin had been administered twice a day, every day that he was not on a home visit. Observation of medications on hand for Resident #3 on 6/29/2016 revealed: -There was no Astaxanthin on hand. -There was a bottle of Allithiamine 50mg with no resident label (Allithiamine is a form of vitamin B1). Telephone interview with the Pharmacist at the facility pharmacy on 6/29/16 at 10:50 AM revealed: -Astaxanthin 4mg for Resident #3 was last dispensed by the pharmacy on 9/2015 for a 30 day supply. -It was the facility's responsibility to request medications when they were needed. -The family may provide over the counter medications for residents if there was a physician's order. -Astaxanthin 4mg and Allithiamine 50mg are not the same over the counter medication. Interview with the Medication Aide (MA) on 6/29/16 at 11:00 AM revealed: -She was the only MA that administered medications at the facility. -She had worked there since the facility opened years ago. -She was responsible for ordering medications when needed. -Resident #3's family had purchased the Allithiamine 50mg because it was expensive to obtain from the pharmacy. -She had been administering the Allithiamine 50mg twice a day to Resident #3. -She documented the administration of the	C 330		

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
	FCL008038		06/29/2016

NAME OF PROVIDER OR SUPPLIER: A SHARPE HAVEN

STREET ADDRESS, CITY, STATE, ZIP CODE: 222 CONNARITSA ROAD, KELFORD, NC 27847

(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
C 330	Continued From page 2 Allithiamine 50mg under the Astaxanthin 4mg order. -She documented under the Astaxanthin 4mg order because she thought the Allithiamine 50mg was a generic for Astaxanthin 4mg. -She had not contacted the physician or the pharmacy to clarify if this was the correct medication. -The family had been purchasing the Allithiamine 50mg for Resident #3 for months (time unknown). Interview with the Administrator on 6/29/16 at 1:20 PM revealed: -She was responsible for the records and the physician's orders. -She would check the orders on the resident's records against the orders on the physician's report when the residents returned from their appointments. -She would check the records once a week to ensure no physician's orders had been missed. -She checked the medications on hand to make sure they matched the MARs about once a month. -She thought what Resident #3's family purchased the correct supplement that the physician had ordered. -She would contact the physician to obtain an order. -The facility had a policy and procedure on medication administration. Review of the facility's policy and procedure manual revealed there was a medication administration policy which instructed staff on documentation on the MAR. Telephone interview with the nurse at the primary physician's office on 6/29/2016 at 2:20 PM revealed:	C 330	Administrator will have a check / balance of records to assure all meds are being given as prescribed by a doctor.	

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
	FCL008038		06/29/2016

NAME OF PROVIDER OR SUPPLIER
A SHARPE HAVEN

STREET ADDRESS, CITY, STATE, ZIP CODE
222 CONNARITSA ROAD
KELFORD, NC 27847

(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
C 330	Continued From page 3 -The primary physician's office had no record that the facility had contacted them regarding the two herbal supplements. -The Astaxanthin 4mg and the Allithiamine 50mg were both herbal supplements in which Resident #3 only would benefit if he was drinking alcohol. -There was no concern which supplement Resident #3 was taking.	C 330		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for 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 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,	C992		

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
	FCL008038		06/29/2016

NAME OF PROVIDER OR SUPPLIER: A SHARPE HAVEN

STREET ADDRESS, CITY, STATE, ZIP CODE: 222 CONNARITSA ROAD, KELFORD, NC 27847

(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
C992	Continued From page 5 starting at the facility on 11/15. -He had applied for another job that required the drug screen a few months before November 2015 (date unknown). -He had not completed a separate drug screening for this facility. -He provided the Administrator with a copy of the drug screen results. -He was not sure where the results were located if there were not found in his personnel record. Interview with the Administrator on 6/292016 at 1:20 PM revealed: -She was responsible for maintaining personnel records. -She thought there was a copy of the drug screen for Staff A in his personnel file. -She was aware that all employees hired after 10/1/13 had to have a drug screening performed prior to working at the facility. -She had not had Staff A take a drug screening test. -She would have Staff A take a drug screening test today (6/29/16).	C992	The administrator will assure that there is a drug screening in all hired workers, after Oct 2013.	7/3/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	FCL008038		06/29/2016

NAME OF PROVIDER OR SUPPLIER: A SHARPE HAVEN

STREET ADDRESS, CITY, STATE, ZIP CODE: 222 CONNARITSA ROAD, KELFORD, NC 27847

(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)	(X6) COMPLETE DATE
C992	Continued From page 4 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 record reviews and interviews, the facility failed to assure a complete screening and examination for the presence of controlled substances was performed for 1 of 1 staff sampled (Staff A) hired after 10/01/13. The findings are: Review of the personnel record for Staff A Supervisor in Charge (SIC) revealed there was no hire date in Staff A's personnel record. Interview with Staff A SIC on 6/292016 at 10:05 AM revealed: -He had worked at the facility since November 2015 (date unknown). -He lived there at the facility and was there 7 days a week for 24 hours a day. -He did all the cooking and cleaning but did not pass medications. -There was a Medication Aide that would come by 3 times a day and pass medication to the residents. Second interview with Staff A SIC on 6/292016 at 1:26 PM revealed: -He had a drug screen performed at the local health department. -The drug screen was performed prior to him	C992	The administrator will assure that there is a hire date on applications.	