

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	21. PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  PCL088014	22. MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	23. DATE SURVEY COMPLETED  06/26/2018
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Received 7/11/16  
email from

NAME OF PROVIDER OR SUPPLIER  CONFIDENCE BUILDERS	STREET ADDRESS, CITY, STATE, ZIP CODE 1818 TYLER ROAD RICH SQUARE, NC 27889
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NC ID NUMBER	2. SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATION OR LSC IDENTIFYING INFORMATION	ID NUMBER	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE
C 880	Initial Comments  The Adult Care Licensure Section and Northampton County Department of Social Services conducted an Annual and Follow-up Survey on 4/25/16.	C 880		
C 874	104 NCAC 13G .0315(a)(1) Housekeeping and Furnishings  104 NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair. This Rule shall apply to new and existing homes.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to have a hole in a wall, floor in the main bathroom and floor covering kept clean and in good repair. The findings are:  On 4/26/16 at 11:45am observation of the facility bathroom revealed: -The floor near the left side of the tub moved easily up and down to touch. -The floor gave in about 1/2 inch when stepped on. -The shower wall had dark black/brown dirt stains on it. -The space between the sink on the bathrloo had particles of dirt and black/brown grime around the edges of the wall. -There were mice droppings on the floor near the baseboard on each side of the bathroom sink.  -On 4/26/16 at 1:20pm interview with the administrator revealed: -The administrator was aware of the weakness in	C 874	The administrator will make sure the all holes in walls are repaired in a timely manner as soon as a carpenter can come out and fix the repairs as well as make the left side of the tub floor repair the bathroom will have a new floor put in where the floor is weak and tile will be put down. The old floor covering will be removed, the shower wall will continue to be cleaned, however the administrator will use cleaner that will remove grime and steam on the shower wall and bathtub.	7/30/16 OK to extend to 9/30/16 DOC Tag 024

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Carolyn Hall</i>	TITLE  administrator	DATE  06/30/16
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7/24/16 Remanded accepted - DOC OK KM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL000014</b>	OLD MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	HAS THIS SERVICE COMPLETED?  <b>8/18/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONFIDENCE BUILDERS</b>	STREET ADDRESS CITY STATE ZIP CODE <b>1516 TYLER ROAD RICH SQUARE, NC 27888</b>
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DATE OF REPORT TAG	BUREAU STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID NUMBER TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NO. CORRECTED DATE
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C-074 Continued from page 1	<p>the bathroom floor</p> <ul style="list-style-type: none"> <li>-The floor has been weak a long time.</li> <li>-The floor had been repaired before</li> <li>-Administrator did not know how long ago the repair to the bathroom floor was done</li> <li>-There was no receipt for the repair</li> <li>-The administrator was aware there were mice in the home and she used mouse killer to get rid of the mice</li> <li>-The Administrator had not contacted an exterminator</li> <li>-She was aware of the black stains on the shower wall</li> <li>-She has used chemicals to try to get them off but the "scum" would not come off</li> </ul> <p>On 4/26/16 at 12:00pm observation of bedroom #1 revealed</p> <ul style="list-style-type: none"> <li>-The carpet in the bedroom was stained with dirt and grayish/black grime</li> <li>-The area in front of the bed on the right wall had a very large dark grayish stain on the floor in front of the bed</li> </ul> <p>Interview on 4/26/16 at 12:00pm with the Administrator revealed</p> <ul style="list-style-type: none"> <li>-The carpet just got stained the night before when a resident stepped on a banana</li> <li>-She treated the area with vinegar</li> </ul> <p>On 4/26/16 at 12:30pm observation of bedroom #2 revealed there was a hole in the wall just above the resident's bed.</p> <p>On 4/26/16 at 1:20pm interview with the Administrator revealed</p> <ul style="list-style-type: none"> <li>-She was aware of the hole in the wall</li> <li>-The hole was fixed about a month back</li> <li>-She did not know how the hole got back in the wall</li> </ul>	C-074	<p><del>the mouse traps and traps</del>                  all mice dropping.                  She administrator will <del>take</del> <sup>take</sup> <del>action</del> <sup>action</sup> to put down a con before any mice are seen and also put a con under the home as a way to prevent mice from entering the home and continue to treat regularly</p> <p>She administrator or staff <sup>will clean</sup> the carpet will be cleaned as soon as a spot is visible and if need to be treated first it will be treated to remove all stain from the carpet in a timely manner. However, there is no fix for mice as stains but the administrator will continue to work on keeping mice out of the home as well as keeping the house clean</p>	6/30/16 6/30/16
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL066014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/26/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CONFIDENCE BUILDERS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1516 TYLER ROAD RICH SQUARE, NC 27869</b>
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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
C 074	Continued From page 2  -Nothing had been done in an attempt to repair the hole.	C 074		
C 147	10A NCAC 13G .0408(a)(7) Other Staff Qualifications  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.  This Rule is not met as evidenced by Based on interview and record review, the facility failed to assure two of two facility staff (A and B) had a statewide criminal history background check. The findings are:  1. Review of the personnel record for Staff A revealed - Staff A was hired on about on 6/01/89 as a fill-in supervisor - There was documentation of a county criminal history background check dated 6/01/89. - There was no documentation of the statewide criminal history background check having been completed.  Staff A was not available for interview.  Refer to interview on 4/26/16 at 5:00 p.m. with the Administrator.  2. Review of the personnel record for Staff B revealed - Staff B was hired on 5/12/09 as a fill-in supervisor. - There was documentation of county criminal	C 147	<i>The administrator will make sure that all staff have a statewide criminal background checks before they start to work as well as making sure the staff have Cardio-Pulmonary Resuscitation and hands on.</i>	<i>6/30/16 Tag 147 or 176 KM</i>

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NAME OF PROVIDER OR SUPPLIER  <b>CONFIDENCE BUILDERS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1516 TYLER ROAD RICH SQUARE, NC 27869</b>		
(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 147	Continued From page 3  history background checks dated 2009 and 3/29/13. - There was no documentation of the statewide criminal history background check having been completed.  Staff B was not available for interview.  Refer to interview on 4/26/16 at 5:00 p.m. with the Administrator.  _____  Interview with the Administrator on 4/26/16 at 5 p.m. revealed: Both Staff A and B worked off and on to fill-in when the Administrator was out of the facility. - They were responsible for resident care, cooking cleaning and supervision. - Both Staff A and B had gone to the county court house and obtained the county criminal history background checks. - The Administrator thought the two staff members had gotten a statewide criminal history background check. - The Administrator asked for guidance on where to get the statewide background checks completed. - She would assure all staff had the statewide check or the national check if required.	C 147		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation  10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking	C 176	<i>See TAG 147. km</i>	

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C 176	<p>Continued From page 4</p> <p>management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure one of three staff (C) had cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver on the day shifts since the previous CPR course expired. The findings are:</p> <p>Review of the personnel file for Staff C revealed:</p> <ul style="list-style-type: none"> <li>- Staff C is the owner and Administrator of the facility.</li> <li>- There was a CPR course documented on 10/15/15 and was current until 2017.</li> </ul> <p>Interview with the Administrator, Staff C, on 4/26/16 at 5:40 p.m. revealed:</p> <ul style="list-style-type: none"> <li>- The Administrator had been working days and evening and nights alone with the three residents in the facility for a long time.</li> <li>- The course she took was an online course for CPR without a return demonstration of the skills reviewed in the course.</li> <li>- She did not read the rule as requiring a return demonstration of skills.</li> <li>- The course taken had all of the necessary skills taught on line.</li> <li>- She was not aware of the need to enroll in a</li> </ul>	C 176		

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C 176	Continued From page 5  CPR course with a return demonstration to assure skills learned were correct. - She would seek out an instructor for another CPR and choking management course with a return demonstration of skills.	C 176		
C 256	<p>10A NCAC 13G .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, the facility failed to assure the kitchen and dining and food storage areas including the floors, cabinets, drawers and the outside of the freezer were clean, orderly and protected from contamination including roaches and mice. The findings are:</p> <p>Observation of the facility kitchen/dining area on 4/26/16 at 11:30 a.m. revealed:</p> <ul style="list-style-type: none"> <li>- A small live roach ran across the floor at the doorway to the kitchen.</li> <li>- The fronts of the drawers and cabinets were all sticky to touch.</li> <li>- Two small utensil and silverware drawers to the left of the sink had drawer lining paper torn on the edges and covered with small pieces of dirt and food particles.</li> <li>- In one of the drawers to the right of the sink near the stove had roach droppings.</li> <li>- The under counter cabinets near the stove had pots and pans sitting on the dirty floor stained</li> </ul>	C 256		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DATE PROVIDED/ISSUED/REVISION NUMBER <b>FCL066014</b>	DEFICIENCY CONSTRUCTION A. BUILDING _____ B. ROOM _____	DATE SURVEY COMPLETED <b>04/26/2016</b>
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NAME OF PROVIDER OR SUPPLIER: STATELY AMERICAN CITY, STATE: ZPC008  
**CONFIDENCE BUILDERS**  
**1516 TYLER ROAD**  
**RICH SQUARE, NC 27869**

(64) DEF 140	STANDARD STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	DI PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETE DATE
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C 176 Continued From page 5  
 CPR course with a return demonstration to assure skills learned were correct  
 She would seek out an instructor for another CPR and risking management course with a return demonstration of skills

C 176

C 266 16A NCAC 13G 0904(a)(1) Nutrition and Food Service  
 10A NCAC 13G 0904 Nutrition and Food Service  
 (a) Food Procurement and Safety in Family Care Homes  
 (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination

C 266

This Rule is not met as evidenced by  
 Based on observation, interview, the facility failed to assure the kitchen and dining and food storage areas including the floors, cabinets, drawers and the outside of the freezer were clean, orderly and protected from contamination including roaches and mice. The findings are

- Observation of the facility kitchen/dining area on 4/26/16 at 11:30 a.m. revealed
- A small live roach ran across the floor at the doorway to the kitchen
  - The fronts of the drawers and cabinets were all sticky to touch
  - Two small utensil and silverware drawers to the left of the sink had drawer lining paper torn on the edges and covered with small pieces of dirt and food particles
  - In one of the drawers to the right of the sink near the stove had roach droppings
  - The under counter cabinets near the stove had pots and pans sitting on the dirty floor stained

The administrator will make sure that the house is treated regularly for roaches as well as mice.

The fronts of the drawers and cabinets will continue to be cleaned regularly so that they will not be sticky to the touch. The lining paper will be replaced where it is torn and all dirt and food particles will be cleaned and the inside of the cabinet will be painted to cover the stain on the bottom of the cabinet

6/30/16

1516 Tyler Rd.

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NAME OF PROVIDER OR SUPPLIER  <b>CONFIDENCE BUILDERS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1516 TYLER ROAD RICH SQUARE, NC 27869</b>		
(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 256	<p>Continued From page 6</p> <p>with blackish smears and dirt build up.</p> <ul style="list-style-type: none"> <li>- One of the tops to a pot was sitting food side down on the dirty floor.</li> <li>- There were mouse and roach droppings on a shelf in the under the counter cabinets.</li> </ul> <p>Continued observation of the kitchen on 4/26/16 at 11:30 a.m. revealed:</p> <ul style="list-style-type: none"> <li>- The gasket around the freezer top was stained with a blackish color.</li> <li>- The left bottom near the floor of the freezer revealed an area of corrosion with a previously painted over area beginning to bubble up and peel away.</li> <li>- The front had a black dirty buildup near the top at a seam.</li> <li>- Brownish spill marks were observed to run down from near the top of the freezer to the bottom on the front and left side.</li> <li>- The freezer handle had a brownish discoloration to it.</li> <li>- The inside of the oven door was black/brown with splattered burned on food.</li> <li>- The oven floor had multiple burned food ashes and pieces.</li> </ul> <p>Interview on 4/26/16 at 11:45 a.m. with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>- She tried to keep the kitchen cleaned as she goes through the day.</li> <li>- The cabinets and refrigerator and freezer were to be wiped down daily as needed.</li> <li>- She had not seen many roaches since she treats the areas with roach killer herself once in while when she sees them.</li> <li>- She did not know there were roach and mouse droppings in the cabinets under the counter.</li> <li>- She had seen big and little mice from time to time in the facility.</li> <li>- She puts down mouse killer for the mice.</li> </ul>	C 256	<p><i>The administrator will make sure the gasket around the freezer top is cleaned and the freezer will be sealed and repainted and the oven will be clean and all multiple burned food ashes and pieces will be removed.</i></p>		

1561 Tyler Rd.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL066014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2016</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CONFIDENCE BUILDERS**

**1516 TYLER ROAD  
RICH SQUARE, NC 27869**

(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 256	Continued From page 7 - She had not gotten and exterminator to come into the facility the roaches or mice.	C 256		

1561 Tyler Rd  
Rich Square, NC 27869 } corrected address <sup>kn</sup>