

PRINTED: 08/22/2018
 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FOLB11038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/07/2018
NAME OF PROVIDER OR SUPPLIER PLEMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 315 MONTE VISTA ROAD CANDLER, NC 28745		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	NO PRESENT TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensee and the Buncombe County Department of Social Services, conducted an annual survey on June 3, 2018 and June 6, 2018 to June 7, 2018.	C 000		
C 034	10A NCAC 130A.0302(n) Design and Construction 10A NCAC 130A.0302 Design and Construction: (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain on the premises the most current fire and environmental health inspection reports. The findings are: Upon entry to the facility on 8/2/16 at 8:08AM, the Supervisor-In-Charge (SIC) was requested to provide copies of the most recent fire and environmental health inspection reports for review at a later time during the survey. Interview on 8/2/16 at 10:07AM with the SIC revealed: -He was unable to find the most current environmental health report. -It had been a while since the environmental health inspection had been done. -He could not find the most current fire inspection report. Interview on 8/3/16 at 10:40AM with the Deputy	C 034 C 034	Management will keep a notebook with all inspections and check the book monthly to ensure upcoming inspections are performed.	7/31/16

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

STATE FORM _____

(X7) DATE _____

If continuation sheet 1 of 25

X5 approved _____ *date 8-29-16*

Plan of Correction received/amended as noted/approved.
[Signature] 9/8/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 034	Continued From page 1 Fire Marshal revealed: -He was called by the SIC on 6/3/16 to perform a fire safety inspection. -He did not readily know the last time the facility was inspected, but the facility was due for an inspection. -He expected facilities to call his office when they were due for an inspection, but his office also had a way to track facilities for inspections. -Upon completion of his inspection that day he would have a report available for review. Review of Fire and Building Safety Inspection Report dated 6/3/16 revealed: -Condition of the building was checked as	C 034		
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C 059	unsatisfactory with the added comment of "Needs Reinspection." -In the Recommendations to Correct section was documented "Replace missing junction box covers in crawl space; reconnect dryer duct; service fire extinguishers; extension cords for temp[orary] use only; remove flammable liquids; remove combustibles; receptacle cover broken-halfway; secure crawlspace door." Telephone interview attempt on 6/7/16 at 1:32PM with the county Environmental Health Services was unsuccessful. 10A NCAC 13G .0310 (b) Storage Areas 10A NCAC 13G .0310 Storage Areas (b) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be supervised while in use.	C 059	<p><i>REPLACED ALL AND CORRECTED ALL AREAS WILL FOLLOW UP WITH WALK THROUS EVERY 2 WEEKS AND REPAIR AS NEEDED</i></p>	6/6/16
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C 059	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation and interviews, the facility failed to secure in a separate locked area 8 containers of chemicals and petroleum products left outside on the premises, 14 containers of chemicals and petroleum products left on the front porch, a 5 gallon container of kerosene left in the dining room and 6 containers of chemicals left under the kitchen sink.</p> <p>The findings are:</p>	C 059		
	<p>Observation on 6/3/16 at 8:35AM of the outside premises of the facility revealed: -A wood storage shed with a door, metal handle and lockset in the handle. -The door was closed and unlocked.</p>	C059	Management will secure all chemicals in locked storage unit outside and will monitor	
	<p>Continued observation on 6/3/16 at 8:35AM of the outside premises along the wall of the storage shed revealed: -An unlabeled clear plastic container, approximately 3 gallon size and half full of a black oily substance. -A liquid laundry detergent container with the top cut off and full of approximately 1 gallon of a black oily substance. -A 1 quart motor oil container with a black oily substance inside the container. -A 16 ounce spray can of a lubricant feeling full of product when picked up, with a warning on the manufacturer's label the warning in capital letters of "DANGER: EXTREMELY FLAMMABLE. HARMFUL OR FATAL IF SWALLOWED ..."</p> <p>Continued observation on 6/3/16 at 8:35AM of the outside premises along the wall of the facility</p>		<p>on a daily basis to ensure no chemicals are out</p> <p>The management will keep a notebook and sign when the facility is checked for chemicals.</p> <p>The storage unit will remain locked</p>	

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C 059	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> -A 23 ounce spray bottle of wheel and tire power cleaner containing a liquid with a warning on the manufacturer's label the warning in capital letters of "CAUTION: EYE IRRITANT." -An 8 ounce bottle of 2 cycle engine oil containing product feeling full of product when picked up. <p>Continued observation on 6/3/16 at 8:35AM of the outside premises along stacked railroad ties in the yard revealed:</p> <ul style="list-style-type: none"> -A 1 quart container of chainsaw lubricating oil containing product feeling full of product when picked up. -A 1 quart container of motor oil containing product feeling full of product when picked up. 	C 059	<p>Any cleaning chemical that are used for house keeping will be kept under kitchen locked.</p>	
	<p>Observation on 6/3/16 at 9:15AM of the front porch revealed:</p> <ul style="list-style-type: none"> -A 15.2 ounce container of car wax that felt full when picked up, with a warning on the manufacturer's label the warning in capital letters of "WARNING: May cause dizziness, headaches and nausea." -A 16 ounce spray container of car shine protectant that felt partially full when picked up, with a warning on the manufacturer's label the warning in capital letters of "CAUTION: May cause eye and skin irritation." -A 19 ounce spray can containing glass cleaner that felt partially full when picked up, with a warning on the manufacturer's label the warning in capital letters of "CAUTION: CONTENTS UNDER PRESSURE." -An 11 ounce can of silver spray paint that felt partially full when picked up. -A 21 ounce spray can of a car tire care product that felt full when picked up, with a warning on the manufacturer's label the warning in capital letters of "CAUTION: CONTENTS UNDER PRESSURE." 		<p>The management will monitor daily and document that the cabinet is locked.</p>	

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C 059	Continued From page 4 MAY BE HARMFUL IF SWALLOWED." -A 1 quart bottle of power steering fluid that felt full when picked up. -An 8 ounce can of spray enamel that felt partially full when picked up. -A 24 ounce spray bottle of a garden fungicide that felt full when picked up, with a warning on the manufacturer's label the warning in capital letters of "CAUTION: KEEP OUT OF REACH OF CHILDREN." -A 1 gallon container of antifreeze, with no cap and a clear liquid inside, with a warning on the manufacturer's label the warning in capital letters of "WARNING: HARMFUL OR FATAL IF SWALLOWED ..." -An 11 ounce spray can of engine enamel that felt full when picked up. -A 16 ounce metal can of car wax that felt full when picked up.	C 059	<i>Removed All Chems and Secured Behind Locks will keep all chems locked up</i>	6-7-16
	-A 1 quart container of motor oil that was approximately 1/2 full and contained a dark oily substance. -A 2 quart bottle of car wash that was approximately 1/2 full. -An 8 ounce bottle of 2 cycle engine oil. Observation on 6/3/16 at 9:45AM of the dining room revealed: -A five gallon red plastic container used for storing petroleum product, sitting against the wall and next to the piano. -The container was uncapped and out of the spout was a siphon device. -The container was heavy to pick up and had a clear liquid. -Against the wall between the dining room and the staff bedroom was a kerosene space heater that was off. Observation on 6/3/16 at 9:46AM of the		<i>Removed ALL CONTAINERS AND PET IN SECURED PLACES TO MONITOR AND PET AWAY</i>	6-7-16

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C 059	<p>Continued From page 5</p> <p>medication room (located off the dining room) revealed:</p> <ul style="list-style-type: none"> -There was a doorway leading into the kitchen. -The kitchen doorway was covered with a dirty brown curtain. -Another doorway led to the laundry room through which residents exited the house to the back porch. <p>Interview on 6/3/16 at 10:07AM with the Supervisor-in-Charge (SIC) revealed he did work on his automobiles at the facility.</p> <p>Interview on 6/3/16 at 11:05AM with the Deputy</p>	C 059	<p><i>No more AUTO REPAIRS OR PROPERTIES</i></p>	6-3-16
	<p>Fire Marshal revealed the red container in the dining room contained kerosene.</p> <p>Interview on 6/3/16 at 11:20AM with the SIC revealed the kerosene heater was used as a "backup" heating source and was last used in November 2015.</p> <p>Interview on 6/3/16 at 12:05PM with the Relief SIC revealed the storage shed outside the home had a lock and all chemicals should be stored and locked up there.</p> <p>Telephone interview on 6/3/16 at 12:55PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She visited the facility "quite often" but could not remember the last time she visited. -She did not store chemicals or petroleum products in the facility but their storage was based on what was considered safe or unsafe. -She was sure that chemicals and petroleum products should be locked up. <p>Observation on 6/6/16 at 12:50PM of the kitchen revealed:</p> <ul style="list-style-type: none"> -The curtain that was in the doorway was gone. 		<p><i>All items from OUTSIDE LOCKED in STORAGE Building</i></p>	6-6-16

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C 059	<p>Continued From page 6</p> <p>-The cabinet under the sink had no lock. -The sink cabinet doors were closed.</p> <p>Continued observation on 6/6/16 at 12:50PM of the contents of the sink cabinet revealed: -A 1 quart spray bottle of all-purpose cleaner that was full with a green liquid, with a warning on the manufacturer's label with the warning in capital letters of "WARNING: CAUSES SERIOUS EYE IRRITATION." -Two 1 quart bottles of a floor cleaning product that felt full when picked up. -A 1 quart spray bottle of a mold, stain and mildew cleaner that felt partially full when picked up, with a warning on the manufacturer's label the warning in capital letters of "CAUTION: EYE AND SKIN IRRITANT." -A 1 gallon jug of heavy duty floor stripper concentrate that felt partially full when picked up, with a warning on the manufacturer's label the warning in capital letters of "DANGER: CAUSES SEVERE SKIN BURNS AND EYE DAMAGE." -A 1 gallon jug of lemon-scented household bleach that felt partially full when picked up. -A 1 quart bottle of pine cleaner that was approximately ¾ full.</p> <p>Interview on 6/6/16 at 12:50PM with the Relief SIC revealed: -Residents were not allowed into the kitchen. -Since there was no door on the doorway to the kitchen, the only way chemicals could remain stored under the sink would be to have a lock installed on the cabinet doors.</p> <p>A review of resident records revealed none to have severe cognitive impairment, none to be severely depressed and none to have recent suicide ideation or attempts.</p>	C 059	<p><i>All chem are locked under sink - will cont. to keep chem in locked cabinets</i></p>	6-18-16

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C 059	Continued From page 7 Interviews of 6 residents revealed all to be appropriate in interactions and cognitively intact. A Plan of Protection dated 6/3/16 was obtained from the Relief SIC and revealed: -Chemicals and petroleum products that were outside were removed to the locked storage building outside. -The SIC and Relief SIC would monitor daily for chemicals and petroleum products, storing them in the locked storage building. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 22, 2016.	C 059		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A 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 interviews, the facility failed to keep clean and repaired walls, floors, ceilings and fixtures attached to them on the outside of the home, in the living room, in the dining room, in the laundry room, in the bathroom, in the residents' rooms hallway and in 3 of 3 resident rooms. The findings are: Observation on 6/3/16 at 8:35AM of the outside of	C 074		

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C 074	<p>Continued From page 8</p> <p>the facility revealed:</p> <ul style="list-style-type: none"> -A piece of missing soffit under the edge of the roof, approximately 1 foot by 1 ½ feet, exposing the underside of the edge of the roof. -Two pieces of soffit that are not attached resulting in an approximately 2 inch gap. -The left panels of the resident bedroom window closest to the wood storage shed was dirty, had no screen and window glazing was missing from the entire bottom of the window where it made contact with the wood frame. -The right panels of the resident bedroom window closest to the wood storage shed were dirty, the storm window was pushed up approximately 6 inches, the screen was popped out of the frame and pushed in leaving an approximately 4 inch gap, and old leaves and a bird nest were noted in the space between the storm window and the inside window. -In the gutter on the left side of the house, where it made contact with a roof valley, was a large piece of asphalt roofing material. -The left panels of the resident bedroom window in the middle of the left side of the facility had a loose screen and window glazing was missing from the entire bottom of the window where it made contact with the wood frame. -Numerous gaps in the soffit under the edge of the roof on the left side of the facility. -The brick pier on the corner of the front porch and to the right of the porch steps was missing numerous bricks and had other bricks that remained in place but were loose. -A piece of metal pipe (handrail) extended at an approximately 45 degree angle from the grass at the edge of the sidewalk, up the right side of the porch steps and to the top of the brick pier on the porch, where the pipe was bent down at an approximately 30 degree angle and attached to the pier with a bungee cord (there was no other 	C 074	<p>C074 Management will monitor on a Bi-weekly basis and document findings and repairs outside parameters of the facility. The repair notebook will be kept and can be reviewed by D.S. when requested</p>	

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C 074	<p>Continued From page 9</p> <p>handrails on the porch steps).</p> <p>Observation on 6/3/16 at 9:45AM of the dining room revealed:</p> <ul style="list-style-type: none"> -A heavy concentration of dirt on the hardwood floor in high traffic areas between the living room, resident hallway, around the dining room table and to the doorway to the medication room. -An irregularly shaped brown-stained and peeling area of the dining room ceiling over the piano and measuring approximately 4 feet at the widest point. <p>Continued observation on 6/3/16 at 9:45AM of the medication room (immediately adjacent to the dining room) revealed:</p> <ul style="list-style-type: none"> -A ceiling fan located partially over the medication cart with dirty and dusty blades (the fan was on and shut off for the observation). -A doorway to the kitchen was draped closed with a dirty brown curtain. <p>Continued observation on 6/3/16 at 9:45AM of the laundry room revealed:</p> <ul style="list-style-type: none"> -Black-speckled staining in a streaked pattern on the ceiling. -An approximately 1 inch gap at the bottom of the door exiting to the back porch, with outside light visible through the gap. <p>Continued observation on 6/3/16 at 9:45AM of the back exit door revealed chipped and missing paint on the exterior side of the door and in the door jamb.</p> <p>Continued observation on 6/3/16 at 9:45AM of the back porch revealed:</p> <ul style="list-style-type: none"> -A wood bench seat built into the entire length of the porch rail. -An old can with cigarette butts on the end of the 	C 074		
			<p><i>All have been corrected to do repair as needed</i></p>	<p><i>6-10-16</i></p>

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C 074	<p>Continued From page 10</p> <p>bench. -The paint on the bench was chipped and mostly worn away.</p> <p>Observation on 6/3/16 at 11:42AM of the first resident bedroom on the left (as walking down the facility hallway) revealed: -Thick dust and debris on the top of the window frame. -A broken window handle on the window frame. -Dust and debris in the space between the window and the storm window. -Dust on the window mini-blinds.</p> <p>Continued observation on 6/3/16 at 11:42AM of the resident hallway revealed: -A heavy build-up of dirt on the floor along the baseboards on both sides of the hallway. -A rusty baseboard heater cover. -A dirty wet rag mop sitting directly on the floor near the bathroom door.</p> <p>Observation on 6/3/17 at 11:57AM of the common resident bathroom revealed: -Two wall sconce lights, one on either side of the mirror over the sink, both without globes and one with an unlit bulb. -Brown staining on the floor around the base of the commode. -A linen closet next to the commode with large patches of peeling paint and cobwebs inside the closet (bedsheets and a comforter were present on the shelves in the closet). -Missing paint on an approximately 6 inch long spot of wall next to the commode. -Black staining on the caulk between the tub and the tub enclosure. -Rust on the right end of a grab bar on the tub enclosure. -A protruding and rusted bolt on a curved grab</p>	C 074	<p>C074 → All repairs upon completion on interior of facility will be monitored weekly to en ensure compliance with rule. A notebook will be kept with monitoring findings and repairs completed.</p>	

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C 074	<p>Continued From page 11</p> <p>bar above the spout in the tub.</p> <p>Confidential interviews with 5 residents revealed:</p> <ul style="list-style-type: none"> -The first resident stated the Supervisor-in-Charge (SIC) kept the house clean and his roommate was keeping his room clean. -The first resident stated everything was in good repair. -The second resident stated when things get broken they were repaired. -The third resident stated he cleaned his own room and the floor was mopped every three weeks. - The third resident stated window mini-blinds 	C 074		
	<p>were cleaned but "I clean them" and "it is up to me" to clean them.</p> <ul style="list-style-type: none"> -The third resident stated "everything works." -The fourth resident stated the carpet in his room was vacuumed and everything worked in his room. -The fifth resident stated he swept floors, mopped once a week and the SIC waxed the wood floors every two months. <p>Interview on 6/3/16 at 12:05PM with the Relief Supervisor-in-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> -The SIC did "what he can." -Residents try to help with cleaning. -She had "got behind" with cleaning and had not had time for personal reasons. -The wood floors were mopped with pine oil. -There were "a few maintenance things" to address but "there was not a whole lot." -A "little roof work" and landscaping were needing to be done. <p>Phone interview on 6/3/16 at 12:55PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -The facility was "leased" to the SIC and he "keeps it up pretty much." 			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715		
(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
C 074	Continued From page 12 -The SIC would buy any needed supplies for repairs -Even though the facility was leased to the SIC and he has to do "everything," anything not done "falls back on me." Observation on 6/6/16 at 8:05AM of the dining room revealed peeling paint and brown stains on the ceiling around the ceiling fan. Observation on 6/6/16 at 9:00AM of the last resident room on the right before the bathroom revealed: -The half of the room closest to the door was carpeted and the other half was bare hardwood floor. -The carpet was stained black and was dirty. -The hardwood flooring had dirt build up. -The mini-blinds on the windows were covered in dust.	C 074	<i>Corrected & PAINTED</i> <i>CARPET REMOVED</i> <i>FLOORS STAINED & CLEANED</i>	7-22-16 7-22-16
	Observation on 6/6/16 at 9:45AM of the last resident room on the left before the bathroom revealed: -A small oscillating fan (turned off) sitting on a resident's bed, the fan blades covered with black grime and the fan grate covered in dust. -The mini-blinds on the windows were covered in dust. -A cracked pane of window glass with the smaller piece (in the lower left hand corner) loose in the window frame. -A window screen covered in black grime (the window was closed). Interview on 6/6/16 at 2:25PM with the SIC revealed -Maintenance "falls on me." -Sometimes outside people had to come in to make repairs he was not trained to make.		<i>FANS CLEANED</i> <i>GLASS WILL BE REPLACED</i>	7-22-16

Division of Health Service Regulation
STATE FORM

6800

JOYM11

If continuation sheet 13 of 88

*ALL AREAS
WILL BE MONITORED
& CORRECTED AS
NEEDED*

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
**215 MONTE VISTA ROAD
CANDLER, NC 28716**

(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 13 -His family member would sometimes do repairs but he was busy. -The Administrator had no role in performing facility maintenance. -The Administrator did not provide funding for maintenance. -If repairs were more "cosmetic" and "normal wear and tear," he would take care of those but if repairs were more "structural" he would have the cost of those repairs deducted from his rent. Phone interview on 8/7/16 at 10:55AM with the Administrator revealed the SIC should tell her what was wrong in the facility that needed repair.	C 074		
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home 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 homes. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to maintain a clean environment free of clutter and hazards related to: petroleum products stored with combustible items outside and inside the home, a long handled axe left outside, a metal pipe being used as a handrail that was not securely fastened to the porch, saws left unsecured on the front porch, unsecured posts to	C 078	<i>Cleaned up All hazards will keep in proper place in future</i>	7-22-16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 078	<p>Continued From page 14</p> <p>the front porch roof, an open door to the crawlspace, dryer duct that was vented to the crawlspace, a rotted door threshold and metal sheets attached to the back porch decking with upturned edges and popped nails and boards on the back porch. The findings are:</p> <p>Observation on 6/3/16 at 8:35AM of the outside premises along the wall of the shed revealed: -An unlabeled clear plastic container, approximately 3 gallon size and half full of a black oily substance. -A liquid laundry detergent container with the top cut off and full of approximately 1 gallon of a black oily substance. -A 1 quart motor oil container with a black oily substance. -Adjacent to the containers of black oily liquids was a stack of cut wood, pieces of plywood and the wood wall of the shed.</p>	C 078	<p>C078 Management will secure all chemical in storage unit and lock unit. Management will monitor daily to ensure chemicals are secure.</p>	
	<p>Continued observation on 6/3/16 at 8:35AM of the outside of the facility revealed a long handled axe lying alongside the house.</p> <p>Observation on 6/3/16 at 9:15AM of the front porch steps revealed: -A piece of metal pipe (handrail) extended upward at an approximately 45 degree angle from the grass at the edge of the sidewalk and followed the right side of the porch steps to the top of the brick pier on the porch. -At the brick pier, the pipe was bent downward at an approximately 30 degree angle and attached to the pier at a brick (missing mortar) with the hooked ends of a bungee cord. -There was no handrail on the left side of the porch steps.</p>		<p>Management will monitor facility for needed repairs and document findings and repairs completed weekly</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 078	<p>Continued From page 15</p> <p>Continued observation on 6/3/16 at 9:15AM of the front porch revealed:</p> <ul style="list-style-type: none"> -A metal porch roof extended from the porch steps and brick piers to approximately 2 feet past the front door. -At each end of the metal porch roof was a 4 inch by 4 inch wood post, which sat on the concrete deck of the porch with no visible hardware connecting the posts to the concrete deck nor the metal roof. -The wood post closest to the front door had a small wood wedge between the post and the metal roof. -With slight outward pressure applied to each post, the posts starting moving from out under the metal roof. -Lying on the brick pier was a bow saw (used for cutting wood) and at the base of this pier on the concrete deck was a small hand saw. 	C 078	<p><i>Scrapped post to floor roof removed saw & wood splitters will keep behind locked doors</i></p>	6-12-16
	<p>Continued observation on 6/3/16 at 9:15AM of the side of the house revealed:</p> <ul style="list-style-type: none"> -An open door to the crawlspace under the house. -Dryer duct was lying in the dirt in the crawlspace. -A rigid metal duct protruded through the floor into the crawlspace and was coated on the inside with dryer lint. <p>Observation on 6/3/16 at 9:45AM of the dining room revealed:</p> <ul style="list-style-type: none"> -A five gallon red plastic container used for storing a petroleum product, sitting against the wall and next to the piano. -The container was uncapped and out of the spout was a siphon device. -The container was heavy to pick up and had a clear liquid. -Against the wall between the dining room and the staff bedroom was a kerosene space heater 		<p><i>Replaced duct hose and properly connected</i></p> <p><i>Removed & will keep in a safe place</i></p>	6-12-16 6-6-16

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 078	<p>Continued From page 16</p> <p>that was off.</p> <p>Observation on 6/3/16 at 9:52AM of the back porch revealed:</p> <ul style="list-style-type: none"> -The door knob side of the doorframe threshold was rotted with an approximately 6 inch long oblong hole (when stepped on the threshold did not give way). -Metal sheets nailed to the wood decking with their edges curling up. -Angled supports to a bench built into the deck railing, at the far corner of the deck, were popped from supporting wood structure in numerous places, exposing nails. 	C 078		
	<p>Interview on 6/3/16 at 10:07AM with the Supervisor-in-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> -He did work on his automobiles at the facility. -His family member helped him with yard work and maintenance but the family member was busy. 			
	<p>Interview on 6/3/16 at 11:05AM with the Deputy Fire Marshal revealed the red container in the dining room contained kerosene.</p> <p>Review of Fire and Building Safety Inspection Report dated 6/3/16 revealed:</p> <ul style="list-style-type: none"> -Condition of the building was checked as unsatisfactory with the added comment of "Needs Reinspection." -In the Recommendations to Correct section was documented "Replace missing junction box covers in crawl space; reconnect dryer duct; extension cords for temp[orary] use only; remove flammable liquids; remove combustibles; receptacle cover broken- hallway; secure crawlspace door." <p>Interview on 6/3/16 at 11:20AM with the SIC</p>			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 078	<p>Continued From page 17</p> <p>revealed:</p> <ul style="list-style-type: none"> -The kerosene heater was used as a "backup" heating source and was last used in November 2015. -The Administrator visited the facility "2 to 3 times a year." -He last spoke to the Administrator about 3 weeks before the survey. -He spoke to the Administrator on the phone about 2 to 3 times a month. <p>Observation on 6/3/16 at 11:52AM of the resident rooms hallway revealed a storage closet with a lock and hasp, the portion of the hasp attached to the doorframe (having four screw-holes) with only one small screw, permitting the door to open approximately one inch.</p> <p>Interview on 6/3/16 at 12:05PM with the Relief Supervisor-in-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> -The SIC did "what he can." -There were "a few maintenance things" to address but "there was not a whole lot." -A "little roof work" and landscaping were needing to be done. <p>Phone interview on 6/3/16 at 1:00PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She talked to the SIC every day or every other day. -She visited the facility "quite often" but she could not remember the last time she visited. -The facility was "leased" to the SIC and he "keeps it up pretty much." -The SIC would buy any needed supplies for repairs. -She was sure that petroleum products should be locked up. -Even though the facility is leased to the SIC and he has to do "everything," anything not done "falls 	C 078	<p><i>No More Leaks IN USE Leaks AND PUT IN STORAGE</i></p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
215 MONTE VISTA ROAD
CANDLER, NC 28718

(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 078	<p>Continued From page 18</p> <p>back on me."</p> <p>Interview on 6/6/18 at 2:25PM with the SIC revealed:</p> <ul style="list-style-type: none"> -Maintenance "falls on me." -Sometimes outside people have to come in to make repairs he was not trained to make. -His family would sometimes do repairs but the family member was busy. -The Administrator had no role in performing facility maintenance. -The Administrator owned the property. -The Administrator did not provide funding for maintenance. -If repairs were more "cosmetic" and "normal wear and tear," he would take care of those but if repairs were more "structural" he would have the cost of those repairs deducted from his rent 	C 078		
	<p>Phone Interview on 8/7/18 at 10:55AM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She spoke with the SIC "a lot." -She "goes by" the facility 2 to 3 times a month but "it is dark." -It was her responsibility to follow behind the SIC and make sure they were doing what needed to be done -The SIC should tell her what was wrong in the facility that needed repair. <p>Attempted telephone interview on 6/7/18 at 1:32PM with the county Environmental Health Services was unsuccessful.</p> <p>A Plan of Protection dated 6/3/16 was obtained from the Relief SIC and revealed.</p> <ul style="list-style-type: none"> -The SIC would obtain brackets on 6/3/18 to affix to the posts and metal roof on the porch. -The kerosene was removed from the dining room and stored properly. 			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28716		
(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 078	Continued From page 19 -Management was responsible for maintaining the building and would monitor.	C 078		
	CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 22, 2016.			
C 102	10A NCAC 13G .0317 (a) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition	C 102		
	This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews and interviews, the facility failed to (A) prevent use of an outdoor extension cord with exposed wiring; cover an electrical junction box in the crawlspace; prevent use of a non-surge protected extension cord in the medication room; prevent unsafe use of surge protectors and non-surge protected outlet adapters in the living room and in 2 of 3 resident rooms; replace broken and missing electrical outlet faceplates in the resident hallway and kitchen and replace or remove a wall light sconce with exposed wires in 1 of 3 resident rooms, (B) to prevent use of a kerosene and electric space heater during the winter when a central heating furnace was not functioning and (C) have an annual maintenance check		<i>All complaints corrected FURNICE under REPAIR Will monitor and correct as needed</i>	<i>7-22-16</i>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 102	<p>Continued From page 20</p> <p>performed on 2 of 2 fire extinguishers when they became due in July, 2015.</p> <p>The findings are:</p> <p>A. Observation on 6/3/16 at 8:35AM of the outside of the facility revealed: -An electric powered air compressor. -The air compressor cord was plugged into a white, non-surge protected household extension cord. -The plug at the other end of the white, non-surge protected household extension cord was missing and its wires were connected with plastic wire nuts to the exposed wires of an orange non-surge protected extension cord (these cords were draped over a riding lawnmower). -The orange extension cord was stretched through the grass and the plug was not in an electrical outlet.</p> <p>Continued observation on 6/3/16 at 8:35AM of the outside of the facility revealed a second non-surge protected orange extension cord, the outlet end lying in the back of a pickup truck bed, the cord lying in the grass and the plug end entering the house through the living room window next to the window air conditioning unit.</p> <p>Observation on 6/3/16 at 9:15AM of the side of the house revealed: -An open door to the crawlspace under the house. -Attached to a floor joist was a blue plastic electric junction box, with no cover and the wires were visibly exposed.</p> <p>Observation on 6/3/16 at 9:45AM of the medication room revealed a wall lamp and a fax machine (both off) were plugged into a brown</p>	C 102 C102	<p>Management will monitor weekly to insure all fire safety, electrical mechanical and plumbing equipment are maintained in a safe and operating condition. A notebook will be kept with monitoring report and any repairs made.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 102	<p>Continued From page 21</p> <p>non-surge protected household extension cord that was draped down the doorframe to and into the kitchen.</p> <p>Interview on 6/3/16 at 10:07AM with the Supervisor-in-Charge (SIC) revealed: -He did work on his automobiles at the facility. -His family member helped him with yard work and maintenance but the family member was busy.</p> <p>Observation on 6/3/16 at 11:05AM of the living room revealed: -A two plug wall outlet to the left of the fireplace.</p>	C 102		
	<p>-A non-surge protected 3 outlet adapter was plugged into one of the outlets. -A surge-protected 6 outlet extension cord was plugged into the second outlet. -Into the non-surge protected 3 outlet adapter was plugged a cordless phone charger (phone was in the charger) and a window air conditioner (off but could be turned on). -Into the surge-protected 6 outlet extension cord was plugged a television (on), cable box (on), internet wireless router (light on), a second cable box and a non-surge protected white household extension cord. -Into the non-surge protected white household extension cord was plugged a floor box fan (off), a battery charger for power tools (no tools attached to the charger) and a non-surge protected orange extension cord that went out the window between the window frame and the window air conditioner.</p> <p>Review of Fire and Building Safety Inspection Report dated 6/3/16 revealed: -Condition of the building was checked as unsatisfactory with the added comment of "Needs Reinspection."</p>		<p><i>Removed All surge protected outlets will NOT USE in future</i></p> <p><i>Will be back on 7/20-16</i></p>	6-7-16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 102	<p>Continued From page 22</p> <p>-In the Recommendations to Correct section was documented "Replace missing junction box covers in crawl space; reconnect dryer duct; extension cords for temp[orary] use only; remove flammable liquids; remove combustibles; receptacle cover broken- hallway; secure crawlspace door."</p> <p>Interview on 6/3/16 at 11:20AM with the SIC revealed: -The Administrator visited the facility "2 to 3 times a year." -He last spoke to the Administrator about 3 weeks before the survey. -He spoke to the Administrator on the phone about 2 to 3 times a month.</p>	C 102	<p><i>REPLACED ALL REINSPECT ON 7-16-16</i></p>	
	<p>Observation on 6/3/16 at 11:52AM of the resident rooms hallway revealed a cracked electrical outlet faceplate with a piece of the faceplate missing.</p>			
	<p>Interview on 6/3/16 at 12:05PM with the Relief Supervisor-in-Charge (SIC) revealed: -The SIC did "what he can." -There were "a few maintenance things" to address but "there was not a whole lot." -A "little roof work" and landscaping were needing to be done.</p> <p>Phone interview on 6/3/16 at 1:00PM with the Administrator revealed: -She talked to the SIC every day or every other day. -She visited the facility "quite often" but she could not remember the last time she visited. -The facility was "leased" to the SIC and he "keeps it up pretty much." -The SIC would buy any needed supplies for repairs. -She was sure that petroleum products should be</p>		<p><i>WORKING ON MAINTENANCE ISSUES WILL KEEP UP TO DATE WEEKLY</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
215 MONTE VISTA ROAD
CANDLER, NC 28715

(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 102	<p>Continued From page 23</p> <p>locked up. -Even though the facility is leased to the SIC and he has to do "everything," anything not done "falls back on me."</p> <p>Observation on 6/6/16 at 9:00AM of the last resident room on the right before the common bathroom revealed: -A two plug wall outlet to the left of the resident's bed. -The plug to the small refrigerator in the room was plugged into one of the outlets. -The plug of a six outlet surge protected extension cord was plugged into the second outlet.</p>	C 102	<p><i>Removed & corrected not to use in future</i></p>	
	<p>-Into the six outlet surge protected extension cord was plugged the window air conditioner (off) and two six outlet surge protected extension cords (referred to as A and B respectively). -Into surge protected extension cord A was plugged a radio (off). -Into surge protected extension cord B was plugged a television (on), a cable box (on) and a clock (on).</p> <p>Observation on 6/6/16 at 9:45AM of the last resident room on the left before the common bathroom revealed: -A wall light sconce with no bulb or globe, the tube into which a bulb would be screwed was bent from the arm of the sconce, exposing wires. -A two plug wall outlet behind the dresser. -Into one of the outlets was plugged a six outlet surge protected extension cord. -Into the six outlet surge protected extension cord was plugged a charging device (off) and another six outlet surge protected extension cord (referred to C). -Into surge protected extension cord C was plugged a video game (off), a television (off), a</p>		<p><i>Removed & covered No future use</i></p>	

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715		
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C 102	Continued From page 24 cable box, a vacuum cleaner (observed early as on), a phone charger (off) and a radio (off). Observation on 6/6/16 at 12:49PM of the kitchen revealed: -To the left of the sink a solid four outlet electric outlet faceplate hanging by one screw over a two plug electric outlet. -This faceplate was easily removed by hand from the outlet, exposing screw holes and old caulk in the wood trim surrounding the outlet. Interview on 6/6/16 at 12:49PM of the Relief Supervisor-in-Charge (SIC) revealed: -The SIC had repaired that outlet cover in the past but it needed to be repaired again. -She would tell the SIC of the need to repair this electric outlet.	C 102	<i>Replaced with a New cover</i>	
	Interview on 6/6/16 at 2:25PM with the SIC revealed: -Maintenance "falls on me." -Sometimes outside people have to come in to make repairs he was not trained to make. -His family member would sometimes do repairs but he was busy. -The Administrator had no role in performing facility maintenance. -The Administrator owned the property. -The Administrator did not provide funding for maintenance. -If repairs were more "cosmetic" and "normal wear and tear," he would take care of those but if repairs were more "structural" he would have the cost of those repairs deducted from his rent. -Regarding electrical concerns, he was responsible to address them, but depending on the problem he might have to have an electrician perform repairs. -The broken light wall sconce in the resident's			

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C 102	<p>Continued From page 25</p> <p>bedroom did not have an electrical supply to it.</p> <p>Phone interview on 6/7/16 at 10:55AM with the Administrator revealed: -She spoke with the SIC "a lot." -She "goes by" the facility 2 to 3 times a month but "it is dark." -It was her responsibility to follow behind the SIC and make sure they were doing what needed to be done. -The SIC should tell her what was wrong in the facility that needed repair.</p> <p>Attempted telephone interview on 6/7/16 at 1:32PM with the county Environmental Health Services was unsuccessful.</p>	C 102		
	<p>B. Observation on 6/3/16 at 9:45AM of the dining room revealed: -A five gallon red plastic container used for storing petroleum product, sitting against the wall and next to the piano. -The container was uncapped and out of the spout was a siphon device. -The container was heavy to pick up and had a clear liquid. -Against the wall between the dining room and the staff bedroom was a kerosene space heater that was off.</p> <p>Interview on 6/3/16 at 11:05AM with the Deputy Fire Marshal revealed the red container in the dining room contained kerosene.</p> <p>Interview on 6/3/16 at 11:20AM with the Supervisor-in-Charge (SIC) revealed the kerosene heater was used as a "backup" heating source and was last used in November, 2015.</p> <p>Observation on 6/6/16 at 9:45AM of the last</p>		<p><i>Removed & Not to be in House AGAIN</i></p> <p><i>Removed & Not to be in House AGAIN</i></p>	

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CANDLER, NC 28715**

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C 102	<p>Continued From page 26</p> <p>resident room on the left before the bathroom revealed in the corner of the room by a closet door stood a black, ceramic type electric space heater that was not plugged in.</p> <p>Interview on 6/6/16 at 9:45AM with a resident in the last room on the left revealed no knowledge or any use of the space heater since he was admitted to the facility (he could not remember the date).</p> <p>Interview on 6/6/16 at 2:25PM with the SIC revealed: -Maintenance "falls on me." -Sometimes outside people had to come in to make repairs he was not trained to make. -The Administrator had no role in performing facility maintenance. -The Administrator owned the property. -The Administrator did not provide funding for maintenance. -If repairs were more "cosmetic" and "normal wear and tear," he would take care of those but if repairs were more "structural" he would have the cost of those repairs deducted from his rent.</p> <p>Telephone interview on 6/7/16 at 10:55AM with the Administrator revealed: -She talked with the SIC "a lot." -She would "go by" the facility 2 to 3 times a month but "it is dark." -The SIC should have told her what was wrong.</p> <p>Interview on 6/7/16 at 3:00PM with the SIC revealed the central heating furnace in the facility required servicing which he could not perform.</p> <p>C. Review of the most current fire marshal inspection report was not performed as the Supervisor-in-Charge (SIC) could not locate the</p>	C 102	<p><i>Removed NOT to be in House in future</i></p> <p><i>Per phone call with SIC, furnace has been serviced and on 8/24/16. kj</i></p> <p><i>INSPECTION on 6-20-16</i></p>	

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C 102	Continued From page 27 report. Interview on 6/3/16 at 10:40AM with the Deputy Fire Marshal revealed: -He was called by the SIC that same morning to perform a fire safety inspection. -He did not readily know the last time the facility was inspected, but the facility was due for an inspection. -He expected facilities to call his office when they were due for an inspection, but his office also had a way to track facilities for inspections. -Upon completion of his inspection on 6/3/16 he would have a report available for review.	C 102	<i>Will call when due in future</i>	
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	Observation on 6/3/16 at 11:02AM of the living room revealed: -A fire extinguisher mounted on the wall immediately adjacent to the fireplace. -The phone cord was coiled multiple times and found sitting on top of the extinguisher. -The needle on the gauge on the extinguisher was sitting in the green zone (extinguisher was charged) Review of the hang tag on the fire extinguisher in the living room revealed: -The name and phone number of a fire extinguisher maintenance company. -Card punches which indicated the extinguisher was last serviced in July, 2014. -The printed statement "VOID 1 YR. [YEAR] FROM MO. [MONTH] PUNCHED." Interview on 6/3/16 at 11:05AM with the Deputy Fire Marshal revealed: -He had observed the fire extinguishers were overdue for an annual maintenance check. -Annual fire extinguisher checks were a part of the local fire code.		<i>ANNUAL check & UP DATED AIC fire EXtinguisher</i>	
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CANDLER, NC 28715

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C 102	<p>Continued From page 28</p> <p>Review of the Fire and Building Safety Inspection Report dated 6/3/16 revealed: -Condition of the building was checked as unsatisfactory with the added comment of "Needs Reinspection" -The comment in the recommendations to correct section of "service for fire extinguishers."</p> <p>Interview on 6/3/16 at 11:20AM with the SIC revealed: -He checked the fire extinguishers "periodically" but had no set time. -He did not know they were past due for an annual check. -The fireplace in the living room was used the past winter as a "back up" heating source when it was real cold.</p> <p>Observation on 6/3/16 at 11:52AM of the residents' rooms hallway revealed: -A fire extinguisher mounted on the wall immediately to the left of the common bathroom doorway. -The needle on the gauge on the extinguisher was sitting in the green zone (extinguisher was charged)</p> <p>Review of the hang tag on the fire extinguisher in the residents' rooms hallway revealed: -The name and phone number of a fire extinguisher maintenance company. -Card punches which indicated the extinguisher was last serviced in July, 2014. -The printed statement "VOID 1 YR. [YEAR] FROM MO. [MONTH] PUNCHED"</p> <p>Phone interview on 6/3/16 at 1:00PM with the Administrator revealed: -The facility was "leased" to the SIC and he</p>	C 102	<p>C102 management will monitor fire extinguishers monthly and initial on card located on the extinguisher and notify company on 1st month.</p>	

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28716
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C 102	<p>Continued From page 29</p> <p>"keeps it up pretty much."</p> <p>-Upon inquiry into fire extinguisher maintenance, she replied she had to take another call and the interview ended.</p> <p>Interview on 6/6/16 at 2:25PM with the SIC revealed facility maintenance "falls on me" and the Administrator had no role in facility maintenance.</p> <p>A Plan of Protection dated 6/3/16 was obtained from the Relief SIC and revealed:</p> <p>-The SIC will obtain surge protectors for all outlets and inspect those currently in use.</p> <p>-A fire safety company came to the facility on 6/3/16 and performed a maintenance check on all the fire extinguishers.</p> <p>-Management was responsible for maintaining the building and would monitor.</p>	C 102		
C 112	<p>Another Plan of Protection dated 6/7/16 was obtained from the SIC and revealed:</p> <p>-The space heaters and kerosene were removed from the facility.</p> <p>-The facility's furnace would be repaired before winter and the use of space heaters be discontinued.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 22, 2016.</p> <p>10A NCAC 13G .0318(a) Outside Premises</p> <p>10A NCAC 13G .0318 Outside Premises (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition</p>	C 112		

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C 112	<p>Continued From page 30</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to remove from the premises trash, automobile parts, containers of petroleum products in close proximity to combustible items, and equipment and debris, and failed to keep the grass cut.</p> <p>The findings are:</p> <p>Interview on 6/3/16 at 8:05AM with the Supervisor-in-Charge (SIC) revealed he would have to look for copies of the most recent fire and environmental health inspection reports, to be provided for review at a later time during the survey.</p> <p>Interview on 6/3/16 at 10:07AM with the SIC revealed:</p> <ul style="list-style-type: none"> -He was unable to find the most current environmental health report. -It had been a while since the environmental health inspection had been done. -He could not find the most current fire inspection report. <p>Observation on 6/3/16 at 8:35AM of the outside premises at the storage shed, outside of and to the right of the door to the shed, revealed:</p> <ul style="list-style-type: none"> -There were two black plastic bags, one sitting in a cardboard box and the other on the ground and ripped open, showing it to be full of household trash. -A long piece of metal leaning against the shed. -Window screens leaning against the shed. -Pieces of scrap lumber leaning against the shed. <p>Continued observation on 6/3/16 at 8:35AM of the outside premises along the wall of the shed revealed:</p>	C 112	<p>Management will monitor weekly the outside premises of facility to insure home shall be maintained in a clean and safe condition</p> <p>a book will be kept for review with monitoring results.</p>	

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C 112	<p>Continued From page 31</p> <ul style="list-style-type: none"> -Stacked against the side of the shed was cut wood and scrap lumber. -An unlabeled clear plastic container, approximately 3 gallon size and half full of a black oily substance. -A liquid laundry detergent container with the top cut off and full of approximately 1 gallon of a black oily substance. -A 1 quart motor oil container with a black oily substance in the container. -A riding lawn mower. <p>Continued observation on 6/3/16 at 8:35AM of the outside premises behind the storage shed and under the window to a resident's room revealed:</p> <ul style="list-style-type: none"> -Grass in the yard was approximately two feet high. -A utility trailer on which was placed automobile tires, scrap wood, spray paint cans and pieces of scrap metal. -Behind the utility trailer and stacked against the facility were automobile tires, on top of which was placed a wood plank. -On top of the wood plank were stacked tools, an air compressor and scrap wood, these items partially covered with a blue plastic tarp. -To the left of the utility was a plastic dog house, partially covered by the tall grass. <p>Continued observation on 6/3/16 at 8:35AM of the inside of the storage shed revealed:</p> <ul style="list-style-type: none"> -On the door to the shed was a metal handle and a lockset in the handle. -The door was closed and unlocked. -A plywood ramp leading up to the door had a spring-like feel to it when walked on, had an approximately 3 inch long hole and was rotting in places. -Inside the shed was a motorcycle, a black plastic bag full with an undetermined number of objects, 	C 112		

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C 112	<p>Continued From page 32</p> <p>bedding and clothing laying on the wood floor, a dresser, an automobile seat and a bag partially full of fried pork skins.</p> <p>Observation on 6/3/16 at 9:15AM of the outside premises on the front porch revealed:</p> <ul style="list-style-type: none"> -Numerous containers of paint, automobile and household cleaning chemicals and automobile petroleum products, in a row on top of a brick pier on the porch. -Pieces of scrap lumber and cut stacked wood. -Numerous hand and power tools. -On a wood deck off the concrete porch, its entrance blocked by a hand truck, was a wood ladder, circular wood table with peeling veneer, 	C 112		
	<p>window air conditioner parts, a white rocking chair covered in a green substance, a piece of carpet, a bedspread draped over the railing, a black television, hoses to a vacuum and a metal box with hinged lid.</p>			
	<p>Continued observation on 6/3/16 at 9:15AM of the side of the house revealed:</p> <ul style="list-style-type: none"> -A door to the crawlspace under the house that was fully open. -Dryer duct was laying on the dirt floor in the crawlspace. -Damp cardboard boxes were laying on the dirt floor in the crawlspace. -A piece of foam (like that used for a mattress) measuring approximately 3 feet by 6 feet by 6 inches thick was laying on the dirt floor in the crawlspace. -A wheelchair with the wheels and lower frame covered in mud in the crawlspace. <p>Confidential interview with one resident revealed the clutter outside did not bother him and he had not seen residents get injured from it.</p>			

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C 112	Continued From page 33 Interview on 6/3/16 at 10:07AM with the Supervisor-in-Charge (SIC) revealed: -He worked on automobiles. -He had a family member who helped with maintenance and yard work but he was busy. -He was unable to find the most current environmental health report. -It had been a while since the environmental health inspection had been done. Interview on 6/3/16 at 10:40AM with the Deputy Fire Marshal revealed: -He was called by the SIC that same morning to perform a fire safety inspection. -He did not readily know the last time the facility was inspected but the facility was due for an inspection. -Upon completion of his inspection on 6/3/16 he would have a report available for review. Review of Fire and Building Safety Inspection Report dated 6/3/16 revealed: -Condition of the building was checked as unsatisfactory with the added comment of "Needs Reinspection." -In the Recommendations to Correct section was documented "Replace missing junction box covers in crawl space; reconnect dryer duct; extension cords for temp[orary] use only; remove flammable liquids; remove combustibles; receptacle cover broken- hallway; secure crawlspace door." Interview on 6/3/16 at 11:20AM with the SIC revealed the Administrator came to the facility 2 to 3 times a year. Telephone interview on 6/3/16 at 1:00PM with the Administrator revealed: -She visited the facility "quite often" but she could	C 112		

*All completed
Inst from fire
MARSHAL due on
7-20-16*

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C 112	Continued From page 34 not remember the last time she was at the facility. -The SIC "leased" the facility and did "everything," but as the Administrator keeping the facility clean fell back to her. Telephone interview on 8/7/16 at 12:10PM with the Administrator revealed. -She spoke with the SIC "a lot." -She would "go by" the facility 2 to 3 times a month but "it is dark." -She knew it was her responsibility to follow behind the SIC and make sure they were doing what they were supposed to do. Attempted telephone interview on 8/7/16 at 1:32PM with the county Environmental Health Services was unsuccessful.	C 112		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 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 (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.	C 140	<i>Test on file Will monitor & keep up dated</i>	<i>7-22-16 mf</i>

Division of Health Service Regulation
STATE FORM

6879

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If continuation sheet 35 of 66

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER: PLEMMONS FAMILY CARE HOME # 2
STREET ADDRESS, CITY, STATE, ZIP CODE: 216 MONTE VISTA ROAD, CANDLER, NC 28715

(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 140	<p>Continued From page 35</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure 1 of 2 sampled staff (Staff B) was tested for Tuberculosis (TB) disease in compliance with Tuberculosis (TB) control testing using a 2-step testing method.</p> <p>The findings are:</p> <p>Interview on 6/3/16 at 12:05PM with the Relief Supervisor-in-Charge (SIC) revealed: -She was in the home "daily." -She was relief to the SIC and had another job at a nearby long-term care facility. -She was a medication aide.</p>	C 140		
	<p>Telephone interview on 6/3/16 at 12:55PM with the Administrator revealed: -She talked to the SIC every day or every other day. -The facility was "leased" to the SIC.</p>			
	<p>Interview on 6/6/16 at 8:30AM with the Relief SIC revealed: -Her date of hire was May, 2009 -She nor the SIC could find her personnel record. -The last time she saw it was when it was on the coffee table in the living room. -The only document that she could provide at that time was a medication aide training course, done on 11/16/15. -Her most recent tuberculosis (TB) skin test that she could recall was done by another employer she currently worked for.</p> <p>Review of document, provided by the Relief SIC as obtained from her other employer, revealed a TB skin test was placed in her left arm on 10/8/15 and read as negative on 10/10/15.</p>			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
215 MONTE VISTA ROAD
CANDLER, NC 28716

(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 140	Continued From page 38 Interview on 6/6/16 at 12:45PM with the SIC revealed: -He and the Relief SIC were responsible for maintaining their personnel records. -He did have her personnel record at one time but he did not know where it was. -He would have to "recreate" her personnel record. Telephone Interview on 6/7/16 at 12:10PM with the Administrator revealed: -She had not looked at personnel records and could not remember the last time she did. -She knew it was her responsibility to follow behind the SIC and make sure things were being done -The SIC should have been checking on the TB testing for the Relief SIC.	C 140		
C 185	10A NCAC 13G .0601(a) Management and Other Staff 10A NCAC 13G .0601Mangement and Other Staff (a) A family care home administrator shall be responsible for the total operation of a family care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this Subchapter.	C 185	<i>- per phone call, Administrator will report or follow up on progress bi-weekly with Admin of SIC</i> <i>- Administrator will make visits to home</i>	7.22.16

every 2 weeks and as needed.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
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NAME OF PROVIDER OR SUPPLIER: PLEMMONS FAMILY CARE HOME # 2
STREET ADDRESS, CITY, STATE, ZIP CODE: 215 MONTE VISTA ROAD, CANDLER, NC 28715

(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 185	<p>Continued From page 37</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record review, the Administrator failed to assure the total operation of the facility related to design and construction, storage areas, housekeeping and furnishings; building service equipment, outside premises, test for tuberculosis; resident register; resident contract; resident assessment; resident care plan; medication orders; pharmacy care, medication storage, resident rights and adult care home medication aides training and competency.</p> <p>The findings are:</p>	C 185		
	<p>Interview on 6/3/16 at 11:05AM with the Supervisor-in-Charge (SIC) revealed: -The Administrator visited the facility "2 to 3 times a year" -He last spoke to her about 3 weeks ago and spoke to her about 2 to 3 times a month.</p> <p>Interview on 6/3/16 at 12:05PM with the Relief SIC revealed: -The name of the Administrator -The SIC did "what he can." -The Administrator was a very "hands off person." -She did not know how often the Administrator visited the facility but she said the SIC had told her about 2 to 3 times a year.</p> <p>Telephone interview on 6/3/16 at 12:55PM with the Administrator was attempted but the automated message stated that voice mail was not set up and a message was not left.</p>			

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 185	<p>Continued From page 38</p> <p>Telephone interview on 6/3/16 at 1:00PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She was the Administrator of the facility. -She spoke with the SIC about every day or every other day. -She visited the facility "quite often" but could not remember the last time she had visited. -The facility was "leased" to the SIC. -"I should have had them change it out" (change the license) as the SIC kept up the facility "pretty much." -The SIC bought any needed supplies and "he just uses my license." -Even though the SIC had "leased" the facility, as the Administrator everything fell back on her. 	C 185		
	<p>Interview on 6/6/16 at 2:25PM with the SIC revealed:</p> <ul style="list-style-type: none"> -The Administrator had no role in maintenance. -He spoke to the Administrator every 2 to 3 weeks and "20 times" since the start of the survey. -The Administrator owned the property. -The Administrator visited once a month to collect rent due on a neighboring house she also owned. -He thought the last time the Administrator was at the facility was in April. -Regarding maintenance, if repairs were more "cosmetic" or normal wear and tear, he would take care of these but if they were more "structural" then he would have the cost deducted from his "rent." 			
	<p>Telephone interview on 6/7/16 at 12:01PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She talked with the SIC "a lot." -She would go by the facility 2 to 3 times a month but "it is dark" (it was dark outside). -She went through resident records every "couple of months" looking at medications. -She had not looked at FL-2s for the past 2 to 3 			

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 185	<p>Continued From page 39</p> <p>months.</p> <ul style="list-style-type: none"> -She had not checked for resident registers, care plans or assessments for 2 months. -She could not remember the last time she looked at personnel records. -She knew it was her responsibility to follow behind the SIC and make sure they were doing what they were supposed to do. -She had never changed the license to the facility. -The SIC should have been telling her what was wrong. <p>Telephone interview on 6/7/16 at 3:26PM with the Administrator (to invite her to listen in during the exit conference of the survey) was attempted and unsuccessful (a voice message was left).</p> <p>Based on observation, interviews and record reviews, non-compliance was identified in the following areas:</p> <p>A. Based on record review and interviews, the facility failed to maintain on the premises the most current fire and environmental health inspection reports [Refer to Tag 0034, 10A NCAC 13G .0302(n), Design and Construction].</p> <p>B. Based on observation and interviews, the facility failed to secure in a separate locked area 8 containers of chemicals and petroleum products left outside on the premises, 14 containers of chemicals and petroleum products left on the front porch, a 5 gallon container of kerosene left in the dining room and 6 containers of chemicals left under the kitchen sink [Refer to Tag 0059, 10A NCAC 13G .0310(b), Storage Areas (Type B Violation)].</p> <p>C. Based on observation and interviews, the facility failed to keep clean and repaired walls,</p>	C 185		

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 185	<p>Continued From page 40</p> <p>floors, ceilings and fixtures attached to them on the outside of the home, in the living room, in the dining room, in the laundry room, in the bathroom, in the residents' rooms hallway and in 3 of 3 resident rooms [Refer to Tag 0074, 10A NCAC 13G .0315(a)(1), Housekeeping and Furnishings].</p> <p>D. Based on observations and interviews, the facility failed to maintain a clean environment free of clutter and hazards related to: petroleum products stored with combustible items outside and inside the home, a long handled axe left outside, a metal pipe being used as a handrail that was not securely fastened to the porch, saws left unsecured on the front porch, unsecured posts to the front porch roof, an open door to the crawlspace, dryer duct that was vented to the crawlspace, a rotted door threshold and metal sheets attached to the back porch decking with upturned edges and popped nails and boards on the back porch [Refer to Tag 0078, 10A NCAC 13G .0315(a)(5), Housekeeping and Furnishings (Type B Violation)].</p>	C 185	<p><i>All chems have been removed & locked up</i></p>	
	<p>E. Based on observations, record reviews and interviews, the facility failed to (A) prevent use of an outdoor extension cord with exposed wiring; cover an electrical junction box in the crawlspace; prevent use of a non-surge protected extension cord in the medication room; prevent unsafe use of surge protectors and non-surge protected outlet adapters in the living room and in 2 of 3 resident rooms; replace broken and missing electrical outlet faceplates in the resident hallway and kitchen and replace or remove a wall light sconce with exposed wires in 1 of 3 resident rooms, (B) to prevent use of a kerosene and electric space heater during the winter when a central heating furnace was not functioning and</p>		<p><i>corrected & replaced ALL THAT WAS NEEDED will watch & correct in future</i></p>	

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 185	Continued From page 41 (C) have an annual maintenance check performed on 2 of 2 fire extinguishers when they became due in July, 2015 [Refer to Tag 0102, 10A NCAC 13G .0317(a), Building Service Equipment (Type B Violation)]. F. Based on observation and interviews, the facility failed to remove from the premises trash, automobile parts, containers of petroleum products in close proximity to combustible items, and equipment and debris, and failed to keep the grass cut [Refer to Tag 0112, 10A NCAC 13G .0318, Outside Premises].	C 185		
	G. Based on record review and interviews, the facility failed to assure 1 of 2 sampled staff (Staff B) was tested for Tuberculosis (TB) disease in compliance with Tuberculosis (TB) control testing using a 2-step testing method [Refer to Tag 0140, 10A NCAC 13G .0405, Test for Tuberculosis]. H. Based on record review and interviews, the facility failed to complete a Resident Register upon admission in March, 2016 for 1 of 6 reviewed sample residents (Resident #1)[Refer to Tag 0212, 10A NCAC 13G .0703, Resident Register]. I. Based on record review and interviews, the facility failed to complete a Resident Contract upon admission in March, 2016 for 1 of 6 reviewed resident records (Resident #1) [Refer to Tag 0214, 10A NCAC 13G .0704, Resident Contract]. J. Based on record review and interviews, the facility failed to either complete a resident assessment upon admission or annually for 3 of 6 reviewed resident records (Resident #1, #4 and #5) [Refer to Tag 0231, 10A NCAC 13G .0801,			

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 185	<p>Continued From page 42 Resident Assessment].</p> <p>K. Based on record review and interviews, the facility failed to complete a care plan upon admission in November 2015, March, 2016 and/or annually for 4 of 6 sampled residents (Resident #1, #2, #4 and #5) [Refer to Tag 0236, 10A NCAC 13G .0802, Resident Care Plan].</p> <p>Based on record review and interview, the facility failed to verify medication orders for Resident #1 upon admission on 3/17/16 within 24 hours and to seek clarification regarding an order for seroquel for Resident #2 [Refer to Tag 0315, 10A NCAC 13G .1002(a), Medication Orders (Type B Violation)].</p>	C 185		
	<p>L. Based on record review and interviews, the facility failed to have filed in resident records</p>			
	<p>physician orders for medications administered for 2 of 3 residents reviewed for medication administration (Resident #1 was missing orders for Aricept, Crestor and Prilosec and Resident #3 was missing an order for Seroquel) [Refer to Tag 0316, 10A NCAC 13G .1002(b), Medication Orders].</p> <p>Based on record review and interviews, the facility failed to take action in response to a medication review for Resident #1, specifically, to confirm the Aricept dosage and change in a medication from Zocor to Crestor [Refer to Tag 0381, 10A NCAC 13G .1009(b), Pharmaceutical Care (Type B Violation)].</p> <p>M. Based on observation, record review and interviews, the facility failed to lock up 1 prescription storage cassette of zonisamide awaiting return to the corporate pharmacy, 17 containers of overstock medications and failed to</p>			

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 185	<p>Continued From page 43</p> <p>secure the key to the medication cart [Refer to Tag 0353, 10A NCAC 13G .1006(b), Medication Storage (Type B Violation)].</p> <p>N. Based on observation, record review and interviews, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to storage areas, housekeeping and furnishings, building service equipment, medication administration competency evaluation and medication storage [Refer to Tag 0912, G.S. 131D-21(2), Resident Rights].</p>	C 185	<p><i>Replaced floor covering where needed CLEANED FURN, PAINTING where needed</i></p>	
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	<p>O. Based on record review and interviews, the facility failed to assure a medication administration competency skills validation was completed for 1 of 2 staff (Staff B) [Refer to Tag 0935, G.S. 131D-4.5B9B), Adult Care Home Medication Aide, Training and Competency (Type B Violation)].</p> <p>A Plan of Protection was obtained by facsimile and telephone call addendum from the Administrator on 06/7/16 which included:</p> <ul style="list-style-type: none"> -The Administrator would monitor the facility more closely and assure everything was in order. -The SIC would report to the Administrator any problems. -The Administrator would monitor records every three months. -The Administrator would check medications every month. -The Administrator would work closely with the SIC and staff to address problems to get them taken care of. <p>CORRECTION DATE FOR THE TYPE B VIOLATIONS SHALL NOT EXCEED JULY 22,</p>		<p><i>RECORDS ON FILE</i></p> <p><i>Will Report to Adm B, weekly on PROGRESS & CORRECTIONS</i></p>	
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Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715		
(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 185	Continued From page 44 2016.	C 185		
C 212	10A NCAC 13G .0703 (a) Resident Register 10A NCAC 13G .0703 Resident Register (a) A family care home's administrator or supervisor-in-charge and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the home. The Resident Register is available on the internet website, http://facility-services.state.nc.us/gcpage.htm , or at no charge from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form other than the Resident Register as long as it contains at least the same information as the Resident Register.	C 212	<i>on file GIC will monitor records of dated keep up dated</i>	7-22-16
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete a Resident Register upon admission in March, 2016 for 1 of 8 reviewed sample residents (Resident #1). The findings are: Review of Resident #1's record revealed no Resident Register. Review of Resident #1's current FL-2 dated 10/29/16 (from a previous facility) revealed: -An admission at another facility on 10/29/15. -Diagnoses included a seizure disorder, hypertension, long-standing alcohol consumption and organic brain syndrome.		<i>Completed file on Resident #1</i>	7-22-16
			<i>Completed file FL 2 of Resident Re 9</i>	7-22-16

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NAME OF PROVIDER OR SUPPLIER: PLEMMONS FAMILY CARE HOME # 2
 STREET ADDRESS, CITY, STATE, ZIP CODE: 215 MONTE VISTA ROAD, CANDLER, NC 28715

(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 212	Continued From page 45 Review of Resident #1's current assessment and care plan, dated 10/29/15, revealed: -The same name of another facility as documented on the FL-2. -The Resident at that time was not receiving mental health or substance abuse services. -No documented Licensed Health Professional Support tasks. Review of Resident #1's facility contract (from the previous facility) revealed: -The same name of another facility as documented on the FL-2 and the assessment. -An admission date at that facility of 10/29/15. Interview on 6/6/16 at 9:45AM with Resident #1 revealed: -He lived at the facility for "a year" -He had no current care concerns.	C 212	<i>ck file UP TO DATE</i>	7-22-16
	Telephone interview on 6/8/16 at 11:45AM with the Pharmacist from the contracted pharmacy revealed: -Her records documented Resident #1 as starting pharmacy services in June, 2014. -An FL-2 dated 3/24/14 was on file that was used to start the Resident's prescriptions, with other prescriptions filed after that date. -A note in her records documented that on 3/17/16 the resident was moved to the current facility. Interview on 6/8/16 at 12:00PM with the Relief Supervisor-in-Charge (SIC) revealed: -The SIC was responsible for processing new admissions to the facility. -A family member of the SIC told her the FL-2 in Resident #1's record was current Interview on 6/8/16 at 2:25PM with the SIC		<i>CORRECTED FL2 - FACILITY CONTRACT COMPLETE</i> <i>SIC Will Monitor ALL RECORDS & KEEP UP DATED</i>	7-22-16

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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
215 MONTE VISTA ROAD
CANDLER, NC 28715

(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 212	Continued From page 48 revealed: -His family member handled new admissions to the facility but he could not "pass the buck." -He filed Resident #1's record without looking at it. -Resident #1's admission date to the facility was in "January" 2016. Telephone interview on 8/7/16 at 9:10AM with the pharmacy review nurse from the contracted pharmacy revealed. -She remembered Resident #1 from another facility and he was in the process of moving from that facility to the current facility in late February, 2016. -When she was last at the facility for pharmacy reviews on 5/10/16, the facility "did not have his chart together." Telephone interview on 6/7/16 at 12:01PM with the Administrator revealed: -She would "go by" the facility every 2 to 3 months but "it is dark" (it was dark outside). -She reviewed resident records "every couple of months" and would look at their medications. -She had not checked resident FL-2 forms for the past "2 to 3 months." -The SIC would have completed the Resident Register, care plan and assessment but she had not checked these for "two months." -She knew it was her responsibility to follow behind the SIC and make sure things were being done.	C 212	<i>RESPONSABLE will be TAKEN on SIC to follow up on All records</i>	7-22-16
C 214	10A NCAC 13G .0704 (a) Resident Contract And Information On Home 10A NCAC 13G .0704 Resident Contract And Information On Home	C 214	<i>Will report Bi Weekly to ADM on PROGRESS</i>	

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 214	Continued From page 47 The administrator or supervisor-in-charge shall furnish and review with the resident or his responsible person information on the family care home upon admission and when changes are made to that information. A statement indicating that this information has been received upon admission or amendment as required by this Rule shall be signed and dated by each person to whom it is given. This statement shall be retained in the resident's record in the home. The information shall include: (1) a copy of the home's resident contract specifying rates for resident services and accommodations, including the cost of different levels of service, if applicable, any other charges or fees, and any health needs or conditions the home has determined it cannot meet pursuant to G S 131D-2(a1)(4). In addition, the following applies. (a) The contract shall be signed and dated by the administrator or supervisor-in-charge and the resident or his responsible person and a copy given to the resident or his responsible person; (b) The resident or his responsible person shall be notified as soon as any change is known, but not less than 30 days for rate changes initiated by the home, of any rate changes or other changes in the contract affecting the resident services and accommodations and be provided an amended copy of the contract for review and signature; (c) A copy of each signed contract shall be kept in the resident's record in the home; (d) Gratuities in addition to the established rates shall not be accepted, and (e) The maximum monthly rate that may be charged to Special Assistance recipients is established by the North Carolina Social Services Commission and the North Carolina General	C 214	Sic will complete all records & report to ADM	
			on file	

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
215 MONTE VISTA ROAD
CANDLER, NC 28715

(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 214	Continued From page 48 Assembly; Note: Facilities may accept payments for room and board from a third party, such as family member, charity or faith community, if the payment is made voluntarily to supplement the cost of room and board for the added benefit of a private room. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete a Resident Contract upon admission in March, 2016 for 1 of 6 sampled residents (Resident #1).	C 214	7 on file completed	
	The findings are: Review of Resident #1's record revealed no Resident Register. Review of Resident #1's current FL-2 dated 10/29/15 (from a previous facility) revealed: -An admission at that facility on 10/29/15. -Diagnoses which included a seizure disorder, hypertension, long-standing alcohol consumption and organic brain syndrome. Review of Resident #1's current assessment and care plan, dated 10/29/15, revealed: -The same name of another facility as that noted on the FL-2. -The Resident at that time was not receiving mental health or substance abuse services. -No documented Licensed Health Professional Support tasks. Review of Resident #1's facility contract revealed: -The same name of another facility as that noted on the FL-2 and the assessment.		UP TO DATE FL2 - on file CARE PLAN UP DATED on file	

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 214	<p>Continued From page 49</p> <p>-An admission date at that facility as 10/29/15.</p> <p>Interview on 6/6/16 at 9:45AM with Resident #1 revealed: -He lived at the facility for "a year." -He had no current care concerns.</p> <p>Telephone interview on 6/6/16 at 11:45AM with the Pharmacist from the contracted pharmacy revealed documentation in her records that on 3/17/16 the resident was moved from a sister facility to the current facility.</p> <p>Interview on 6/6/16 at 12:00PM with the Relief Supervisor-in-Charge revealed: -The SIC was responsible for processing new admissions to the facility. -A family member of the SIC told her the FL-2 in Resident #1's record was current.</p> <p>Interview on 6/6/16 at 2:25PM with the SIC revealed: -His family member handled new admissions to the facility but he could not "pass the buck." -He filed Resident #1's record without looking at it. -Resident #1's admission date to the facility was in "January."</p> <p>Telephone interview on 6/7/16 at 9:10AM with the pharmacy review nurse from the contracted pharmacy revealed: -She remembered Resident #1 from another facility and he was in the process of moving from that facility to the current facility in late February. -When she was last at the facility for pharmacy reviews on 5/10/16, the facility "did not have his chart together."</p> <p>Telephone interview on 6/7/16 at 12:01PM with</p>	C 214	<p><i>on file UP DATED</i></p>	
	<p>Interview on 6/6/16 at 2:25PM with the SIC revealed: -His family member handled new admissions to the facility but he could not "pass the buck." -He filed Resident #1's record without looking at it. -Resident #1's admission date to the facility was in "January."</p> <p>Telephone interview on 6/7/16 at 9:10AM with the pharmacy review nurse from the contracted pharmacy revealed: -She remembered Resident #1 from another facility and he was in the process of moving from that facility to the current facility in late February. -When she was last at the facility for pharmacy reviews on 5/10/16, the facility "did not have his chart together."</p> <p>Telephone interview on 6/7/16 at 12:01PM with</p>		<p><i>will pay more ATTN on PAPER WORK Records</i></p>	

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	NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		

STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715	
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C 214	Continued From page 50 the Administrator revealed: -She would "go by" the facility every 2 to 3 months but "it is dark" (it was dark outside). -She reviewed resident records "every couple of months" and would look at their medications. -She had not checked resident FL-2 forms for the past "2 to 3 months." -The SIC would have completed the Resident Register, care plan and assessment but she had not checked these for "two months." -She knew it was her responsibility to follow behind the SIC and make sure things were being done.	C 214	Will Report to Adm Bi Weekly on Reports & CONCERNS	7-22-16
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801 Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community	C 231	Will follow up on Records & check on OUT DATED PAPERWORK	7-22-16

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28718
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C 231	<p>Continued From page 51</p> <p>resource.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to either complete a resident assessment upon admission or annually for 3 of 8 resident records reviewed (Resident #1, #4 and #5).</p> <p>The findings are</p> <p>A. Review of Resident #1's current FL-2 dated 10/29/16 (from a previous facility) revealed: -An admission at another facility on 10/29/15. -Diagnoses which included a seizure disorder, hypertension, long-standing alcohol consumption and organic brain syndrome.</p> <p>Review of Resident #1's record revealed no Resident Register.</p>	C 231	<p>UPDATED FL-2 on file</p>	7-22-16
	<p>Review of Resident #1's current assessment and care plan, dated 10/29/15, revealed: -The same name of another facility as that noted on the FL-2. -The Resident at that time was not receiving mental health or substance abuse services -No documented Licensed Health Professional Support tasks</p> <p>Interview on 6/6/16 at 9:45AM with Resident #1 revealed: -He lived at the facility for "a year." -He had no current care concerns.</p> <p>Telephone interview on 6/6/16 at 11:45AM with the Pharmacist from the contracted pharmacy revealed it was documented in her records that on 3/17/16 the resident was moved to the current facility.</p>		<p>UPDATED CARE PLAN on file</p> <p>Will watch for OUTDATED REPORTS</p>	7-22-16

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 231	<p>Continued From page 52</p> <p>Interview on 6/6/16 at 12:00PM with the Relief Supervisor-in-Charge revealed: -The SIC was responsible for processing new admissions to the facility. -A family member of the SIC told her the FL-2 in Resident #1's record was current.</p> <p>Interview on 6/6/16 at 2:25PM with the SIC revealed: -His family member handled new admissions to the facility and their required paperwork but he could not "pass the buck." -He filed Resident #1's record without looking at it.</p>	C 231		
	<p>-Resident #1's admission date to the facility was in "January." 2016.</p>			
	<p>Telephone interview on 6/7/16 at 9:10AM with the pharmacy review nurse from the contracted pharmacy revealed: -She remembered Resident #1 from another facility and he was in the process of moving from that facility to the current facility in late February, 2016. -When she was last at the facility for pharmacy reviews on 5/10/16, the facility "did not have his chart together."</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p> <p>B. Review of Resident #4's current FL2 dated 3/22/16 revealed diagnoses which included schizoaffective disorder and anxiety disorder.</p> <p>Review of Resident #4's Resident Register revealed an admission date of 11/25/15.</p> <p>Review of Resident #4's record revealed no</p>		<p><i>Will be responsible for all reports & paper work with copies going to Adm</i></p>	

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C 231	<p>Continued From page 53</p> <p>current assessment or care plan.</p> <p>Refer to confidential resident interviews.</p> <p>Refer to interview on 6/6/16 at 2:30PM with the SIC.</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p> <p>C. Review of Resident #5's FL2 dated 3/10/16 revealed diagnoses which included schizoaffective disorder, mild mental retardation, obesity and hypothyroidism.</p>	C 231	<p><i>Will Report</i></p> <p><i>Adm Weekly to</i></p> <p><i>changes on any</i></p>	
	<p>Review of Resident #5's record revealed:</p> <ul style="list-style-type: none"> -An assessment and care plan dated 4/1/14. -The Resident at that time was not receiving mental health or substance abuse services. -No documented Licensed Health Professional Support tasks. <p>Refer to confidential resident interviews.</p> <p>Refer to interview on 6/6/16 at 2:30PM with the SIC.</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p> <p>Confidential resident interviews revealed they had no concerns regarding personal care received at the facility.</p> <p>Telephone interview on 6/7/16 at 12:01PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She would "go by" the facility every 2 to 3 months but "it is dark" (it was dark outside). -She reviewed resident records "every couple of months" and would look at their medications. 		<p><i>Adm on any</i></p> <p><i>changes</i></p>	

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715		
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C 231	Continued From page 54 -The SIC would have completed the Resident Register, care plan and assessment but she had not checked these for "two months." -She knew it was her responsibility to follow behind the SIC and make sure things were being done.	C 231	<p><i>Sic will be responsible for all records working with Adm & Relief Sic.</i></p> <p><i>per phone call, sic will fix documents to Administrators report.</i></p>	
C 236	10A NCAC 13G .0802 (a) Resident Care Plan 10A NCAC 13G .0802 Resident Care Plans (a) A family care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan shall be an individualized, written program of personal care for each resident.	C 236		
	<p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to complete a care plan upon admission in November 2015, March, 2016 and/or annually for 4 of 6 reviewed sampled residents (Resident #1, #2, #4 and #5).</p> <p>The findings are:</p> <p>A. Review of Resident #1's record revealed no Resident Register.</p> <p>Review of Resident #1's current FL-2 dated 10/29/16 (from a previous facility) revealed: -An admission at another facility on 10/29/15. -Diagnoses included a seizure disorder, hypertension, long-standing alcohol consumption and organic brain syndrome.</p> <p>Review of Resident #1's record revealed no Resident Register to determine his admission</p>			

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 236	<p>Continued From page 55</p> <p>date</p> <p>Review of Resident #1's current assessment and care plan, dated 10/29/15, revealed:</p> <ul style="list-style-type: none"> -The same name of the facility as that noted on the FL-2. -The Resident at that time was not receiving mental health or substance abuse services. -No documented Licensed Health Professional Support tasks. <p>Interview on 6/6/18 at 9.45AM with Resident #1 revealed:</p> <ul style="list-style-type: none"> -He lived at the facility for "a year." -He had no current care concerns. 	C 236	<p><i>UP DATED OK file</i></p>	<p><i>7-22-16</i></p>
	<p>Telephone interview on 8/6/18 at 11.45AM with the Pharmacist from the contracted pharmacy revealed documentation in her records that on 3/17/18 the resident was moved to the current facility.</p>			
	<p>Interview on 6/8/16 at 12:00PM with the Relief Supervisor-in-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> -The SIC was responsible for processing new admissions to the facility. -A family member of the SIC told her the FL-2 in Resident #1's record was current. <p>Interview on 6/6/16 at 2:25PM with the SIC revealed:</p> <ul style="list-style-type: none"> -His family member handled new admissions to the facility but he could not "pass the buck." -He filed Resident #1's record without looking at it. -Resident #1's admission date to the facility was in "January." <p>Telephone interview on 6/7/16 at 9:10AM with the pharmacy review nurse from the contracted</p>			

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C 236	<p>Continued From page 56</p> <p>pharmacy revealed: -She remembered Resident #1 from another facility and he was in the process of moving from that facility to the current facility in late February. -When she was last at the facility for pharmacy reviews on 5/10/16, the facility "did not have his chart together."</p> <p>Refer to confidential resident interviews.</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p> <p>B. Review of Resident #2's current FL2 dated 3/1/16 revealed diagnoses included bipolar disorder, impulse control disorder, personality disorder and traumatic brain injury.</p>	C 236		
	<p>Review of Resident #2's record revealed: -A current assessment and care plan dated 2/17/16 which had not been signed by a physician. -The Resident at that time was not receiving mental health or substance abuse services. -No documented Licensed Health Professional Support tasks.</p> <p>Refer to confidential resident interviews.</p> <p>Refer to interview on 6/6/16 at 2:30PM with the SIC.</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p> <p>C. Review of Resident #4's current FL2 dated 3/22/16 revealed diagnoses which included schizoaffective disorder and anxiety disorder.</p> <p>Review of Resident #4's resident register</p>			

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C 236	<p>Continued From page 57</p> <p>revealed an admission date of 11/25/15.</p> <p>Review of Resident #4's record revealed no current assessment or care plan.</p> <p>Refer to confidential resident interviews.</p> <p>Refer to interview on 6/6/16 at 2:30PM with the SIC.</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p>	C 236		
	<p>D. Review of Resident #5's FL2 dated 3/10/16 revealed diagnoses which included schizoaffective disorder, mild mental retardation, obesity and hypothyroidism.</p> <p>Review of Resident #5's record revealed: -An assessment and care plan dated 4/1/14. -The Resident at that time was not receiving mental health or substance abuse services. -No documented Licensed Health Professional Support tasks.</p> <p>Refer to confidential resident interviews.</p> <p>Refer to interview on 6/6/16 at 2:30PM with the SIC.</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p> <p>Confidential resident interviews revealed they had no concerns regarding personal care received at the facility.</p> <p>Telephone interview on 6/7/16 at 12:01PM with the Administrator revealed: -She would "go by" the facility every 2 to 3</p>			

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C 236	Continued From page 58 months but "it is dark" (it was dark outside). -She reviewed resident records "every couple of months" and would look at their medications. -The SIC would have completed the Resident Register, care plan and assessment but she had not checked these for "two months." -She knew it was her responsibility to follow behind the SIC and make sure things were being done.	C 236		
C 315	10A NCAC 13G .1002(a) Medication Orders 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:	C 315		
	(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;			
	(2) If orders are not clear or complete; or			
	(3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.			
	The facility shall ensure that this verification or clarification is documented in the resident's record.			
	This Rule is not met as evidenced by: TYPE B VIOLATION			
	Based on record review and interview, the facility failed to verify medication orders for Resident #1 upon admission on 3/17/16 within 24 hours and to seek clarification regarding an order for seroquel for Resident #2.		<p><i>SIC will take responsibility for reports & follow up GET MED ORDERS FROM DRs & PHAR New Adm will be properly documented & monitored weekly</i></p>	7-22-16

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
216 MONTE VISTA ROAD
CANDLER, NC 28715

(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 315	<p>Continued From page 59</p> <p>The findings are:</p> <p>A. Review of Resident #1's record revealed no Resident Register.</p> <p>Review of Resident #1's current FL-2 dated 10/29/15 (from a previous facility) revealed:</p> <ul style="list-style-type: none"> -An admission at another facility on 10/29/15. -Diagnoses included a seizure disorder, hypertension, long-standing alcohol consumption, hyperlipidemia, gastroesophageal reflux disease (GERD) and organic brain syndrome. <p>Review of Resident #1's medication orders on the FL-2 dated 10/29/15 revealed:</p> <ul style="list-style-type: none"> -An order for Aricept (used in the treatment of dementia), 10mg tablet, one tablet every day. -An order for Zocor (a lipid-lowering agent), 40mg tablet, one tablet at bedtime. 	C 315		
	<p>Review of a printed physician order sheet used for pharmacy review for Resident #1 dated 2/4/16 revealed:</p> <ul style="list-style-type: none"> -An order for Aricept, 23mg tablet, one tablet daily at 8:00AM. -Handwritten below this order was "10mg." -At the bottom of order sheet was handwritten "Please obtain current order or place order in chart [arrow up symbol] Aricept/Donpezil [generic name for Aricept] to 23mg" -An order for Zocor, 40mg tablet take one daily at 8:00PM. -No signature on the order sheet <p>Review of a printed physician order sheet used for pharmacy review for Resident #1 dated 4/21/16 revealed:</p> <ul style="list-style-type: none"> -An order for Aricept, 23mg tablet, take one tablet everyday -Handwritten next to this order was "-need order 			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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C 315	<p>Continued From page 60</p> <p>[delta symbol for change] [arrow up symbol] 23mg."</p> <p>-An order for Crestor (a lipid-lowering agent), 20mg tablet, take one tablet at bedtime.</p> <p>-Handwritten next to the order for Crestor was "-need [delta symbol for change] from Zocor."</p> <p>-Handwritten on the bottom of the order sheet was "FL2 10/29/15."</p> <p>-The signature of a nurse (from the contract pharmacy) performing the pharmacy review with the date of 5/10/16.</p> <p>Review of a handwritten prescription for Resident #1 dated 5/19/16 revealed "D/C [discontinue] simvastatin [generic name for Zocor]."</p>	C 315		
	<p>Review of Resident #1's medication administration record (MAR) for May 2016 revealed:</p>			
	<p>-An entry for Crestor, 20mg tablet, take one tablet at bedtime, documented on all days of the month as administered.</p> <p>-An entry for Aricept, 23mg tablet, take one tablet every day, documented on all days of the month as administered.</p> <p>Review of Resident #1's MAR for June 2016 to date revealed:</p> <p>-An entry for Crestor, 20mg tablet, take one tablet at bedtime, documented on all days of the month as administered.</p> <p>-An entry for Aricept, 23mg tablet, take one tablet every day, documented on all days of the month as administered.</p> <p>Interview on 6/6/16 at 9:45AM with Resident #1 revealed:</p> <p>-He lived at the facility for "a year."</p> <p>-He had no current care concerns.</p> <p>-He received all the medications he thought as</p>			

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
215 MONTE VISTA ROAD
CANDLER, NC 28715

(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 315	<p>Continued From page 61</p> <p>ordered by his doctor.</p> <p>Telephone interview on 6/6/16 at 11:45AM with the Pharmacist from the contracted pharmacy revealed:</p> <ul style="list-style-type: none"> -An FL-2 dated 3/24/14 was used to establish pharmacy orders for Resident #1 with follow-on orders from that date forward. -The pharmacy received physician orders to change the dosage of the Aricept from 10mg to 23mg on 12/7/15. -Documentation in her records showed that on 3/17/16 the resident was moved from a sister facility to the current facility. 	C 315	<p><i>All FL 2's AND Records will be UP DATED when due</i></p>	
	<ul style="list-style-type: none"> -The pharmacy received physician orders to discontinue Zocor and begin Crestor on 3/28/16. <p>Interview on 6/6/16 at 12:00PM with the Relief Supervisor-in-Charge revealed:</p> <ul style="list-style-type: none"> -The SIC was responsible for processing new admissions to the facility. -A family member of the SIC told her the FL-2 in Resident #1's record was current. <p>Interview on 6/6/16 at 12:00PM with the Relief Supervisor-in-Charge (SIC) revealed:</p> <ul style="list-style-type: none"> -The SIC was responsible for processing new admissions to the facility. -A family member of the SIC told her the FL-2 in Resident #1's record was current. <p>Interview on 6/6/16 at 2:25PM with the SIC revealed:</p> <ul style="list-style-type: none"> -His family member handled new admissions to the facility but he could not "pass the buck." -He filed Resident #1's record without looking at it. -Resident #1's admission date to the facility was in "January" 2016. -He was not aware of orders for the Aricept dose 			

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C 315	<p>Continued From page 62</p> <p>change nor aware of new orders for the Crestor.</p> <p>Telephone interview on 6/7/16 at 9:10AM with the Pharmacy Review Nurse from the contracted pharmacy revealed:</p> <ul style="list-style-type: none"> -She remembered Resident #1 from a sister facility and he was in the process of moving from that facility to the current facility in late February, 2016. -When she was last at the facility for pharmacy reviews on 5/10/16, the facility "did not have his chart together" -When she did her medication review, she started with the most current FL-2 orders, but most of the residents were seen at the veteran's hospital so for accuracy she sometimes would also use the last medication list provided by the veteran's hospital. -When there were discrepancies between the physician orders and the MAR she would document comments and she reviewed this in person with the facility staff while she was at the facility. <p>Observation on 6/7/16 at 3:00PM of the medication cart revealed all the medications on Resident 1's MAR for June 2016 present.</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p> <p>B. Review of Resident #2's current FL2 dated 3/22/16 revealed:</p> <ul style="list-style-type: none"> -Diagnoses which included schizoaffective disorder and anxiety disorder. -An order for Seroquel 200mg in the morning. (Seroquel is used in the treatment of major depressive disorder). <p>Review of the May and June 2016 Medication</p>	C 315		

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C 315	<p>Continued From page 63</p> <p>Administration Records (MARs) revealed an entry for Seroquel 200mg, 2 tablets at bedtime.</p> <p>Observation of the medication on hand revealed Seroquel 200mg, 2 tablets at bedtime was in stock.</p> <p>Continued review of Resident #2's record revealed no current order for the bedtime Seroquel or an increase in dosage.</p> <p>Observation on 6/6/16 at 9:00AM of Resident #2 revealed: -A calm affect, alert with no behaviors.</p>	C 315		
	<p>-Alert and oriented to time, place and person.</p> <p>-Appropriate interactions with other residents and staff.</p> <p>Interview on 6/6/16 at 9:00AM with Resident #2 revealed: -He received all of his medications on time. -He had no concerns about his care.</p> <p>Interview with the Relief Supervisor-in-Charge on 6/6/16 at 2:30PM revealed: -She had been administering the Seroquel at bedtime. -Resident #2 had an order for the nighttime Seroquel on the previous FL2 dated 3/18/15. -The doctor should have reviewed the FL2 for errors before he signed it. -She would call the doctor's office and confirm the order.</p> <p>Review on 6/7/16 of Resident #2's new Seroquel order received by the facility on 6/6/16 revealed: -An order for Seroquel 200mg, 2 tablets at bedtime. -No order clarification for 3/22/16 through 6/6/16.</p>		<p><i>She followed C/A & UP dated DR @ orders</i></p>	

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C 315 Continued From page 64

Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.

Telephone Interview on 6/7/16 at 12:01PM with the Administrator revealed:

- She reviewed resident records "every couple of months" and would look at their medications and their FL-2 forms.
- She had not checked resident FL-2 forms for the past "2 to 3 months."
- Residents should have current FL-2 forms.
- She knew it was her responsibility to follow behind the SIC and make sure things were being done.

A Plan of Protection was requested from the Administrator via telephone message on 6/21/16.

CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 22, 2016.

C 315

A REPORT Will be sent to Adm Bi Weekly. sic will be responsible

7-22-16

C 316 10A NCAC 13G 1002(b) Medication Orders

10A NCAC 13G 1002 Medication Orders
(b) All orders for medications, prescription and non-prescription, and treatments shall be maintained in the resident's record in the facility.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to have filed in resident records physician orders for medications administered for 2 of 3 residents reviewed for medication administration (Resident #1 was missing orders for Aricept, Crestor and Prilosec and Resident #2 was missing an order for Seroquel).

The findings are:

C 316

All Medication orders ARE CORRECTED sic will watch more closely in future

7-22-16

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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
215 MONTE VISTA ROAD
CANDLER, NC 28715

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C 316	Continued From page 65 A Review of Resident #1's record revealed no Resident Registrar. Review of Resident #1's current FL-2 dated 10/29/15 (from a previous facility) revealed: -An admission at another facility on 10/29/15. -Diagnoses included a seizure disorder, hypertension, long-standing alcohol consumption, hyperlipidemia, gastroesophageal reflux disease (GERD) and organic brain syndrome. Review of Resident #1's medication orders on the FL-2 dated 10/29/15 revealed: -An order for Aricept (used in the treatment of dementia), 10mg tablet, one tablet every day. -An order for Zocor (a lipid-lowering agent), 40mg tablet, one tablet at bedtime. -An order for Protonix (used in the treatment of GERD), 40mg, one tablet every day.	C 316		
	Review of a printed physician order sheet used for pharmacy review for Resident #1 dated 2/4/16 revealed: -An order for Aricept, 23mg tablet, one tablet daily at 8:00AM -Handwritten below this order was "10mg." -At the bottom of order sheet was handwritten "Please obtain current order or place order in chart [arrow up symbol] Aricept/Donpezil [generic name for Aricept] to 23mg." -An order for Zocor, 40mg tablet take one daily at 8:00PM. -An order for Protonix, 40mg tablet take one daily at 8:00AM. -No signature on the order sheet. Review of a printed physician order sheet used for pharmacy review for Resident #1 dated 4/21/16 revealed.			

Sic will monitor & up date as needed

7-22-16

Corrected Sic will monitor & up date

7-22-16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715		
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C 316	Continued From page 66 -An order for Aricept, 23mg tablet, take one tablet everyday -Handwritten next to this order was "-need order [delta symbol for change] [arrow up symbol] 23mg." -An order for Protonix, 40mg tablet, take one tablet once daily. -An order for Crestor (a lipid-lowering agent), 20mg tablet, take one tablet at bedtime. -Handwritten next to the order for Crestor was "-need [delta symbol for change] from Zocor." -Handwritten on the bottom of the order sheet was "FL2 10/29/15." -The signature of a nurse (from the contract pharmacy) performing the pharmacy review with the date of 5/10/16. Review of a handwritten prescription for Resident #1 dated 5/19/16 revealed: -"D/C [discontinue] simvastatin [generic name for Zocor]." -"D/C Protonix." Review of Resident #1's medication administration record (MAR) for May 2016 revealed: -An entry for Crestor, 20mg tablet, take one tablet at bedtime, documented on all days of the month as administered. -An entry for Aricept, 23mg tablet, take one tablet every day, documented on all days of the month as administered. -An entry for Protonix, 40mg tablet, take one tablet once daily, documented on all days of the month as administered. Review of Resident #1's MAR for June 2016 to date revealed: -An entry for Crestor, 20mg tablet, take one tablet at bedtime, documented on all days of the month	C 316		

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C 316	<p>Continued From page 67</p> <p>as administered.</p> <p>-An entry for Aricept, 23mg tablet, take one tablet every day, documented on all days of the month as administered.</p> <p>-An entry for Prilosec, 20mg capsule, take one capsule every day, documented on all days of the month as administered.</p> <p>Interview on 6/6/16 at 9:45AM with Resident #1 revealed:</p> <p>-He lived at the facility for "a year."</p> <p>-He had no current care concerns.</p> <p>-He received all the medications he thought he had ordered by his doctor.</p>	C 316		
	<p>Telephone interview on 6/6/16 at 11:45AM with the Pharmacist from the contracted pharmacy revealed:</p> <p>-An FL-2 dated 3/24/14 was used to establish pharmacy orders for Resident #1 with follow-on orders from that date forward.</p> <p>-The pharmacy received physician orders to change the dosage of the Aricept from 10mg to 23mg on 12/7/15.</p> <p>-Documentation in her records that on 3/17/16 the resident was moved to the current facility.</p> <p>-The pharmacy received physician orders to discontinue Zocor and begin Crestor on 3/28/16.</p> <p>-Staff at the facility should have verified the MARs printed and provided by the pharmacy against current physician orders to determine accuracy.</p> <p>Interview on 6/6/16 at 12:00PM with the Relief Supervisor-in-Charge revealed:</p> <p>-The SIC was responsible for processing new admissions to the facility.</p> <p>-A family member of the SIC told her the FL-2 in Resident #1's record was current.</p> <p>-When new printed MARs from the pharmacy arrive for the new month, she checked them</p>			

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C 316	<p>Continued From page 68</p> <p>against the previous month's MAR and not against the orders in the resident's records.</p> <p>-The nurse that completed the pharmacy review on 5/10/16 told the SIC that everything was "okay" and no list of concerns was left.</p> <p>Interview on 6/6/16 at 2:25PM with the SIC revealed:</p> <p>-His family member handled new admissions to the facility but he could not "pass the buck."</p> <p>-He filed Resident #1's record without looking at it.</p> <p>-Resident #1's admission date to the facility was in "January" 2016.</p> <p>-He was not aware of orders for the Aricept dose change nor aware of new orders for the Crestor and the Prilosec.</p>	C 316		
	<p>Telephone interview on 6/7/16 at 9:10AM with the Pharmacy Review Nurse from the contracted pharmacy revealed:</p> <p>-She remembered Resident #1 from another facility and he was in the process of moving from that facility to the current facility in late February, 2016.</p> <p>-When she was last at the facility for pharmacy reviews on 5/10/16, the facility "did not have his chart together"</p> <p>-When she did her medication review, she started with the most current FL-2 orders, but most of the residents are seen at the veteran's hospital so for accuracy she sometimes will also use the last medication list provided by the veteran's hospital.</p> <p>-When there were discrepancies between the physician orders and the MAR she would document comments and she reviewed this in person with the facility staff while she was at the facility.</p> <p>Observation on 6/7/16 at 3:00PM of the</p>			

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C 316	<p>Continued From page 69</p> <p>medication cart revealed all the medications on Resident 1's MAR for June 2016 present.</p> <p>Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator.</p> <p>B. Review of Resident #2's current FL2 dated 3/22/16 revealed: -Diagnoses which included schizoaffective disorder and anxiety disorder. -An order for Seroquel 200mg in the morning. (Seroquel is used in the treatment of major depressive disorder).</p>	C 316		
	<p>Review of the May and June 2016 Medication Administration Records (MARs) revealed an entry for Seroquel 200mg, 2 tablets at bedtime.</p> <p>Observation of the medication on hand revealed Seroquel 200mg, 2 tablets at bedtime was in stock.</p> <p>Continued review of Resident #2's record revealed no current order for the bedtime Seroquel or an increase in dosage.</p> <p>Observation on 6/6/16 at 9:00AM of Resident #2 revealed: -A calm affect, alert with no behaviors. -Alert and oriented to time, place and person. -Appropriate interactions with other residents and staff.</p> <p>Interview on 6/6/16 at 9:00AM with Resident #2 revealed: -He received all of his medications on time. -He had no concerns about his care.</p> <p>Interview with the relief Supervisor-in-Charge on 6/6/16 at 2:30PM revealed:</p>			

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C 316	Continued From page 70. -She had been administering the Seroquel at bedtime. -Resident #2 had an order for the nighttime Seroquel on the previous FL2 dated 3/18/15. -The doctor should have reviewed the FL2 for errors before he signed it. -She would call the doctor's office and confirm the order. Review on 6/7/16 of Resident #2's new Seroquel order received by the facility on 6/6/16 revealed: -An order for Seroquel 200mg, 2 tablets at bedtime. -No order clarification for 3/22/16 through 8/6/16. Refer to the telephone interview on 6/7/16 at 12:01PM with the Administrator. Telephone interview on 6/7/16 at 12:01PM with the Administrator revealed	C 316		
C 353	10A NCAC 13G .1006(b) Medication Storage 10A NCAC 13G .1008 Medication Storage (b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication	C 353	<i>All meds are locked up or will keep locked when not taking meds</i>	7-22-16

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28716
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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)	(X6) COMPLETE DATE
C 353	<p>Continued From page 71</p> <p>administration.</p> <p>This Rule is not met as evidenced by TYPE B VIOLATION</p> <p>Based on observation, record review and interviews, the facility failed to lock up 1 prescription storage cassette of zonisamide awaiting return to the corporate pharmacy, 17 containers of overstock medications and failed to secure the key to the medication cart.</p> <p>The findings are:</p> <p>Observation on 6/3/18 at 9:48AM of the medication room revealed:</p> <ul style="list-style-type: none"> -The presence of a locked medication cart with no key in the lock. -Entrance into the medication room was from off the dining room. -There was no door to the medication room. -A resident was observed walking through the medication room to get to the laundry room, from which residents exited the building to a back porch where the designated smoking area for the facility was located. -On the floor and to the right of the medication cart was an open cardboard box, partially covered with a piece of bubble wrap packing with numerous containers of medications. -On the floor and to the left of the medication cart was a blue duffie bag, unzipped and with numerous reusable plastic medication containers (called cassettes) with affixed prescription labels. <p>Observation on 6/3/16 at 10:05AM of the medication room revealed:</p> <ul style="list-style-type: none"> -A second resident walking through the medication room to exit the facility to the back porch. 	C 353	<p><i>All meds Secured with locks Sic will monitor & keep locked</i></p>	
				7-27-16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER: PLEMMONS FAMILY CARE HOME # 2
STREET ADDRESS, CITY, STATE, ZIP CODE: 215 MONTE VISTA ROAD, CANDLER, NC 28715

(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 353	<p>Continued From page 72</p> <p>-A third resident entering the medication room to place something in a black trash bag sitting on the floor.</p> <p>Interview on 6/3/16 at 10:07AM with the Supervisor-in-Charge (SIC) revealed: -The facility's contract pharmacy arrived about the first week of every month to pick up discontinued medications and empty cassettes and they were due to arrive the current week. -The medications in the cardboard box were overstock medications for a current resident which were mailed in a cardboard box and would normally be transferred to a locked orange tool box.</p>	C 353	<p><i>lock on ALL meds FOR RETURN TO PHAR</i></p>	
	<p>-It had been "not long" that the cardboard box was sitting on the floor by the medication cart, "perhaps since Wednesday" (or two days prior to the observation).</p>		<p><i>for the sic pharmacist, the pharmacy however will leave a note with any recommendations.</i></p>	<p><i>will</i></p>
	<p>Observation on 6/3/16 at 10:07AM of the contents of the cardboard box (the inventory witnessed by the SIC), revealed:</p> <ul style="list-style-type: none"> -One sealed box of combivent respimat inhaler (a bronchodilator), 20mcg/100mcg, 120 metered doses, with a prescription label in place. -One sealed bottle of omeprazole (used to reduce stomach acid production), 20mg capsules, 60 capsules printed on the bottle and with a prescription label in place. -One sealed box of fluticasone propionate nasal spray (a corticosteroid used in respiratory treatment), 50mcg/spray, 120 metered sprays and with a prescription label in place. -One sealed bottle of gabapentin (an anticonvulsant used in treating nerve pain), 300mg capsules, 180 capsules printed on the bottle and with a prescription label in place. -One pharmacy-filled pill container with a prescription label in place documenting 		<p><i>mf</i></p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 353	<p>Continued From page 73</p> <p>furosemide (a diuretic), 80mg tablets, 15 tablets in the container.</p> <p>-One pharmacy-filled pill container with a prescription label in place documenting potassium chloride (a supplement), 20meq tablets, 15 tablets in the container.</p> <p>-One sealed bottle of cetirizine hydrochloride (an antihistamine used for seasonal allergies), 10 mg tablets, 30 tablets printed on the bottle and with a prescription label in place.</p> <p>-One sealed box of bisacodyl (a stool softener), 10mg suppositories, 50 suppositories printed on the box and with a prescription label in place.</p> <p>-Two sealed bottles of guaifenesin (an</p>	C 353		
	<p>expectorant), 200mg tablets, 100 tablets printed on each bottle and with a prescription label in place.</p> <p>-Three sealed bottles of acetaminophen (an analgesic), 325mg tablets, 100 tablets printed on each bottle and with a prescription label in place.</p> <p>-One sealed bottle of aspirin (an analgesic used for heart health), 81mg tablets, 90 tablets printed on the bottle and with a prescription label in place.</p> <p>-One pharmacy-filled pill container with a prescription label in place documenting lisinopril (an antihypertensive), 20mg tablets, 15 tablets in the container.</p> <p>-One sealed canister of prevalite for oral suspension (an agent to lower high cholesterol levels), 42 measured doses in the container and with a prescription label in place.</p> <p>- One pharmacy-filled pill container with a prescription label in place documenting simvastatin (an agent to lower high cholesterol levels), 80mg tablets, 15 tablets in the container.</p> <p>Continued observation on 6/3/16 at 10:07AM of the contents of the blue duffle bag (the inventory witnessed by the SIC), revealed:</p>		<p><i>All Meds are properly placed & locked</i></p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715		
(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 353	Continued From page 74 -One cassette with a prescription label in place documenting zonisamide (an anticonvulsant), 100mg capsules, 7 capsules in the cassette. -37 empty cassettes with prescription labels attached. -On the handle of the duffie bag was affixed a tag with the facility's name. Interview on 8/3/16 at 10.40AM of the SIC revealed: -The blue duffie bag would have usually been locked and placed in the SIC's room until the contract pharmacy staff arrived to pick it up. -The zonisamide was discontinued for a resident. -He did not have a lock for the bag and the bag was delivered to him with a plastic red cable lock with a printed number. -He did not have a lock for the bag as it was "always" empty except for the current day. -Residents had to walk through the medication room to get to the back porch to smoke. Telephone interview on 8/3/16 at 1:00PM with the Administrator revealed: -She visited the facility "quite often" but could not remember the last time she was there. -She expected all medications to be locked up. Observation of the medication cart on 8/8/16 at 11:15AM revealed: -The medication cart key was tied to the medication cart with a heavy string. -The key was stuck behind the medication cart. -The relief Supervisor-in-Charge cut off the key at that time. Interview with the Supervisor-in-Charge on 8/8/16 at 2:45PM revealed he tied the key to the cart because he kept losing it.	C 353	Locked until picked up by PHAR	7-22-16
			Removed key and put in a very SECURE place	7-22-16

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28716
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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 353	<p>Continued From page 75</p> <p>A Plan of Protection dated 8/3/16 was obtained from the SIC and revealed.</p> <ul style="list-style-type: none"> -Medications were removed to a locked area in the facility -A lock hasp will be replaced by 6/4/16 on a hallway closet which will be used for medication overflow storage. -The SIC and Relief SIC will monitor that medications are properly locked up. -The key to the medication cart has been removed from the cart. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 22, 2016</p>	C 353	<p><i>All completed will be monitored by sic</i></p>	7-22-16
C 381	<p>10A NCAC 13G 1009(b) Pharmaceutical Care</p> <p>10A NCAC 13G 1009 Pharmaceutical Care</p> <p>(b) The facility shall assure action is taken as needed in response to the medication review and documented, including that the physician or appropriate health professional has been informed of the findings when necessary</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on record review and interviews, the facility failed to take action in response to a medication review for Resident #1, specifically, to confirm the Aricept dosage and change in a medication from Zocor to Crestor.</p> <p>The findings are:</p> <p>A. Review of Resident #1's record revealed no Resident Register.</p>	C 381	<p><i>Got proper paper work from DR monitor regularly for errors</i></p>	7-22-16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 381	<p>Continued From page 76</p> <p>Review of Resident #1's current FL-2 dated 10/29/15 (from a previous facility) revealed: -An admission at another facility on 10/29/15. -Diagnoses included a seizure disorder, hypertension, long-standing alcohol consumption, hyperlipidemia, gastroesophageal reflux disease (GERD) and organic brain syndrome.</p> <p>Review of Resident #1's medication orders on the FL-2 dated 10/29/15 revealed: -An order for Aricept (used in the treatment of dementia), 10mg tablet, one tablet every day. -An order for Zocor (a lipid-lowering agent), 40mg tablet, one tablet at bedtime.</p>	C 381		
	<p>Review of a printed physician order sheet used for pharmacy review for Resident #1 dated 2/4/16 revealed: -An order for Aricept, 23mg tablet, one tablet daily at 8:00AM. -Handwritten below this order was "10mg." -At the bottom of order sheet was handwritten "Please obtain current order or place order in chart [arrow up symbol] Aricept/Donepezil [generic name for Aricept] to 23mg." -An order for Zocor, 40mg tablet take one daily at 8:00PM. -No signature on the order sheet.</p>			
	<p>Review of a printed physician order sheet used for pharmacy review for Resident #1 dated 4/21/16 revealed: -An order for Aricept, 23mg tablet, take one tablet everyday -Handwritten next to this order was "-need order [delta symbol for change] [arrow up symbol] 23mg." -An order for Crestor (a lipid-lowering agent), 20mg tablet, take one tablet at bedtime. -Handwritten next to the order for Crestor was</p>			

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 381	<p>Continued From page 77</p> <p>"-need [delta symbol for change] from Zocor." -Handwritten on the bottom of the order sheet was "FL2 10/29/15." -The signature of a nurse (from the contract pharmacy) performing the pharmacy review with the date of 5/10/16.</p> <p>Review of a handwritten prescription for Resident #1 dated 5/19/16 revealed "D/C [discontinue] simvastatin [generic name for Zocor]."</p> <p>Review of Resident #1's medication administration record (MAR) for May 2016 revealed:</p>	C 381		
	<p>-An entry for Crestor, 20mg tablet, take one tablet at bedtime, documented on all days of the month as administered.</p> <p>-An entry for Aricept, 23mg tablet, take one tablet every day, documented on all days of the month as administered.</p> <p>Review of Resident #1's MAR for June 2016 to date revealed:</p> <p>-An entry for Crestor, 20mg tablet, take one tablet at bedtime, documented on all days of the month as administered.</p> <p>-An entry for Aricept, 23mg tablet, take one tablet every day, documented on all days of the month as administered.</p> <p>Interview on 6/6/16 at 9:45AM with Resident #1 revealed:</p> <p>-He lived at the facility for "a year." -He had no current care concerns. -He received all the medications he thought he had ordered by his doctor.</p> <p>Telephone interview on 6/6/16 at 11:45AM with the Pharmacist from the contracted pharmacy revealed:</p>			

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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 381	<p>Continued From page 78</p> <ul style="list-style-type: none"> -An FL-2 dated 3/24/14 was used to establish pharmacy orders for Resident #1 with follow-on orders from that date forward. -The pharmacy received physician orders to change the dosage of the Aricept from 10mg to 23mg on 12/7/15. -Documentation in her records showed that on 3/17/18 the resident was moved from a sister facility to the current facility. -The pharmacy received physician orders to discontinue Zocor and begin Crestor on 3/28/16. <p>Interview on 6/6/16 at 12:00PM with the Relief Supervisor-in-Charge revealed:</p> <ul style="list-style-type: none"> -When new printed MARs from the pharmacy arrived for the new month, she checked them against the previous month's MAR and not against the orders in the resident's records. -The nurse that completed the pharmacy review on 5/10/16 told the SIC that everything was "okay" and no list of concerns was left. <p>Interview on 6/6/16 at 2:25PM with the SIC revealed he was not aware of orders for the Aricept dose change nor aware of new orders for the Crestor.</p> <p>Telephone interview on 6/7/16 at 9:10AM with the Pharmacy Review Nurse from the contracted pharmacy revealed:</p> <ul style="list-style-type: none"> -She remembered Resident #1 from another sister facility and he was in the process of moving from that facility to the current facility in late February, 2016. -When she was last at the facility for pharmacy reviews on 5/10/16, the facility "did not have his chart together." -When she did her medication review, she started with the most current FL-2 orders, but most of the residents were seen at the veteran's hospital so 	C 381	<p><i>All FL-2's ARE UP DATED & will be monitored by SIC in future</i></p>	7-22-16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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 381	<p>Continued From page 79</p> <p>for accuracy she sometimes used the last medication list provided by the veteran's hospital.</p> <p>-When there were discrepancies between the physician orders and the MAR she would document comments and she reviewed this in person with the facility staff while she was at the facility.</p> <p>Observation on 6/7/16 at 3:00PM of the medication cart revealed all the medications on Resident 1's MAR for June 2016 present.</p> <p>Telephone interview on 6/7/16 at 12:01PM with the Administrator revealed:</p> <p>-She reviewed resident records "every couple of months" and would look at their medications and their FL-2 forms.</p> <p>-She knew it was her responsibility to follow behind the SIC and make sure things were being done.</p> <p>A Plan of Protection was requested from the Administrator via telephone message on 6/21/16.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 22, 2016.</p>	C 381		
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:</p> <p>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:</p>	C 912		

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NAME OF PROVIDER OR SUPPLIER
PLEMMONS FAMILY CARE HOME # 2

STREET ADDRESS, CITY, STATE, ZIP CODE
215 MONTE VISTA ROAD
CANDLER, NC 28715

(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
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C 912	<p>Continued From page 80</p> <p>Based on observation, record review and interviews, the facility failed to assure residents received care and services that are adequate, appropriate and in compliance with federal and state laws and rules and regulations related to storage areas, housekeeping and furnishings, building service equipment, management and other staff, medication orders, pharmaceutical care, medication storage and medication administration competency evaluation.</p> <p>The findings are</p> <p>A. Based on observation and interviews, the facility failed to secure in a separate locked area 8 containers of chemicals and petroleum products left outside on the premises, 14 containers of chemicals and petroleum products left on the front porch, a 5-gallon container of kerosene left in the dining room and 6 containers of chemicals left under the kitchen sink [Refer to Tag 0059, 10A NCAC 13G .0310(b), Storage Areas (Type B Violation)]</p>	C 812	<p><i>Working on All Records & UPDATING OUT DATED RECORD WILL FOLLOW UP OFTEN</i></p>	7-22-16
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	<p>B. Based on observations and interviews, the facility failed to maintain a clean environment free of clutter and hazards related to petroleum products stored with combustible items outside and inside the home, a long handled axe left outside, a metal pipe being used as a handrail that was not securely fastened to the porch, saws left unsecured on the front porch, unsecured posts to the front porch roof, an open door to the crawlspace, dryer duct that was vented to the crawlspace, a rotted door threshold and metal sheets attached to the back porch decking with upturned edges and popped nails and boards on the back porch [Refer to Tag 0078, 10A NCAC 13G .0315(a)(5), Housekeeping and Furnishings (Type B Violation)]</p>		<p><i>All locked & MONIT</i></p>	
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	<p>B. Based on observations and interviews, the facility failed to maintain a clean environment free of clutter and hazards related to petroleum products stored with combustible items outside and inside the home, a long handled axe left outside, a metal pipe being used as a handrail that was not securely fastened to the porch, saws left unsecured on the front porch, unsecured posts to the front porch roof, an open door to the crawlspace, dryer duct that was vented to the crawlspace, a rotted door threshold and metal sheets attached to the back porch decking with upturned edges and popped nails and boards on the back porch [Refer to Tag 0078, 10A NCAC 13G .0315(a)(5), Housekeeping and Furnishings (Type B Violation)]</p>		<p><i>CLEANING & NO STORING ALL AREAS AS NEEDED</i></p>	7-22-16
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2016
NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28716		
(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 912	Continued From page 81 C. Based on observations, record reviews and interviews, the facility failed to (A) prevent use of an outdoor extension cord with exposed wiring; cover an electrical junction box in the crawlspace; prevent use of a non-surge protected extension cord in the medication room; prevent unsafe use of surge protectors and non-surge protected outlet adapters in the living room and in 2 of 3 resident rooms; replace broken and missing electrical outlet faceplates in the resident hallway and kitchen and replace or remove a wall light sconce with exposed wires in 1 of 3 resident rooms, (B) to prevent use of a kerosene and electric space heater during the winter when a central heating furnace was not functioning and (C) have an annual maintenance check performed on 2 of 2 fire extinguishers when they became due in July, 2015 [Refer to Tag 0102, 10A NCAC 13G .0317(a), Building Service Equipment (Type B Violation)].	C 912	NOT IN USE EXCEPT WHEN Weld EATING After use unplugged & PROPERLY PUT UP	7-22-16
	D. Based on observations, interviews, and record review, the Administrator failed to assure the total operation of the facility related to design and construction; storage areas, housekeeping and furnishings, building service equipment, outside premises, test for tuberculosis; resident register; resident contract, resident assessment; resident care plan, medication orders, medication storage; pharmaceutical care, resident rights and adult care home medication aides training and competency [Refer to Tag 0185, 10A NCAC 13G .0601(a), Management and Other Staff (Type B Violation)]. E. Based on record review and interview, the facility failed to verify medication orders for Resident #1 upon admission on 3/17/16 within 24 hours and to seek clarification regarding an order for seroquel for Resident #2 [Refer to Tag 0315, 10A NCAC 13G 1002(a), Medication Orders			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 70101220	(X2) MULTIPLE CONSTRUCTION BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 218 MONTE VISTA ROAD CANDLER, NC 28716
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(X4) PREFIX TAG	317MMV STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	NO. PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 912 Continued From page 82
(Type B Violation)

F. Based on record review and interviews, the facility failed to take action in response to a medication review for Resident #1, specifically, to confirm the Aricept dosage and change in a medication from Zocor to Crestor (Refer to Tag 0381, 10A NCAC 130-1009(b), Pharmaceutical Care (Type B Violation)).

G. Based on observation, record review and interviews, the facility failed to lock up 1 prescription storage cassette of zonisamide awaiting return to the corporate pharmacy, 17 containers of overstock medications and failed to secure the key to the medication cart (Refer to Tag 0353, 10A NCAC 130-1009(b), Medication Storage (Type B Violation)).

C 912

ALL RECORDS UP DATED & WILL BE WATCHED IN FUTURE

T-20-16

H. Based on record review and interviews, the facility failed to ensure a medication administration competency skills validation was completed for 1 of 2 staff (Staff L) (Refer to Tag 836, 15A NCAC 1210-4.5(d), Adult Care Home Medication Aides, Training and Competency (Type B Violation)).

C936 G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency

G.S. § 131D-4.5E (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.

(iv) 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

C936

one file locked down & will be monitored by me sic in the future

T-20-16

PRINTED: 08/22/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1C-0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2016
NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 315 MONTE VISTA ROAD CANDLER, NC 28715		
(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
C035	Continued From page 83 an adult care home) or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: 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. (2) A clinical skills evaluation consistent with 10A NCAC 12F 0803 and 10A NCAC 12G 0803 (3) Within 60 days from the date of this deficiency individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on factors review and interviews, the facility failed to ensure a medication administration competency skills evaluation was completed for 1 of 1 staff (Staff G).	C035	Documentation in Personal file in Me Sie will monitor and update files as needed Personal file will be in file cabinet locked and secured only opened when needed on file	8/21/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2016
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NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715
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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
C935	Continued From page 84 The findings are: Interview on 6/3/16 at 12:05PM with the Staff B, Relief Supervisor-in-Charge (SIC) revealed: -She was in the home "daily." -She was relief to the SIC and had another job at a nearby long-term care facility. -She was a medication aide. Telephone interview on 6/3/16 at 12:55PM with the Administrator revealed: -She talked to the SIC every day or every other day. -The facility was "leased" to the SIC.	C935		
	Review of residents' medication administration records revealed Staff B had administered medications. Interview on 6/6/16 at 8:30AM with the Relief SIC revealed: -She nor the SIC could find her personnel record. -The last time she saw it was when it was on the coffee table in the living room. -The only document that she could provide at that time was a medication aide training course, done on 11/16/15. Review of training documents, provided by the Relief SIC, did not include documentation of completion of a medication administration competency skills validation, medication aide verification, or completion of the written medication aide exam. Interview on 6/6/16 at 12:45PM with the SIC revealed: -He and the Relief SIC were responsible for maintaining their personnel records.			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/07/2016
NAME OF PROVIDER OR SUPPLIER PLEMMONS FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 215 MONTE VISTA ROAD CANDLER, NC 28715		
(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
C935	<p>Continued From page 85</p> <ul style="list-style-type: none"> -He did have her personnel record at one time, but he did not know where it was. -He would have to "recreate" her personnel record. <p>Telephone interview on 6/7/16 at 12:10PM with the Administrator revealed:</p> <ul style="list-style-type: none"> -She had not looked at personnel records and could not remember the last time she did. -She knew it was her responsibility to follow behind the SIC and make sure things were being done. <p>_____</p> <p>A Plan of Protection dated 6/6/16 was obtained from the SIC and revealed:</p>	C935		
	<ul style="list-style-type: none"> -The SIC was working with a nurse to get the Relief SIC to complete the medication administration competency evaluation and get proper paperwork in place. -The Relief SIC would not be administering medications until proper documentation was in place. -Staff personnel records would be maintained in a file cabinet. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 22, 2016.</p>			

hasp & latch for hallway closet
lock w/ key

small chain & lock for cabinet (storage)
on porch

brackets ~~to~~ to attach posts to roof
of porch and to porch itself

new sheets to put on back deck
where res. smoke

plank to replace rotted door sill at
back door.

Completed lock for file cabinet

6-10-16 new shower curtain for kitchen
doorway

Outlet Surge protectors x 7

concrete mix to reattach brick
on pillar on porch to affix
handrail

new outlet cover for hallway outlet.

lock for basement door

any products necessary to properly
vent dryer through basement 6/3/16

Statement of Deficiencies
Citation Summary Sheet

Final SOD

For: PLEMMONS FAMILY CARE HOME # 2 (FCL011036 / 920955)
Survey Event: J0YM11, Exit Date 06/07/2016

Citations Cited This Visit

*Dates of
Correction*
Scope
Severity

Regulation Type	Regulation ID	Regulation Version	Building Number	Tag Number	Tag Title	
State	T1HS	5	00	0000	Initial Comments	
State	T1HS	5	00	0034	Design and Construction	→ 6/6/16, 7/31/16
State	T1HS	5	00	0059	Storage Areas (B)	→ 6/6/16, 6/7/16
State	T1HS	5	00	0074	Housekeeping and Furnishings	→ 6/6/16, 7/22/16
State	T1HS	5	00	0078	Housekeeping and Furnishings (B)	→ 6/12/16, 7/22/16
State	T1HS	5	00	0102	Building Service Equipment (B)	→ 6/7/16, 7/22/16
State	T1HS	5	00	0112	Outside Premises	→ 7/20/16
State	T1HS	5	00	0140	Test For Tuberculosis	→ 7/22/16
State	T1HS	5	00	0185	Management and Other Staff (B)	→ 7/22/16
State	T1HS	5	00	0212	Resident Register	→ 7/22/16
State	T1HS	5	00	0214	Resident Contract And Information On Home	→ 7/22/16
State	T1HS	5	00	0231	Resident Assessment	→ 7/22/16
State	T1HS	5	00	0236	Resident Care Plan	→ 7/22/16
State	T1HS	5	00	0315	Medication Order (B)	→ 7/22/16
State	T1HS	5	00	0316	Medication Orders	→ 7/22/16
State	T1HS	5	00	0353	Medication Storage (B)	→ 7/22/16
State	T1HS	5	00	0381	Pharmaceutical Care (B)	→ 7/22/16
State	T1HS	5	00	0912	Declaration of Residents' Rights (B)	→ 7/22/16
State	T1HS	5	00	935	ACH Medication Aides; Training and Competency (B)	→ 7/22/16

BS = 9
SDS = 9
18 total

- suspension of admissions
- intent to issue
provisional license