

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL098031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2016
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NAME OF PROVIDER OR SUPPLIER BUNCH OF LOVE FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 COTTON CIRCLE WILSON, NC 27893
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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 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on September 22, 2016.	C 000		
C 231	<p>10A NCAC 13G .0801(b) Resident Assessment</p> <p>10A NCAC 13G .0801Resident 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 resource.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure an annual assessment was completed for 3 of 3 sampled residents (#1, #2 and #3) to reflect the residents' current conditions and plan of care for activities of daily living. The findings are:</p> <p>1. Review of Resident #1's FL-2 dated 7/20/16</p>	C 231		

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

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C 231	<p>Continued From page 1</p> <p>revealed diagnoses included polyarthritis, diabetes mellitus type 2, hypertension, depression, dementia and hyperlipidemia. Review of Resident #1's resident register revealed an admission date of 3/22/15.</p> <p>Review of the Resident #1's record revealed the most current care plan assessment was dated 5/31/15.</p> <p>Refer to interview with the Supervisor in Charge on 9/22/16 at 11:10 AM.</p> <p>Refer to interview with the Administrator on 9/22/16 at 11:10 AM.</p> <p>2. Review of Resident #2's FL-2 dated 06/15/15 revealed diagnoses included hypertension, degenerative joint disease, diabetes, edema, and hypothyroidism.</p> <p>Review of Resident #2's Resident Register revealed Resident #2 was admitted to the facility on 05/10/15.</p> <p>Review of Resident #2's record revealed the most current care plan was dated for 05/15/15.</p> <p>Refer to interview with the Supervisor in Charge on 9/22/16 at 11:10 AM.</p> <p>Refer to interview with the Administrator on 9/22/16 at 11:10 AM.</p> <p>3. Review of Resident #3's FL-2 dated 9/24/15 revealed diagnoses included dementia, depression, allergic rhinitis, osteopenia, degenerative arthritis, vitamin D deficiency and hypertension.</p>	C 231		

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C 231	<p>Continued From page 2</p> <p>Review of Resident #3's resident register revealed there was no admission date listed.</p> <p>Review of the Resident #3's record revealed the most current care plan assessment was dated 9/17/15.</p> <p>Interview with a Medication Aide revealed Resident #3 was admitted to the facility in September 2015, but she was not sure of the day.</p> <p>Refer to interview with the Supervisor in Charge on 9/22/16 at 11:10 AM.</p> <p>Refer to interview with the Administrator on 9/22/16 at 11:10 AM.</p> <p>Interview with the Supervisor in Charge on 9/22/16 at 11:10 AM revealed: -She helped to organize the residents' records. -She was not aware the care plan must be done annually.</p> <p>Interview with the Administrator on 9/22/16 at 11:10 AM revealed: -She knew the care plans should have been done annually but she forgot to have them completed. -She would ensure all resident's care plans were updated annually.</p>	C 231		
C 934	<p>G.S.131D-4.5B (a) ACH Infection Prevention Requirements</p> <p>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements</p> <p>(a) By January 1, 2012, the Division of Health</p>	C 934		

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C 934	<p>Continued From page 3</p> <p>Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure that 4 out of 5 sampled staff (A, B, D, and E) had completed the state infection control training.</p> <p>The findings are:</p> <p>A. Review of Staff A's personnel file on 09/22/16 revealed: -Staff A was hired at the facility on 04/09/15 as a Medication Aide. -Staff A had received infection control training on 01/11/15. -There was no documentation that Staff A had received infection control training since 01/11/15.</p> <p>Interview with Staff A on 09/22/16 at 2:45 PM revealed: -She had received infection control training since she had been working at the facility. -She thought the last time that infection control training had been done was some time last year in 2015. -The infection control training done in 2015 was</p>	C 934		

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C 934	<p>Continued From page 4</p> <p>the only time she had received the training since she had been working at the facility. -She was not aware that the infection control training was required to be done yearly.</p> <p>Refer to interview with the Administration on 09/22/16 at 12:30 PM.</p> <p>B. Review of Staff B's personnel file on 09/22/16 revealed: -Staff B had been hired at the facility on 09/01/15 as a Medication Aide. -There was no documentation that Staff B had received the infection control training.</p> <p>Interview with Staff B on 09/22/16 at 2:55 PM revealed: -She thought she had taken the infection control training sometime in September of 2015. -She thought it had only been a year since she had taken the training. -She had received some type of infection control training at her school that she attended. -She was aware that the infection control training was required yearly by staff. -The Administrator was responsible for scheduling all training for the staff.</p> <p>Refer to interview with the Administrator on 09/22/16 at 12:20 PM.</p> <p>C. Review of Staff D's personnel file on 09/22/16 revealed: -Staff D was hired at the facility on 04/09/15 as the Administrator and a Medication Aide. -Staff D had received the infection control training on 01/11/15. -There was no other documentation that Staff D had received infection control training since 01/11/15.</p>	C 934		

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C 934	<p>Continued From page 5</p> <p>Refer to interview with the Administrator on 09/22/16 at 12:30 PM.</p> <p>D. Review of Staff E's personnel file on 09/22/16 revealed: -Staff E was hired on 06/28/15 as a Medication Aide. -Staff E had received the infection control training on 01/11/15. -There was no documentation that Staff E had received the infection control training since 01/11/15.</p> <p>Interview with Staff D on 09/22/16 at 2:50 PM revealed: -She had received infection control training at the facility. -She thought the last time the training had been done was in February 2015. -She was aware the training had to be done yearly. -The Administrator was responsible for setting up any training that needed to be done. -The Administrator had not made her aware that she needed any more trainings.</p> <p>Interview with the Administrator on 09/22/16 at 12:30 PM revealed: -She was not aware that infection control training was required yearly. -None of the staff had received infection control training at the facility since 01/11/15. -She would call today and schedule a training for all required staff this weekend to get infection control training done.</p>	C 934		