

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL041071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIGGINS FAMILY CARE WOODMERE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1706 RAYSTON DRIVE GREENSBORO, NC 27405</b>
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C 000	Initial Comments  The Adult Care Licensure Section conducted a COVID-19 focused Infection Control survey with an onsite visit on July 21, 2020.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 1 staff (Staff A) was tested upon hire for tuberculosis (TB) disease according to control measures from the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of the facility's personnel records revealed Staff A did not have a personnel record.</p> <p>Observation on 07/21/20 at 11:35am revealed Staff A and three residents were the only</p>	C 140		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 140	<p>Continued From page 1</p> <p>individuals at the facility.</p> <p>Interview with Staff A on 07/21/20 at 12:10pm revealed:</p> <ul style="list-style-type: none"> <li>-He worked at the facility for over one month, but less than two months.</li> <li>-He had never worked at a family care home before.</li> <li>-He was a friend of the Administrator and she asked him to sit with the residents.</li> <li>-He slept at the facility and had oversight of the residents.</li> <li>-He had not been tested for TB prior to working at the facility.</li> <li>-He had not had or been asked to get a TB test since he started working at the facility.</li> </ul> <p>Interview with the Administrator on 07/21/20 at 12:14pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff A lived at the facility for close to two months.</li> <li>-Staff A had the position of supervisor-in-charge (SIC).</li> <li>-Staff A watched the residents when she was not present.</li> <li>-Staff A responsibilities were cooking meals, administering medications and providing supervision to the residents.</li> <li>-She was aware that staff working at the facility were required to have a TB test.</li> <li>-Staff A had not received a TB test since he started working at the facility.</li> <li>-She had not attempted to have Staff A obtain a TB test because she had been busy cutting grass and running errands.</li> </ul>	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications	C 145		

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C 145	<p>Continued From page 2</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews the facility failed to ensure 1 of 1 staff (Staff A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) up on hire.</p> <p>The findings are:</p> <p>Review of the facility's personnel records revealed Staff A did not have a personnel record.</p> <p>Observation on 07/21/20 at 11:35am revealed Staff A and three residents were the only individuals at the facility.</p> <p>Interview with Staff A on 07/21/20 at 12:10pm revealed: -He had worked at the facility for over one month but less than two months. -He worked and lived at the facility seven days per week. -He administered medications, cooked meals and had supervision of the residents when the Administrator was not at the facility. -He had never been employed by a long-term care facility and was not sure if the Administrator had completed an HCPR check on him.</p> <p>Interview with Administrator on 07/21/20 at 12:14pm revealed: -Staff A lived at the facility and watched the residents when she was not present.</p>	C 145		

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C 145	Continued From page 3  -Staff A had the position of supervisor-in-charge (SIC). -Staff A cooked meals, administered medications and supervised the residents. -She was responsible for making sure the HCPR was checked on all staff. -She had not completed an HCPR check on Staff A. -She had been busy with cutting grass and other responsibilities.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications  10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 1 sampled staff, (Staff A), had a criminal background check completed upon hire.  The findings are:  Review of the facility's personnel records revealed Staff A did not have a personnel record.  Observation on 07/21/20 at 11:35am revealed Staff A and three residents were the only individuals at the facility.  Interview with Staff A on 07/21/20 at 12:10pm revealed: -He had resided at the facility for over one month	C 147		

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C 147	<p>Continued From page 4</p> <p>but less than two months.</p> <ul style="list-style-type: none"> <li>-He currently lived at the facility and supervised the residents when the Administrator was not present.</li> <li>-He was unaware if the Administrator completed a criminal background check on him.</li> <li>-He had not been asked to consent for a criminal background.</li> </ul> <p>Interview with the Administrator on 07/21/20 at 12:14pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff A worked at the facility for close to two months.</li> <li>-Staff A had the position of supervisor-in-charge (SIC).</li> <li>-She had not completed a criminal background check on Staff A.</li> <li>-She was aware that all staff working at the facility had to have a criminal background check-She was responsible for assuring criminal backgrounds checks were completed for all staff working at the facility.</li> <li>-She had not completed a criminal background check on Staff A because she was busy cutting grass and running errands.</li> </ul>	C 147		
C 176	<p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic</p>	C 176		

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C 176	<p>Continued From page 5</p> <p>First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to ensure at least one staff person was on the premises at all times who had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months.</p> <p>The findings are:</p> <p>Review of the facility's personnel records revealed Staff A did not have a personnel record.</p> <p>Observation on 07/21/20 at 11:35am revealed Staff A and three residents were the only individuals at the facility.</p> <p>Interview with Staff A on 07/21/20 at 12:10pm revealed:</p> <ul style="list-style-type: none"> <li>-He had never received CPR training.</li> <li>-He had lived at the facility for over one month but less than two months.</li> <li>-Most days he was the only staff at the facility.</li> <li>-Maybe 2 to 3 days per week the Administrator stopped by the facility but did not stay more than 1 to 2 hours.</li> <li>-He had never been employed at a long-term care facility and did not know he needed to have CPR training.</li> </ul>	C 176		

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C 176	<p>Continued From page 6</p> <p>-The Administrator would be the person responsible for scheduling all trainings.</p> <p>Interview with the Administrator on 07/21/20 at 12:14pm revealed:</p> <p>-Staff A did not have CPR certification.</p> <p>-Staff A was the only staff that resided at the facility.</p> <p>-She was aware that staff caring for the residents needed CPR training.</p> <p>-She was responsible for making sure staff at the facility had CPR certification.</p> <p>-Staff A was helping her out until she hired a full-time qualified staff person.</p> <p>-She did not have time to hire a staff person because she was busy cutting grass and doing other things.</p> <p>_____</p> <p>The facility failed to ensure at least one staff person was on the premises at all times who had completed a course in cardio-pulmonary resuscitation (CPR) and choking management in the last 24 months. The facility's failure to have staff on duty who had CPR certification and choking management placed the residents at harm and was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/21/20 for this violation.</p> <p>THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 4, 2020.</p>	C 176		
C 185	10A NCAC 13G .0601(a) Management and Other Staff	C 185		

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C 185	<p>Continued From page 7</p> <p>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.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations, interviews and record reviews, the Administrator failed to ensure the overall management, operations and policies and procedures of the facility were developed and implemented to maintain substantial compliance with the rules and statutes governing family care homes as related to training on cardio-pulmonary resuscitation, resident rights, and training and competency and training of medication aides.</p> <p>The findings are:</p> <p>Interview with the Administrator on 07/21/20 at 1:20 pm revealed: -She was responsible for the operations of the facility. -She was responsible for providing all required training to facility staff and for maintaining</p>	C 185		



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C 185	<p>Continued From page 8</p> <p>documentation of staff training. -She was responsible for all necessary documentation for the residents' records.</p> <p>Interview with Staff A on 07/21/20 at 12:10pm revealed: -Most days he was the only staff at the facility . -Maybe 2 to 3 days per week the Administrator stopped by the facility but did not stay more than 1 to 2 hours.</p> <p>Non-compliance was identified at violation levels in the following rule areas:</p> <p>1.. Based on interviews and record reviews, the facility failed to ensure at least one staff person was on the premises at all times who had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months for 1 of 1 staff (Staff A) employed by the facility resulting in no CPR trained staff on duty at all times. [Refer to Tag 0176 10A NCAC 13G .0507 Training on Cardio Pulmonary Resuscitation (Type B Violation)].</p> <p>2. Based on observations and interviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (DHHS) were implemented when caring for 4 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, residents and visitors, the use of personal protective equipment (PPE), and practicing social distancing. [Refer to Tag 0311 10A NCAC 13G .0909 Resident Rights (Type A2 Violation)].</p> <p>3. Based on interviews and record reviews, the</p>	C 185		

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C 185	<p>Continued From page 9</p> <p>facility failed to ensure 1 of 1 sampled staff (Staff A) who administered medications met the requirements related to passing the medication aide test, completed employment verification as a medication aide or completion of the 5 hour and 10 hours, or 15 hours medication aide training and had completed Medication Administration Clinical Skills Competency prior to passing medications. [Refer to Tag 935 G.S. 131D-4.5B(b) Medication Aides - Training and Competency (Type B Violation)].</p> <p>The Administrator failed to ensure the overall management, operations and policies and procedures of the facility to maintain substantial compliance related to ensuring resident rights were maintained for 4 residents as related to training on cardio-pulmonary resuscitation, resident rights, training and competency and training of mediation aides. The failure of the Administrator to oversee the overall management of the facility resulted in substantial risk that death or serious harm, abuse, neglect or exploitation will occur, which constitutes a Type A2 Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/30/20 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 20, 2020.</p>	C 185		
C 311	<p>10A NCAC 13G .0909 Residents' Rights</p> <p>10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained</p>	C 311		

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C 311	<p>Continued From page 10</p> <p>and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p> <p>Based on observations and interviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (DHHS) were implemented when caring for 4 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, residents and visitors, the use of personal protective equipment (PPE), and practicing social distancing.</p> <p>The findings are:</p> <p>Review of the Center for Disease Control (CDC) guideline for the prevention and spread of the Coronavirus (COVID-19) disease in long term care facilities revealed:</p> <ul style="list-style-type: none"> <li>-Personnel should always wear a face mask while in the facility.</li> <li>-All essential visitors should be screened for the presence of fever and symptoms of the virus when entering the building.</li> <li>-Personnel should be screened for fever and symptoms of COVID-19 before starting each shift.</li> <li>-Screen residents daily for fever and symptoms of COVID-19.</li> <li>-All personnel should practice social distancing (remain at least 6 feet apart) when in common areas.</li> <li>-Implement social distancing among residents.</li> </ul> <p>Observation on 07/21/20 at 11:05am revealed:</p> <ul style="list-style-type: none"> <li>-There was no screening process performed by facility staff upon entrance to the facility.</li> </ul>	C 311		

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C 311	<p>Continued From page 11</p> <ul style="list-style-type: none"> <li>-Facility staff did not screen survey staff for COVID-19 symptoms prior to entrance of facility.</li> <li>-Facility staff did not perform a temperature check on survey staff prior to entrance of facility.</li> <li>-A resident arrived in a vehicle, with the Administrator and a family member of the Administrator.</li> <li>-None of the occupants of the vehicle were wearing a mask.</li> </ul> <p>Observation on 07/21/20 at 11:15am revealed:</p> <ul style="list-style-type: none"> <li>-The other 3 residents were inside the facility.</li> <li>-None of the three residents in the facility were wearing a mask.</li> </ul> <p>Observation on 07/21/20 at 12:35pm revealed:</p> <ul style="list-style-type: none"> <li>-The family member who arrived in the vehicle went into the facility.</li> <li>-The family member was not screened for symptoms of COVID-19 and his temperature was not checked by staff.</li> </ul> <p>Observation on 07/21/20 at 12:15pm revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator was unable to locate the facility's COVID-19 policy.</li> <li>-The COVID-19 policy was not available for review.</li> </ul> <p>The facility's COVID-19 policy was not provided prior to the survey exit at 3:45pm.</p> <p>Interview with the Administrator on 07/21/20 at 1:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She wore a mask when she was away from the facility, running errands, going in to a store or other business.</li> <li>-She did not wear a mask at the facility.</li> <li>-Staff did not screen visitors because no visitors came to the facility.</li> <li>-The facility continued to practice communal</li> </ul>	C 311		

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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 311	<p>Continued From page 12</p> <p>dining for the 4 residents who resided at the facility.</p> <ul style="list-style-type: none"> <li>-The 4 residents ate meals at the same table and at the same time.</li> <li>-The seats at the dining table were not 6 feet apart.</li> <li>-She worked "all the time" at the facility, unless she had to go out to run errands or do something at home, like cut the grass.</li> <li>-She did not check temperatures of the residents daily or the staff before starting each shift.</li> <li>-The facility did not have a touch free thermometer.</li> <li>-She did not document the screening for symptoms of residents or staff per the recommended CDC guidelines.</li> <li>-Staff performed self-screening for symptoms of COVID-19 but did not document the results.</li> <li>-If any resident developed symptoms of COVID-19, the Administrator would notify the resident's primary care provider and follow the advice of the provider.</li> </ul> <p>Observation on 07/21/20 at 1:20pm revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator was not wearing a mask.</li> <li>-One resident was in his bedroom, not wearing a mask.</li> <li>-Two residents were in the living room watching television, not wearing masks, and not at a distance of at least 6 feet apart.</li> <li>-Another resident was in the living room, not wearing a mask.</li> </ul> <p>Observation on 07/21/20 at 1:25pm revealed:</p> <ul style="list-style-type: none"> <li>-A repairman who had been working outside the facility since 11:15am entered the facility.</li> <li>-The repairman was not screened for symptoms of COVID-19 and his temperature was not checked by staff.</li> </ul>	C 311		

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C 311	<p>Continued From page 13</p> <p>Interviews with the 4 residents on 07/21/20 from 11:05am through 3:45pm revealed:</p> <ul style="list-style-type: none"> <li>-The residents ate meals together at the dining room table.</li> <li>-The residents sat at their assigned seats at the dining room table.</li> <li>-"We all eat together at the same time".</li> </ul> <p>Interview with Staff A, supervisor-in-charge/SIC on 07/21/20 at 12:10pm revealed:</p> <ul style="list-style-type: none"> <li>-He was in charge of the facility when the Administrator was not present in the building.</li> <li>-The Administrator had not provided him training related to COVID-19.</li> <li>-If the facility had a policy related to COVID-19 he was not aware of the policy.</li> <li>-He did not screen residents for COVID-19 symptoms.</li> <li>-He did not check residents' temperature because the facility did not have thermometer.</li> <li>-If a resident appeared to not feel well he used his hand to feel if the resident had a temperature.</li> <li>-The residents always did communal dining and were not spaced six feet apart.</li> <li>-Residents watched television daily in the common living area and were not spaced six feet apart.</li> <li>-He did not require residents to wear a facemask when in the common areas of the facility.</li> <li>-One resident left the facility Monday through Friday in the early afternoon and returned in the evenings.</li> <li>-The resident went to work in the "shop" with the Administrator's spouse.</li> <li>-When the resident returned, he did not screen the resident for COVID-19 symptoms.</li> <li>-Some residents used a scarf as facemask or a personal cloth facemask.</li> <li>-The residents used a scarf or cloth facemask only when they went outside of the facility.</li> </ul>	C 311		

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C 311	<p>Continued From page 14</p> <ul style="list-style-type: none"> <li>-He was not sure if the cloth facemask or scarf were washed after each use.</li> <li>-He had one personal cloth facemask and one surgical facemask.</li> <li>-He kept the surgical facemask folded and placed inside the armoire.</li> <li>-He did not use a facemask when working at the facility.</li> <li>-He used a facemask when outside to the facility only.</li> <li>-When he used the cloth facemask he did not wash it after each use.</li> </ul> <p>Interview with a resident on 07/21/20 at 12:44pm revealed:</p> <ul style="list-style-type: none"> <li>-He left the facility daily in the early afternoon.</li> <li>-The Administrator picked him up and took him to work at the "shop."</li> <li>-He had two facemask, one scarf and a cloth facemask.</li> <li>-He wore the facemask daily when he worked at the shop.</li> <li>-He did not wash the facemask after each use, but once per week.</li> <li>-His temperature was not checked at the facility.</li> <li>-He ate meals at the facility in the dining room with three other residents.</li> <li>-The residents were not six feet apart from him, they were two to three feet apart.</li> <li>-He watched television daily in the common sitting area, but was not spaced six feet apart from the other residents.</li> <li>-Last week, the Administrator took him and two other residents out of the facility to the a local retail store.</li> <li>-While in the store, one resident refused to wear his facemask.</li> <li>-The Administrator did nothing but allowed the resident to shop without the facemask.</li> </ul>	C 311		

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C 311	<p>Continued From page 15</p> <p>The facility failed to adhere to the Centers for Disease Control (CDC) and North Carolina Division of Health and Human Services (NC DHHS) guidelines for COVID-19 to include recommendations for use of personal protective equipment (PPE) for staff and residents, screening of staff and visitors, and residents for fever and signs and symptoms of COVID-19; and failed to provide training to staff on CDC guidelines for COVID-19. The facility's failure placed the residents at substantial risk of harm and neglect of infection and transmission of the deadly COVID-19 virus which constitutes a Type A2 Violation.</p> <p>A plan of protection was provided by the facility in accordance with G.S. 131D-37 on July 21, 2020 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED AUGUST 20, 2020.</p>	C 311		
C 341	<p>10A NCAC 13G .1004 (i) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration</p> <p>(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.</p>	C 341		



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C 341	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure staff who administered medications documented the administration of medications immediately following administration for 4 of 4 sampled residents (Residents #1, #2, #3 and #4) from May 2020 - July 2020.</p> <p>The findings are:</p> <p>Observation on 07/21/20 at 11:35am revealed four residents resided at the facility.</p> <p>1.Review of Resident #1's current FL2 dated 01/08/20 revealed: -Diagnoses included schizoaffective, bipolar, seizures, gastroesophageal reflux disease (GERD) and a blood borne viral illness. -Medication orders for gabapentin 400mg one tablet twice daily (used to treat seizures); gabapentin 300mg one tablet in the morning; metformin 500mg one tablet twice daily (used to treat diabetes), clozapine 100mg one table in the morning, and ½ table (50mg) at night (used to treat schizophrenia); folic acid 1mg one tablet daily (used to produce new cells); benztropine 2mg one tablet twice daily (used to treat anxiety); haloperidol 5mg one table daily with dinner (used to treat schizophrenia); levetiracetam 500mg one tablet twice daily (used to treat seizures); valproic acid 250mg two tablets in the morning and four tablets at night (used to treat seizures); biktarvy 50-200-25mg one tablet daily (used to treat a blood borne viral illness); senna laxative 8.6mg two tablets twice daily (used to treat constipation), aspirin 81mg one table daily (a blood thinner); flomax 0.4mg one tablet daily (used to treat benign prostatic hyperplasia); atorvastatin 20mg</p>	C 341		

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C 341	<p>Continued From page 17</p> <p>one tablet daily (used to treat high cholesterol).</p> <p>Review of Resident #1's record revealed a physician's order dated 02/07/20 for famotidine 40mg once daily (used to treat GERD).</p> <p>Review of Resident #1's Medication Administration Records (MARs) revealed there were no Mars dated May 2020, June 2020, and July 2020 available for review.</p> <p>Observation of Resident #1's medications on hand at the facility on 07/21/20 at 1:12pm revealed all medications ordered were available for administration.</p> <p>Based on record review, observation and attempted interview on 07/21/20 at 1:07pm, it was determined that Resident #1 was not interviewable.</p> <p>Refer to interview with Staff A on 07/21/20 at 12:10pm.</p> <p>Refer to interview with the Administrator on 07/21/20 at 12:58pm.</p> <p>2. Review of Resident #2's current FL2 dated 11/12/19 revealed: -Diagnoses included attention-deficit/hyperactivity disorder (ADHD), autistic and bipolar disorder. -Medication orders for trazodone 150mg one tablet at night (used to treat depression/anxiety), resperidone 1mg one tablet in the morning, one tablet at 4:00pm and one tablet at bedtime (used to treat bipolar disorder); atomoxetine 60mg one tablet daily (used to treat ADHD); allergy relief 10mg one tablet at bedtime (used to treat seasonal allergies); desmopression 0.2mg one tablet daily at bedtime (used to treat diabetes);</p>	C 341		

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C 341	<p>Continued From page 18</p> <p>melatonin 5mg one tablet daily at bedtime (used to treat insomnia); rexulti 2mg one tablet daily (used to treat schizophrenia); vesicare 5mg one tablet daily (used to treat overactive bladder); lithium carbonate 300mg take three tablets at bedtime (used to treat bipolar disorder); guanfacine ER 4mg one tablet daily (used to treat ADHD).</p> <p>Review of Resident #2's MARs revealed there were no Mars dated May 2020, June 2020, and July 2020 available for review.</p> <p>Observation of Resident #2's medications on hand at the facility on 07/21/20 at 2:38pm revealed all medications ordered were available for administration.</p> <p>Interview with Resident #2 on 07/21/20 at 12:44pm revealed: -Staff A administered medications to him in the morning and before bedtime. -He was aware of most of his medications but was unable to validate if the medications given by Staff A were the exact medications. -He did not observe Staff A document medications that were administered to him.</p> <p>Refer to interview with Staff A on 07/21/20 at 12:20pm.</p> <p>Refer to interview with the Administrator on 07/21/20 at 12:58pm.</p> <p>3. Review of Resident #3's current FL2 dated 04/04/19 revealed: -Diagnoses included schizoaffective disorder bipolar type, gastroesophageal reflux disease (GERD) allergies rhinitis, and chronic elbow and knee pain.</p>	C 341		

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C 341	<p>Continued From page 19</p> <p>-Medication orders for Omega 3 fish oil one in the morning and two at bedtime (used to reduce inflammation and improve hypertriglyceridemia); olanzapine 20mg half tablet (10mg) twice daily (used to treat schizophrenia); multivitamin once daily (a vitamin supplement); hydrochlorothiazide 12.5mg one capsule daily (used to treat high blood pressure); omeprazole 20mg one tablet daily in the morning (used to treat GERD).</p> <p>Review of Resident #3's MARs revealed there were no Mars dated May 2020, June 2020, and July 2020 available for review.</p> <p>Observation of Resident #3's medications on hand at the facility on 07/21/20 at 1:21pm revealed all medications ordered were available for administration.</p> <p>Interview with Resident #3 on 07/21/20 at 1:44pm revealed: -Staff A administered his medications twice daily. -He was not sure of the names of his medications. -He did not know if Staff A document the medications there were administered.</p> <p>Refer to interview with Staff A on 07/21/20 at 12:20pm.</p> <p>Refer to interview with the Administrator on 07/21/20 at 12:58pm.</p> <p>4. Review of Resident #4's current FL2 dated 10/28/19 revealed: -Diagnoses included autism spectrum disorder, dyslipidemia, obesity, mental retardation. -Medication order for citalopram hbr 40mg one tablet daily (used to treat depression).</p>	C 341		

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C 341	<p>Continued From page 20</p> <p>Review Resident #4's MARs revealed there were no Mars dated May 2020, June 2020, and July 2020 available for review.</p> <p>Observation of Resident #4's medication on hand at the facility on 07/21/20 at 1:23pm revealed the medication ordered was available for administration.</p> <p>Based on record review, observation and attempted interview on 07/21/20 at 2:20pm it was determined Resident #4 was not interviewable.</p> <p>Refer to interview with Staff A on 07/21/20 at 12:10pm.</p> <p>Refer to interview with the Administrator on 07/21/20 at 12:58pm.</p> <p>Interview with Staff A on 07/21/20 at 12:10pm revealed:</p> <ul style="list-style-type: none"> <li>-He had lived and worked at the facility for over one month but less than two months.</li> <li>-He administered medications to the four residents that resided at the facility.</li> <li>-He administered medications to the residents at least twice daily at 8:00am and 7:00pm.</li> <li>-He did not document when he administered medications to the residents because he did not know that he was supposed to document.</li> </ul> <p>Interview on 07/21/20 at 1:20pm with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-Medication was scheduled for administration twice daily for the residents at the facility.</li> <li>-She often got busy while she was away from the facility, going to the grocery store or cutting grass at one of her properties and was unable to be at the facility during scheduled medication administration times.</li> </ul>	C 341		

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C 341	<p>Continued From page 21</p> <p>-Whenever that happened she would prepare the medication for administration and put the medication into medication cups marked with the residents' initials, and Staff A would administer the medication to the residents.</p> <p>-She did not know how many times a week Staff A administered medication to the residents.</p> <p>-Staff A usually administered the evening medication.</p> <p>-Staff A did not sign the medication administration records (MARs) because he was not a medication aide.</p> <p>-She would sign the MARs as she put the medication into the medication cups.</p> <p>Second interview with the Administrator on 07/21/20 at 3:45pm revealed:</p> <p>-She had not seen the residents' MARs since 07/19/20 when she put them in her car.</p> <p>-She was driving the truck today and unable to locate the MARs.</p> <p>-She was only able to confirm MARs were completed through April 2020.</p>	C 341		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations</p>	C 912		

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C 912	<p>Continued From page 22</p> <p>related to training in cardio-pulmonary resuscitation, ACH medication aide training and competency and management and other staffing.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>1. Based on interviews and record reviews, the facility failed to ensure at least one staff person was on the premises at all times who had completed a course on cardio-pulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, within the last 24 months. [Refer to Tag .0176 NCAC 13 G .0507 Training in Cardio-Pulmonary Resuscitation (Type B Violation)].</li> <li>2. Based on interviews and record reviews, the facility failed to ensure 1 of 1 sampled staff (Staff A) who administered medications completed the state approved medication aide training, had a medication skills competency validation, and passed the medication examination. [Refer to Tag 935 G.S.131D-4.5B(b) Ach Medication Aide Training and Competency (Type B Violation)].</li> <li>3. Based on observations, interviews and record reviews, the Administrator failed to ensure the overall management, operations and policies and procedures of the facility were developed and implemented to maintain substantial compliance with the rules and statutes governing family care homes as related to training on cardio-pulmonary resuscitation, resident rights, and training and competency and training of medication aides. [Refer to Tag 185 Management and Other Staffing NCAC 13 G .0601(a) (Type A2 Violation)].</li> </ol>	C 912		

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C 914	Continued From page 23	C 914		
C 914	<p>G.S 131D-21(4) Declaration Of Resident's Rights</p> <p>Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents were free from neglect related to residents' rights.</p> <p>The findings are:</p> <p>Based on observations and interviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (DHHS) were implemented when caring for 4 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of staff, residents and visitors, the use of personal protective equipment (PPE), and practicing social distancing. [Refer to Tag 0311 10A NCAC 13 G .0909 Residents' Rights (Type A2 Violation)].</p>	C 914		
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p>	C935		



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C935	<p>Continued From page 24</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> <li>a. The key principles of medication administration.</li> <li>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.</li> </ol> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <ol style="list-style-type: none"> <li>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: <ol style="list-style-type: none"> <li>1. The key principles of medication administration.</li> <li>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.</li> </ol> </li> <li>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</li> </ol> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on interviews and record reviews, the facility failed to ensure 1 of 1 sampled staff (Staff A) who administered medications completed the</p>	C935		

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C935	<p>Continued From page 25</p> <p>state approved medication aide training, had a medication skills competency validation, and passed the medication examination.</p> <p>The findings are:</p> <p>Review of the facility's personnel records revealed Staff A did not have a personnel record.</p> <p>Observation on 07/21/20 at 11:35am revealed Staff A and three residents were the only individuals at the facility.</p> <p>Review of four residents' medication administration records (MARs) revealed there were no MARs dated after April 2020.</p> <p>Interview with Staff A on 07/21/20 at 12:10pm revealed:</p> <ul style="list-style-type: none"> <li>-He had lived and worked at the facility for over one month but less than two months.</li> <li>-He administered medications to the four residents that resided at the facility.</li> <li>-He administered medications to the residents at least twice daily at 8:00am and 7:00pm.</li> <li>-In the morning, he took medications out of the medication bottle, and put the medications into the red cups.</li> <li>-He knew the medications to administer by reading the instructions on the medication prescription label.</li> <li>-He gave the cups with the medications to the residents.</li> <li>-He did not document when he administered medications to the residents because he did not know that he was supposed to document.</li> <li>-He had not completed any type of medication administration aide training.</li> <li>-The Administrator hired him to live at the facility and told him to administer medications to the</li> </ul>	C935		

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C935	<p>Continued From page 26</p> <p>residents'.</p> <p>Interview with a resident on 07/21/20 at 12:44pm revealed: -Staff A had lived at the facility maybe two months or less. -Staff A administered medications to him in the morning and at bedtime. -Staff A put his medications in a cup and handed him the cup with the medications. -He knew the names of most medications ordered to him but he did not know if those were the same the medications in the cup given to him by Staff A.</p> <p>Interview with a second resident on 07/21/20 at 12:50pm revealed: -Staff A had lived at the facility for almost two months. -Staff A administered medications to him twice daily. -Staff A handed him his medications in a small red cup. -He did not know the names of his medications. -He did not know the medications that were administered by Staff A.</p> <p>Interview with the Administrator on 07/21/20 at 1:20pm revealed: -Staff A was not a certified Medication Aide. -Medication was scheduled twice daily for the residents at the facility. -The Administrator would pull up the medication for administration and put the medication into medication cups marked with the resident's initials, and Staff A would administer the medication to the residents. -She did not know how many times a week Staff A administered medication to the residents. -Staff A usually administered the evening</p>	C935		

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C935	<p>Continued From page 27</p> <p>medications.</p> <p>-Staff A did not sign the Medication Administration Records (MARs) because he was not a medication aide.</p> <p>-The Administrator would sign the MARs as she put the medication into the medication cups.</p> <p>Second interview with Staff A on 07/21/20 at 2:20 pm revealed:</p> <p>-He had not completed any training for medication administration in a family care home.</p> <p>-He was not certified as a MA.</p> <p>-He routinely administered medications to the residents of the facility when the Administration was not available to do so.</p> <p>-The Administrator would put the medications into small medication cups marked with the residents' initials and then he would administer the medications to the residents.</p> <hr/> <p>The facility failed to ensure Staff A who administered medications to four residents had passed the state medication aide examination, completed the state approved medication aide training and was competency validated by a Registered Nurse or pharmacist prior to administering medications. The facility's failure resulted in failure to document medications at the time of administration and increased the risk for medication errors which was detrimental to the health, safety and welfare of the residents, which constitutes a Type B Violation.</p> <hr/> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 07/21/20 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 04, 2020.</p>	C935		

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C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the</p>	C992		

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C992	<p>Continued From page 29</p> <p>facility failed to ensure examination and screening for the presence of controlled substances was completed upon hire for 1 of 1 staff (Staff A) sampled who was hired after 10/01/13.</p> <p>The findings are:</p> <p>Review of the facility's personnel records revealed Staff A did not have a personnel record.</p> <p>Observation on 07/21/20 at 11:35am revealed Staff A and three residents were the only individuals at the facility.</p> <p>Interview with Staff A on 07/21/20 at 12:10pm revealed:</p> <ul style="list-style-type: none"> <li>-He had worked and lived at the facility for over one month but less than two months.</li> <li>-He only left the facility to run errands.</li> <li>-He cooked, cleaned and administered medications to the residents.</li> <li>-He did not have a controlled substance examination and screening when he started to work at the facility.</li> </ul> <p>Interview with the Administrator on 07/21/20 at 12:14pm revealed:</p> <ul style="list-style-type: none"> <li>-Staff A had been employed at the facility for greater than one month but less than two months.</li> <li>-She was aware staff were supposed to a controlled substance and screen upon hire at the facility.</li> <li>-She did not have Staff A complete a controlled substance screening because she did not have time.</li> </ul>	C992		