STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL061008	A. BUILDING: _____ B. WING _____	11/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & L FAMILY CARE HOME	842 CANE CREEK ROAD BAKERSVILLE, NC 28705

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Mitchell County Department of Social Services conducted an annual survey on November 17, 2015.	C 000		
C 034	10A NCAC 13G .0302(n) Design and Construction 10A NCAC 13G .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 have a current sanitation, fire, and building safety inspection. The findings are: Review of the facility's most current sanitation and fire inspections revealed dates of 02/06/14 and 02/04/14, respectively. Review of the sanitation inspection report included 2 demerits for dirty window seals and sashes. Review of the fire inspection report did not note any concerns or recommendations. Interview with the Administrator on 11/17/15 at 2:00pm revealed: -She did not realize it had been that long since the local health department and the local fire Marshall had been out to do an annual inspection. -She did not know who the current local fire	C 034		

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C 034	Continued From page 1 Marshall was and did not know who to call regarding getting another fire inspection.	C 034		
C 100	10A NCAC 13G .0316 (e) Fire Safety And Disaster Plan 10A NCAC 13G .0316 Fire Safety And Disaster Plan (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct quarterly fire evacuation rehearsals. The findings are: Review of the facility's last fire evacuation rehearsal revealed the last drill was conducted in January 2014. Interview with the Administrator on 11/17/15 at 2:00pm revealed: -She had "just not thought about it" and knew this was "no excuse". -All 4 residents were alert, oriented, ambulated without assistance and could follow commands easily. -She felt all residents would be able to safely	C 100		

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C 100	Continued From page 2 evacuate if needed. Random observations on 11/17/15 revealed all 4 residents were alert and oriented and ambulated independently without assistance.	C 100		
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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interview, the facility failed to assure staff was tested for tuberculosis (TB) disease upon employment in compliance with the control measures adopted by the Commission for Health Services for 1 of 1 new staff (Staff C). The findings are:	C 140		

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C 140	Continued From page 3 Review of Staff C's personnel file revealed: -Employment verification from a previous adult care home for May 2015. -No evidence of a TB test. Interview with the Adminstrator on 11/17/15 at 2:00pm revealed: -The facility's staff had never consisted of anyone except family. -Staff C started to work at the home on 05/15/15 and was the only newly staff hired "in a long, long time... more than ten years". -Staff C had been hired just as "relief staff" and worked two or three days a week "as needed". -Staff C's responsibilities included housekeeping, laundry, helping with lunch, administering noon medications to one resident, and staying with the residents if the Administrator had an appointment. -Staff C had recently worked at another adult care home and told the Administrator she had a TB test but this had not been verified and no TB test had been done. _____ The facility submitted a Plan of Protection on 11/17/15 that included: -Staff C will have TB test done today and have second step as appropriate. -TB testing will be done on all future employees before hire. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 01, 2016.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications	C 145		

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C 145	Continued From page 4 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; This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure no substantiated findings were listed on the North Carolina Health Care Personnel Registry (HCPR) for 1 of 1 newly hired staff (Staff C). The findings are: Review of Staff C's personnel file revealed: -Employment verification from a previous adult care home for May 2015. -No evidence the HCPR had been checked for any findings. Interview with the Adminstrator on 11/17/15 at 2:00pm revealed: -The facility staff had never consisted of anyone except family. -Staff C started work at the home 05/15/15 and was the only new staff hired "in a long, long time... more than ten years". -Staff C had been hired just as "relief staff" and worked two or three days a week "as needed". -Staff C's responsibilities included housekeeping, laundry, helping with lunch, administering noon medications to one resident, and staying with the residents if the Administrator had an appointment. -The Administrator had known Staff C for a long time. -Staff C was "like family" and just "forgot" check the HCPR for any possible findings.	C 145		

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C 145	Continued From page 5 Review of a HCPR check for Staff C dated 11/17/15 revealed no substantiated findings.	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: TYPE B VIOLATION Based on record review and interview, the facility failed to obtain a criminal background check for 1 of 1 newly hired staff (Staff C). The findings are: Review of Staff C's personnel file revealed: -Employment verification from a previous adult care home for May 2015. -No evidence of a consent to do criminal background check. -No evidence that a criminal background check had been done. Interview with the Adminstrator on 11/17/15 at 2:00pm revealed: -The facility staff had never consisted of anyone except family. -Staff C started to work in the home 05/15/15 and was the only new staff hired "in a long, long time... more than ten years". -Staff C had been hired just as "relief staff" and	C 147		

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C 147	Continued From page 6 worked two or three days a week "as needed". -Staff C's responsibilities included housekeeping, laundry, helping with lunch, administering noon medications to one resident, and staying with the residents if the Administrator had an appointment. -The Administrator had known Staff C for a long time. -Staff C was "like family" and did not think about doing a criminal background check. _____ The facility submitted a Plan of Protection on 11/17/15 that included: -A criminal background check will be done today for Staff C. -A criminal background check will be done before hire on all future employees. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 01, 2016.	C 147		
C 375	10A NCAC 13G .1009(a)(1) Pharmaceutical Care 10A NCAC 13G .1009 Pharmaceutical Care (a) The facility shall obtain the services of a licensed pharmacist, prescribing practitioner or registered nurse for the provision of pharmaceutical care at least quarterly for residents or more frequently as determined by the Department, based on the documentation of significant medication problems identified during monitoring visits or other investigations in which the safety of the residents may be at risk. Pharmaceutical care involves the identification, prevention and resolution of medication related problems which includes at least the following: (1) an on-site medication review for each resident which includes at least the following:	C 375		

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C 375	Continued From page 7 (A) the review of information in the resident's record such as diagnoses, history and physical, discharge summary, vital signs, physician's orders, progress notes, laboratory values and medication administration records, including current medication administration records, to determine that medications are administered as prescribed and ensure that any undesired side effects, potential and actual medication reactions or interactions, and medication errors are identified and reported to the appropriate prescribing practitioner; and, (B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and, (C) documenting the results of the medication review in the resident's record; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure drug regimen reviews were completed at least quarterly for 4 of 4 residents.(Resident #1, #2, #3, and #4). The findings are: A. Review of Resident #1's current FL2 dated 10/28/15 revealed: -Diagnoses of bipolar disorder, traumatic brain injury, and back pain. -Orders for 3 routine oral medications that included: Depakote (for bipolar), Citalopram (an antidepressant), and Zyprexa (an antipsychotic). Review of the resident register revealed Resident #1 was admitted to the facility on 03/05/11. Review of Resident #1's record revealed the most	C 375		

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C 375	Continued From page 8 recent drug regimen review was dated 01/24/15 with no recommendations. Interview with Resident #1 on 11/17/15 at 9:25am revealed the resident was alert and oriented and had no problems or concerns with medications. Observations on 11/17/15 at 1:30pm revealed Resident #1's medications were available and matched the Medication Administration Record (MAR). Refer to interview with facility Administrator on 11/17/15 at 2:00pm. B. Review of Resident #2's current FL2 dated 10/02/14 revealed: -Diagnoses of diabetes, high blood pressure, hyperlipidemia, and mental retardation. -Orders for 5 routine oral medications that included: Metformin (for diabetes), Simvastin (for high cholesterol), Aspirin (for stroke prevention), Lisinopril (for high blood pressure), and Diclofenac (for pain). Review of the resident register revealed Resident #2 was admitted to the facility on 11/09/13. Review of Resident #2's record revealed the most recent drug regimen review was dated 01/24/15 with no recommendations. Interview with Resident #2 on 11/17/15 at 9:30am revealed the resident was alert and oriented and had no problems or concerns with medications. Observations on 11/17/15 at 1:35pm revealed Resident #2's medications were available and matched the MAR.	C 375		

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C 375	Continued From page 9 Refer to interview with facility Administrator on 11/17/15 at 2:00pm. C. Review of Resident #3's current FL2 dated 07/07/15 revealed: -Diagnoses of schizophrenia, rhinitis,obesity, depression and hyperlipidemia. -Orders for 6 routine oral medications that included: Geodon (an antipsychotic), Depakote (for behaviors), and Levothyroxine (thyroid product). Review of the resident register revealed Resident #3 was admitted to the facility on 07/16/08. Review of Resident #3's record revealed the most recent drug regimen review was dated 01/24/15 with no recommendations. Interview with Resident #3 on 11/17/15 at 9:40am revealed the resident was alert and oriented and had no problems or concerns with medications. Observations on 11/17/15 at 1:38pm revealed Resident #3's medications were available and matched the MAR. Refer to interview with facility Administrator on 11/17/15 at 2:00pm. D. Review of Resident #4's current FL2 dated 03/15/15 revealed: -Diagnoses of high blood pressure, rhinitis, restless leg syndrome, depression, type II diabetes, pulmonary disorder, obesity, and sleep apnea. -Orders for 9 routine oral medications that included: Citalopram (for depression), Levothyroxine (thyroid product), and Loratadine (for allergies).	C 375		

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C 375	Continued From page 10 Review of the resident register revealed Resident #4 was admitted to the facility on 12/29/11. Review of Resident #4's record revealed the most recent drug regimen review was dated 01/24/15 with no recommendations. Interview with Resident #4 on 11/17/15 at 2:55pm revealed the resident was alert and oriented and had no problems or concerns with medications. Observations on 11/17/15 at 1:45pm revealed Resident #4's medications were available and matched the MAR. Refer to interview with facility Administrator on 11/17/15 at 2:00pm. Interview with the facility Administrator on 11/17/15 at 2:00pm revealed: -The local pharmacy provider would not perform onsite drug reviews because the Administrator would not agree to be responsible for any unpaid pharmacy bills. - The facility did not currently have a Registered Nurse (RN) who could perform the drug reviews. - The facility Administrator was aware quarterly drug reviews were required for all residents. -The nurse (who had done the January drug reviews) had moved and the Administrator had not been able to find anyone else.	C 375		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights 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	C 912		

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C 912	Continued From page 11 relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staffing qualifications. The findings are: A. Based on record review and staff interview the facility failed to assure staff were tested for tuberculosis (TB) disease upon employment in compliance with the control measures adopted by the Commission for Health Services for 1 of 1 newly hired staff (Staff C). [Refer to Tag C140 10A NCAC 13G .0405 (a) Test for Tuberculosis (Type B Violation)]. B. Based on record review and interview the facility failed to obtain a criminal background check for 1 of 1 newly hired staff (Staff C). Refer to Tag 147 10A NCAC 13G 00406(a)(7) Other Staff Qualifications (Type B Violation)].	C 912		
C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health 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	C 934		

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C 934	Continued From page 12 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 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 1 newly hired staff (Staff C) completed infection control training and competency validation for medication administration. The findings are: Review of Staff C's personnel file revealed: -Employment verification from a previous adult care home for May 2015 and a copy of 10 and 5 hours of medication training dated 11/19/14 and 02/13/15, respectively. -A certificate dated 03/04/15 where Staff C had passed the written state approved medication examination. -A copy of a Medication Administration Clinical Skills Evaluation checklist from the previous facility dated 10/09/14. -No current medication administration competency evaluation for was found for Staff C. -No verification of infection control training. Interview with the Adminstrator on 11/17/15 at 2:00pm revealed: -The facility staff had never consisted of anyone	C 934		

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C 934	Continued From page 13 except family. -Staff C started work at the home 05/15/15 and was the only newly staff hired "in a long, long time... more than ten years". -Staff C had been hired just as "relief staff" and worked two or three days a week "as needed". -Staff C seldom gave any medications other than noon medications for one resident. -There were no residents who received routine finger stick blood samples and no residents who received insulin. -Staff C had recently worked at another adult care home as a Medication Aide. -The administrator did not have anyone to evaluate or check Staff C off as competent to pass medications but would try to find someone. Staff C was not available for interview.	C 934		