



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL046021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/10/2015
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NAME OF PROVIDER OR SUPPLIER
STEPHENSON FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**316 EAST RICHARD STREET
AHOSKIE, NC 27910**

(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 Hertford County Department of Social Services conducted an annual survey on 11/10/15.	C 000		
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: Based on record review and staff interview, the facility failed to ensure that 3 of 3 staff (Staff A, B and C) had been tested for TB (tuberculosis disease) in compliance with the control measures adopted by the Commission for Health Services (2-step Tuberculin Skin Test method). The findings are: 1. Review of Staff A's (Personal Care Assistant) employment record revealed: -Date of hire: 4/16/14.	C 140	Information has been recieved that Administrator and all staff has/will recieve the 2-step Tuberculin skin test- Administrator will ensure that Administrator/staff will have TB skin test as required by the state.	12/18/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Milda S. Robertson

TITLE

Administrator

(X8) DATE

11/28/15

STATE FORM

6899

VSVR11

If continuation sheet 1 of 10

acceptor: *Christopher Clark* 12/11/15
Licensure Consultant

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C 140	<p>Continued From page 1</p> <p>-Only a one-step TB skin test had been completed on 3/12/14 with a negative reading. -There was no documentation of a second TB skin test.</p> <p>Staff A was unavailable for interview. Refer to interview with Administrator-In-Charge (AIC) on 11/10/15 at 3:15pm.</p> <p>2. Review of Staff B's (Administrator/Medication Aide) employment record revealed: -Date of hire: 6/1/2009. -Only a one-step TB skin test had been completed on 5/29/09 with a negative reading. -There was no documentation of a second TB skin test.</p> <p>3. Review of Staff C's (Medication Aide) employment record revealed: -Date of hire: 7/1/14. -Only a one-step TB skin test had been completed on 8/28/14 with a negative reading. -There was no documentation of a second TB skin test.</p> <p>Staff C was unavailable for interview. Refer to interview with Administrator-In-Charge (AIC) on 11/10/15 at 3:15pm.</p> <p>Interview with Administrator in Charge (Staff B) on 11/10/15 at 3:30pm revealed: -She was unaware of the rule requiring a 2nd TB skin test and screening for all applicants for employment in a family care home. -She would immediately make an appointment for a TB skin test and screening for Staff A, B and C. -Staff C worked only as needed once per month. -She hired Staff C a few weeks before Staff C actually came to work at the facility. -She was aware of the TB testing requirement</p>	C 140		

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C 140	Continued From page 2 upon hire.	C 140		
C 367	<p>10A NCAC 13G .1008(a) Controlled Substances</p> <p>10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and review of records, the facility failed to ensure accurate control logs were available for review for 2 controlled medications (Ativan and Sonata) for 1 of 3 sampled residents (Resident #2).</p> <p>The findings are:</p> <p>Review of Resident #2 current FL-2 dated 4/19/15 revealed: -Diagnosis of schizophrenia and mild intellectual disability. -Resident had a prn order for Ativan 1mg (a controlled substance used for agitation) and a prn order for Sonata 10mg (a controlled substance used for sleep).</p> <p>Based on observation of medications on 11/10/15 at 2:45pm revealed: -The facility had 17 Ativan tablets and 2 Sonata capsules on hand for Resident #2. -There was a folded pharmacy-issued control log attached by a rubber band to the medication card for Ativan and Sonata for the facility's tracking of medication administration.</p>	C 367	<p>A controlled substance log was started on 11/10/15 the day of the survey. A controlled substance log will continue to be maintained daily by the Administrator. All medications will be counted upon admission to the facility and documented at each administration.</p>	11/10/15

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C 367	<p>Continued From page 3</p> <p>Review of the November control log revealed: -There were no written entries for Resident #2's 7 Ativan administrations for the month of November 2015. -There were no written entries for Resident #2's 5 Sonata administrations for the month of November 2015. -The control logs were blank. -The pharmacy's printed label identifying each Ativan and Sonata medication was on the control log sheets.</p> <p>Review of the Resident #2's Medication Administration Record for November 2015 revealed: -7 Ativan tablet administrations had been administered. -5 Sonata capsule administrations had been administered .</p> <p>Review of Resident #2's Medication Administration Record (MAR) for September 2015, October 2015 and November 2015 revealed: -There were administration entries by Staff B and Staff C for both Ativan and Sonata administered to Resident #2. -Administrations of Ativan and Sonata were initialed on Resident #2's MAR by the medication aides for the months of September, October and November 2015.</p> <p>Interview with the Administrator on 11/10/15 at 3:45pm revealed: -Resident #2 arrived with an Ativan supply to the facility on 5/19/2015. -The number of Resident #2's Ativan tablets was not counted upon his entry to the facility. -She could not verify the number of Ativan tablets</p>	C 367		

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C 367	<p>Continued From page 4</p> <p>that Resident #2 brought to the facility.</p> <ul style="list-style-type: none"> -All medication administrations were written on the MAR only. -The control logs were never used. -She acknowledged receipt of the control logs with each medication shipment. -She did not maintain a log book for the controlled medication log sheets from the pharmacy. -She saw the log sheets attached to the Ativan and Sonata medications as provided by the pharmacy but did not fill them out. -She did not know it was a requirement that they be filled out. -She did not know how to fill them out. -She was unaware of the rule requiring facilities maintain and provide controlled medication log sheets. -She was going to ensure that all staff fill out the control log for each medication immediately. -She discarded the previous control log sheets each time when a new shipment of medication arrived. -She was unaware of the requirement to reconcile the medications when received upon delivery and administration. <p>Interview with the facility's contract pharmacist on 11/10/15 at 2:45pm revealed:</p> <ul style="list-style-type: none"> -The control logs are sent with each control medication dispensed. -Resident #2 had current orders for Ativan 1mg and Sonata 10mg. -Resident #2 had been on Ativan 1mg since 2011. -Resident #2 had been prescribed Sonata 10mg since his admission to the family care home on 5/19/15. -The pharmacy had dispensed 120 Sonata 10mg capsules since 5/19/15. -Resident #2 was dispensed Ativan prior to his admission to the current facility. 	C 367		

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C 367	<p>Continued From page 5</p> <p>-Resident #2 had been issued Ativan while at his previous facility. -The pharamcist could not verify how many Ativan tablets Resident #2 would have had prior to his transfer to this facility.</p> <p>Further review of Resident #2's MARs since Resident #2's admission to the facility on 5/19/15 revealed that 118 Sonata capsules had been administered with 2 capsules remaining which matched the count on hand at the facility.</p> <p>Based on observation and interview, the facility did not document receipt of Ativan brought to the facility upon admission, therefore unable to determine count.</p>	C 367		
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 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>	C 934	<p><i>The Administrator and each staff hired at the facility will have the mandatory annual in-service training on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring.</i></p>	<p><i>12/18/15</i></p>

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C 934	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on personnel record and interview, the facility failed to assure 2 of 3 staff sampled (Staff B, Administrator/Medication Aide; and Staff C, Medication Aide) completed the mandatory annual infection control course.</p> <p>The findings are:</p> <p>1. Review of Staff B's (Administrator/Medication Aide) employment record revealed: -Date of hire: 6/1/2009. -There was no documentation of completion of the mandatory annual infection control course.</p> <p>Refer to interview with Administrator-In-Charge (AIC) on 11/10/15 at 3:15pm.</p> <p>2. Review of Staff C's (Medication Aide) employment record revealed: -Date of hire: 7/1/14. -There was no documentation of completion of the mandatory annual infection control course. -Staff C was unavailable for interview.</p> <p>Refer to interview with Administrator-In-Charge (AIC) on 11/10/15 at 3:15pm.</p> <p>Interview with the Administrator in Charge on 11/10/15 at 3:15pm revealed: -She was unaware of the state infection control course completion and course certificate requirement. -She had infection control training provided by the facility's pharmacy in the past. -She did not have the infection control certifications in her staff charts as taught by the state infection control course.</p>	C 934	<p>The Administrator will ensure that each staff and the Administrator will have these trainings and that trainings will be maintained Annually.</p>	12/18/15

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C 934	Continued From page 7 -She would immediately make an appointment with their nurse to to teach and certify her staff in order to complete the mandatory infection control certification requirement.	C 934		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (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	C992		

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C992	<p>Continued From page 8</p> <p>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 interview and record review, the facility failed to assure an examination and screening for the presence of controlled substances was performed prior to employment for 2 of 3 employees (Staff A and C) hired after 10/1/13.</p> <p>The findings are:</p> <p>1. Review of Staff A's employment record revealed: -Date of hire: 4/16/14. -Staff A's position title was a Personal Care Aide. -No documentation of completion of controlled substance examination and screening.</p> <p>Refer to interview with Administrator-In-Charge (AIC) on 11/10/15 at 3:15pm.</p> <p>Review of Staff C's employment record revealed: -Date of hire: 7/1/14. -Staff C's position title was Medication Aide. -No documentation of completion of controlled substance examination and screening.</p> <p>Refer to interview with Administrator-In-Charge (AIC) on 11/10/15 at 3:15pm.</p> <p>Interview with the Administrator in Charge on 11/10/15 at 3:15pm revealed: -She was unaware of the rule requiring controlled substance exam and screening for all applicants for employment in a family care home hired after</p>	C992		

Date: November 28, 2015

To: North Carolina Department of

Health and Human Services

From: Gilda Robertson

Stephenson Family Care Home

316 East Richard Street

Ahoskie, NC 27910

Enclosed you will find the plan of correction for the deficiencies from the survey conducted on November 10th 2015 at Stephenson Family Care Home located in Hertford County.

1. Information has been received that the Administrator and all staff has/will receive the 2-step Tuberculin skin test. The Administrator will ensure that all staff hired will have the T.B. skin test as require by the state upon employment.
2. A controlled substance log was started on 11/10/2015 the day of the survey. A control substance log will continue to be maintained daily by the Administrator. All medications will be counted upon admission to the facility and documented at each administration. The Administrator will ensure that the controlled substance log is maintained and monitored daily.
3. The Administrator and each staff hired at the facility will have the mandatory annual in-service training for infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and for glucose monitoring. The Administrator will ensure that each staff and the Administrator will have these trainings and that the trainings will be maintained annually
4. All staff considered for employment at the facility will take the mandatory drug test required by the state. The staff have not had a drug test, any staff that has not had a drug screening will not work/perform any duties at the facility until the test has been taken and a satisfactory outcome has been received. The administrator will ensure that this rule continues to be met for all new employees and monitored upon hiring of a new employee.

If any further information is needed my contact information is 252-523-8142 or 252-370-8666. Thank you.

Gilda S. Robertson


Administrator