

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL096038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/22/2015
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NAME OF PROVIDER OR SUPPLIER MORNING GLORY FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 112 SOUTH CHURCH STREET EUREKA, NC 27830
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C 000	Initial Comments The Adult Care Licensure Section conducted an Annual survey on 12/22/15.	C 000		
C 153	10A NCAC 13G .0501 (a) Personal Care Training And Competency 10A NCAC 13G .0501 Personal Care Training And Competency (a) The facility shall assure that personal care staff and those who directly supervise them in facilities without heavy care residents successfully complete a 25-hour training program, including competency evaluation, approved by the Department according to Rule .0502 of this Section. For the purposes of this Subchapter, heavy care residents are those for whom the facility is providing personal care tasks listed in Paragraph (i) of this Rule. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. This Rule is not met as evidenced by: Based on observations, record review, and interview, the facility failed to assure the 25-hour personal care training and competency evaluation program was completed within six months of hire for 3 of 3 staff sampled (Staff A, B and C). The findings are: 1. <u>Review</u> of the personnel record for Staff C revealed: -Staff C was hired on 12/21/2007 as a Medication Aide. -Staff C had completed the <u>Administrator</u> Certification on 9/13/2008.	C 153	The facility will have all staff trained in the 25 hour personal care training and competency evaluation Prior to hired all staff will be trained 2/10/2016	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joyce Applewhite TITLE: Licenses (X6) DATE: 1/29/16

STATE FORM FVYY11 If continuation sheet 1 of 10

Reviewed and accepted 8m 3/2/2016

Division of Health Service Regulation

PRINTED: 01/11/2016
FORM APPROVED

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C 153 Continued From page 1

- Staff C was not listed on the Health Care Personnel Registry.
- There was documentation of passing the state medication administration test on 5/14/2008.
- There was no documentation of completing the personal care training and competency evaluation program.

Interview with Staff C on 12/22/2015 at 1:30 pm revealed:

- She had never been a certified nursing assistant.
- She had gone to school to be a Medical Office Assistant.

Refer to the interview with the Licensee/Medication Aide/Supervisor-In-Charge (SIC) on 12/22/2015 at 1:35 pm.

2. Review of the Personnel Record for Staff A, Licensee/Supervisor-In-Charge (SIC) revealed:

- Staff A, started with ownership of the facility in 2007.
- She was a SIC and a medication aide.
- There was no documentation of 25 hour personal care training in the record.

Interview on 12/22/2015 at 10:10 am with the Licensee/SIC revealed:

- Most of the residents in the facility were independent.
- One resident required oxygen 24 hours a day.
- Two residents had walkers and required assistance with them such as walking along side and assisting to ensure falls did not occur.
- Some residents required assistance with dressing, bathing, toileting and eating.
- Staff A had personal care training when she worked at another facility from 2000 - 2007, but did not have a certificate for the training.

C 153

In the 25 hours personal care training and the competency Evaluation.

2/10/2016

This will be monitored By the Licensee. 2/10/2016

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NAME OF PROVIDER OR SUPPLIER
MORNING GLORY FAMILY CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**112 SOUTH CHURCH STREET
EUREKA, NC 27830**

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C 153	<p>Continued From page 2</p> <p>Observation on 12/22/2015 at 12:50 pm of Staff A and a resident revealed:</p> <ul style="list-style-type: none"> -The resident was sitting in a chair in the living room with a walker next to the chair. -Residents were called to lunch and the resident started to rise up out of the chair. -Staff A assisted the resident to rise from the chair by holding her arm and the walker. -Staff A assisted the resident by standing by to the dining room. <p>Refer to the interview with the Licensee/Medication Aide/SIC on 12/22/2015 at 1:35 pm.</p> <p>3. Review of the Personnel Record for Staff B revealed:</p> <ul style="list-style-type: none"> -There was no hire date listed for Staff B. -Staff B was hired as a housekeeper, and was listed as hired as a Supervisor-In-Charge (SIC). -There was no documentation of medication administration qualifications. -There was no documentation of personal care training. <p>Interview on 12/22/2015 at 10:10 am with the Licensee/SIC revealed</p> <ul style="list-style-type: none"> -Staff B was a housekeeper and did general help in the facility including cooking assistance. -Staff B's job did not include personal care assistance. -She worked mostly with other staff present in the facility but did fill-in for staff when they were out for periods during a shift. <p>Observation on 12/22/2015 at 12:35 pm revealed Staff B walked along with a resident and assisted the resident into the bathroom.</p> <p>Interview on 12/22/2015 at 2:50 pm with Staff B</p>	C 153		

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C 153	Continued From page 3 revealed: -She cleaned the facility, did laundry and helped residents as needed such as with assistance to the bathroom and toileting. -She did not administer medications. Refer to the interview with the Licensee/Medication Aide/SIC on 12/22/2015 at 1:35 pm. Interview with the Licensee/Medication Aide/SIC on 12/22/2015 at 1:35 pm revealed: -She and Staff C were the only Medication Aides. -Staff C worked on the weekends. -She had worked there since the year 2000 and was trained by the previous staff. -The current staff had not completed any personal care training and competency. -She was not aware that personal care training and competency was required.	C 153			
C 270	10A NCAC 13G .0904 (c-7) Nutrition And Food Service 10A NCAC 13G .0904 Nutrition And Food Service Menus in Family Care Homes: (7) The facility shall have a matching therapeutic diet menu for all physician-ordered therapeutic diets for guidance of food service staff. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have a matching therapeutic diet menu for 2 of 3 sampled residents (#1 and #2) with diet orders for a no added salt (NAS)/ no concentrated sweets (NCS) diets and NCS/Low Fat and Low Cholesterol	C 270			

The facility has contacted the residents physician to classify all of the residents diets.

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C 270	<p>Continued From page 4</p> <p>diets. The findings are:</p> <p>There was no posted facility diet list in the kitchen.</p> <p>Review of facility weekly cycle 1 menu revealed: -The only diet menu available was Spring/Summer 2015. -There was no diet listed for no concentrated sweets. -There were no combination diets listed for no concentrated sweets/no added salt diet or no concentrated sweets/low fat and low cholesterol diets.</p> <p>Review of the facility weekly cycle 2 menu revealed: -There was a menu dated 12/22/2015. -The menu did not list individual diets. -The residents were to be served baked glazed ham, sweet potato casserole, greens, fruit crisp, corn bread and a beverage.</p> <p>1. Review of Resident #1's current FL-2 dated 11/13/2015 revealed: -The resident's diagnoses included schizoaffective disorder, diabetes type 2 and tremor. -A physician's order for low fat, low cholesterol, no concentrated sweets diet.</p> <p>Observation on 12/22/2015 at 12:13 pm revealed: -The Licensee/Supervisor-In-charge (SIC) gave Resident #1 milk and 4 cream filled cookies for snack.</p> <p>Interview on 12/22/2015 at 12:15 pm with Resident #1 revealed: -The resident was a diabetic. -The resident was not supposed to have foods</p>	C 270	<p>All Diets were Classify and posted in the residents Charts and a copy were posted in the Kitchen for viewing. 2/4/2016</p> <p>This will be monitor By the licensee. 2/4/2016</p> <p>Facility food service company has been contacted and new menu (Fall/Winter) Recieved.</p> <p>They have been posted. The licensee will monitor the MENU</p>	

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C 270	<p>Continued From page 5</p> <p>with sugar in them and thought she was to have decreased fat in the milk.</p> <p>-She thought she usually got 2% milk.</p> <p>-She was not aware the milk received was whole milk.</p> <p>-She asked if the cookies had sugar in them.</p> <p>-The resident thought she usually received snacks three times per day that contained snacks that were not sugar-free and other things like chips and fresh fruit.</p> <p>Review of the package for the cream filled cookies revealed they were made with sugar.</p> <p>Interview on 12/22/2015 at 1:00 pm with the Licensee/SIC revealed:</p> <p>-The milk served to Resident #1 was whole milk.</p> <p>-She had served from a food storage area and the milk there was whole milk.</p> <p>-The resident usually got 2% milk from the kitchen.</p> <p>-The cookies served to Resident #1 were not sugar-free.</p> <p>Observation of the lunch meal on 12/22/2015 from 2:45 pm to 3:10 pm revealed the following:</p> <p>-Resident #1 was served a 6 oz cup of water, 12 oz cup of tea with sugar substitute, ½ cup of turnip greens, ½ cup of baked potato, ½ cup of peach cobbler and 4 oz of baked ham.</p> <p>-The resident had consumed all food, all water and ½ of the tea.</p> <p>It could not be determined if Resident #1 was served the appropriate diet because there was no matching menu available for staff guidance.</p> <p>Refer to interview with the Licensee/Supervisor-In-Charge (SIC) on 12/22/2015 at 1:35 pm.</p>	C 270	and change out as needed.	2/4/2016

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C 270	<p>Continued From page 6</p> <p>2. Review of Resident #2's current FL-2 dated 11/26/2015 revealed: -The resident's diagnoses included stroke, obesity, hyperuricemia and benign essential. -A physician's order for NAS and NCS diets.</p> <p>Review of the Resident Register revealed the resident was admitted on 12/15/2011.</p> <p>Observation of the lunch meal on 12/22/2015 from 2:45 pm to 3:15 pm revealed the following: -Resident #2 was served a 6 oz cup of water, 12 oz cup of tea with sugar substitute, ½ cup of turnip greens, ½ cup of baked potato, ½ cup of peach cobbler and 4 oz of baked ham. -The resident had consumed all food and beverages.</p> <p>Interview with Resident #2 on 12/22/2015 at 3:15 pm revealed he enjoyed his meal and was unable to answer any specific questions due to diagnoses.</p> <p>It could not be determined if Resident #2 was served the appropriate diet because there was no matching menu available for staff guidance.</p> <p>Refer to interview with the Licensee/Supervisor-In-Charge on 12/22/2015 at 1:35 pm.</p> <p>Interview with the Licensee/Supervisor-In-Charge (SIC) on 12/22/2015 at 1:35 pm revealed: -Breakfast was served at 10:00 am, lunch at 2:00 pm and dinner 6:00 pm. -Snacks are served at 12:00 pm, 4:00 pm and at bedtime. -The residents would ask for food or drink if they wanted something outside of snack and meal times.</p>	C 270		

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C 270	Continued From page 7 -There was no posted diet list. -She had not made a diet list. -She was responsible for cooking all the meals. -She could not find the diet list menu for Fall/Winter 2015. -She followed the weekly cycle menus without the diet list. -She may have taken the diet menu home to do the grocery shopping. -She served all the residents' tea with sugar substitute. -She only used a "little bit" of salt. -She had regular fruit cobbler as dessert for lunch.	C 270		
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 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	C 934		

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C 934	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure the state mandatory, annual in-service training program for adult care home medication aides on infection control had been completed for 2 of 2 medication aides (Staff A and C) . The findings are:</p> <p>1. Review of the staff record for Staff C revealed: -Staff C was hired on 12/21/2007 as a Medication Aide. -Staff C had completed the Administrator Certification on 9/13/2008. -There was documentation of passing the state medication administration test on 5/14/2008. -There was no documentation of completing the state mandatory annual infection prevention training.</p> <p>Interview with Staff C on 12/22/2015 at 1:30 pm revealed she was a Medical Office Assistant and was not aware of further training's required to work in the facility.</p> <p>Refer to interview on 12/22/2015 at 10:10 am with Staff A, Licensee/Supervisor-In-Charge (SIC).</p> <p>Refer to interview with the Licensee/Supervisor-In-Charge (SIC)/Medication Aide on 12/22/2015 at 1:25 pm.</p> <p>2. Review of the Staff Record for Staff A, Licensee /Supervisor-In-Charge (SIC) revealed: -Staff A, started with ownership of the facility in 2007. -She was a supervisor-in-charge (SIC) and a medication aide. -Staff a had passed the written medication administration test on 5/03/2002. -Staff A had a clinical skill competency validation</p>	C 934	<p>All staff has been trained on Infection Control prevention Training.</p> <p>Licensee will assure that all staff is trained annually.</p>	<p>2/29/16</p> <p>2/29/16</p>
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C 934	<p>Continued From page 9</p> <p>4/09/2001.</p> <p>-There was no documentation of the mandatory annual infection prevention training in the record.</p> <p>Review of Resident #1's medication administration record for November 2015 and December 2015 revealed Resident #1 had fingerstick blood sugar (FSBS) checks by Staff A two times per week for both months.</p> <p>Refer to interview on 12/22/2015 at 10:10 am with Staff A, Licensee/SIC.</p> <p>Refer to interview with the Licensee/Supervisor-In-Charge (SIC)/Medication Aide on 12/22/2015 at 1:25 pm.</p> <p>Interview on 12/22/2015 at 10:10 am with Staff A, Licensee/SIC revealed:</p> <ul style="list-style-type: none"> -Staff A was an SIC and passed medications since working in the facility. -She ensured the FSBS checks were completed as she worked the first shift. -Two facility residents required fingerstick blood sugar checks. -There was no insulin administration at this time. <p>Interview with the Licensee/Supervisor-In-Charge (SIC)/Medication Aide of the Family Care Home on 12/22/2015 at 1:25 pm revealed:</p> <ul style="list-style-type: none"> -She was not aware the mandatory annual infection control prevention training was required. -She had not completed the infection control prevention training. -Staff C had not completed the infection control prevention training. -Staff C worked on the weekends as a Medication Aide. 	C 934		