

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/28/2016
NAME OF PROVIDER OR SUPPLIER D & H FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 YARBOROUGH ROAD MILTON, NC 27305		
(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 Caswell County Department of Social Services conducted an annual and follow-up survey on November 28, 2016.	C 000		
C 074	10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the walls, ceiling, cabinets and baseboards in the bathrooms were cleaned and repaired and the carpet in the living was repaired. The findings are: Observation of bathroom #2, which was located next to the pantry, on 11/28/16 at 11:35 a.m. revealed: -The plaster was cracked between the shower stall and the wall next to the shower. -There was a large space between the wooden cabinet doors, which was under the sink. The doors did not close together completely. Observation on 11/28/16 at 11:40 revealed: -There was an area in the living room with one missing thread of carpet, which was four feet long, near the couch across from the dining room. -There were two areas with missing threads of carpet, which was three feet long, at the entrance	C 074		

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

TITLE

(X6) DATE

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C 074	<p>Continued From page 1</p> <p>door of 1 of 3 resident rooms.</p> <p>Observation of bathroom #1, which was located next to the staff's room, on 11/28/16 at 11:50 a.m. revealed:</p> <ul style="list-style-type: none"> -One fourth of the ceiling near the entrance door had black and brown stains. -A large area of plaster on the ceiling, which was above the shower head, had peeled off. -The light fixture cover on the ceiling had a spider web around it. -There were two small holes on the wall above the sink. Each hole was less than the size of a dime. -Three of four baseboards had brown stains and dust. <p>Interview with a on 11/28/16 at 5:15 p.m. revealed:</p> <ul style="list-style-type: none"> -Staff cleaned the walls and baseboards in the bathroom daily. -The resident had not noticed a problem with the ceilings in the bathroom. -Staff had a strip over the missing threads of carpet, but the strip was removed because it was a trip hazard. <p>Interview with the Administrator on 11/28/16 at 4:30 p.m. revealed:</p> <ul style="list-style-type: none"> -She was aware of the stains on the ceiling in bathroom #1. -She sprayed a "chemical" on the ceiling to try to blend the color with the rest of the ceiling. -The stains on the ceiling was not mildewed. <p>Interview with the Administrator on 11/28/16 at 5:17 p.m. revealed:</p> <ul style="list-style-type: none"> -Staff cleaned the bathroom daily. -Her expectation was for staff to keep the bathrooms cleaned. 	C 074			

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C 074	Continued From page 2 -Staff cleaned the bathroom every morning. -Staff had not had a chance to clean the bathrooms the morning of 11/28/16. -Staff checked and removed spider webs weekly as needed. -She monitored the cleanliness of the bathrooms weekly. -The week of 11/20-11/26/16 someone had came to repair the ceiling in bathroom #1, but they had not repaired it. She did not show any documentation to verify someone had worked on the ceiling. -She would get the baseboards and ceiling repaired. -She had been working on getting strips to cover the missing threads of carpet over one month ago. -She had to get more strips to cover the areas of missing threads on the carpet in the living room and the resident's room.	C 074			
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	C 140			

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C 140	<p>Continued From page 3</p> <p>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 observations, interviews and record reviews, the facility failed to assure 1 of 3 Staff (C) had documentation in compliance with control measures using the 2 Step test for the tuberculosis (TB) skin test.</p> <p>The findings are:</p> <p>Review of Staff C's, Supervisor-in-Charge (SIC), personnel file revealed: -She was hired to work as a SIC on 5/26/13. -A TB skin test had been placed on 4/8/14 and read as negative on 4/10/14. -There was no documentation of any other TB skin tests.</p> <p>Interview with the Administrator on 11/28/16 at 5:17 p.m. revealed: -Staff are required to have a step 1 TB test completed before they started working at the facility. -The second step TB test was completed 2 weeks after the first step was completed. -Staff C had the step 1 TB test completed April 2013. -The TB skin test completed on 4/10/14 was "probably" her second step. -The Administrator was aware documentation of a TB test was missing from Staff C's personnel file, because Staff C had taken a documentation of a TB test out of the file the morning of 11/28/16 and would return it on 12/2/16. -The Administrator and an SIC checked staff personnel files every 3 to 4 months.</p>	C 140			

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C 140	Continued From page 4 Staff C was not available for interview.	C 140		
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 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: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to assure 1 of 3 Staff (C) had documentation of a Health Care Personnel Registry (HCPR) check completed upon hired. The findings are: Review of Staff C's, Supervisor-in-Charge (SIC), personnel file revealed: -She was hired to work as a SIC on 5/26/13. -There was no documentation of a HCPR check in the file. Interview with a resident on 11/28/16 at 5:15 p.m. revealed Staff C was nice to her at the facility. Interview with the Administrator on 11/28/16 at 5:17 p.m. revealed: -An HCPR check was completed on staff before they start working at the facility. -A HCPR check was completed on Staff C three to four days after she was hired to work at the	C 145		

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C 145	Continued From page 5 facility. -She thought there was documentation of Staff C's HCPR check in her personnel file. -Apparently, Staff C had taken the documentation of HCPR out of her personnel file without her approval. -The Administrator and an SIC checked staff personnel files every 3 to 4 months. -She last checked staff personnel files one to one and a half months ago and there was documentation of Staff C's HCPR check. Staff C was not available for interview. The facility submitted a Plan of Protection dated 11/28/16, as follows: -Immediately, the Administrator would get documentation of the Health Care Personnel Registry (HCPR) check and place it into Staff C's personnel file. -If the original HCPR check was not returned back to the facility by Staff C on 12/2/16, the Administrator would get Staff C's HCPR check redone. -The Administrator would check staff personnel files once monthly to make sure there was documentation of the HCPR check. -The Administrator would not allow staff to take personnel information out of the file. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 12, 2017	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	C 147		

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C 147	<p>Continued From page 6</p> <p>shall:</p> <p>(7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40;</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interview and record reviews, the facility failed to provide documentation of the criminal background check for 1 of 3 Staff (C).</p> <p>The findings are:</p> <p>Review of Staff C's, Supervisor-in-Charge (SIC), personnel file revealed:</p> <ul style="list-style-type: none"> -She was hired to work as a SIC on 5/26/13. -There was no documentation of a criminal background check in the file. <p>Interview with the Administrator on 11/28/16 at 5:17 p.m. revealed:</p> <ul style="list-style-type: none"> -A criminal background check was completed on staff before they start working at the facility. -A criminal background check was completed on Staff C before she started working at the facility. -The Administrator was aware Staff C's criminal background check was not in the personnel file, because Staff C had taken the criminal background check out of the file the morning of 11/28/16 and would return it on 12/2/16. -The Administrator and an SIC checked staff personnel files every 3 to 4 months. <p>Staff C was not available for interview.</p> <p>_____</p> <p>The facility submitted a Plan of Protection dated 11/28/16, as follows:</p> <ul style="list-style-type: none"> -Immediately, the Administrator would get 	C 147			

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C 147	Continued From page 7 documentation of Staff C's criminal background check and place it into the staff's personnel file. -If the original criminal background check was not returned back to the facility by Staff C on 12/2/16, the Administrator would get Staff C's criminal background check redone. -The Administrator would check staff personnel files once monthly to make sure there was documentation of the criminal background check. -The Administrator would not allow staff to take personnel information out of the file. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JANUARY 12, 2017	C 147		
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 relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to staff receiving Health Care Personnel Registry checks and criminal background checks upon hired. The findings are: 1. Based on observations, interviews and record	C 912		

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C 912	Continued From page 8 reviews, the facility failed to assure 1 of 3 Staff (C) had documentation of a Health Care Personnel Registry (HCPR) check completed upon hired. [Refer to Tag D145, 10A NCAC 13G .0406 (a)(5). (Type B Violation)] 2. Based on observations, interview and record reviews, the facility failed to provide documentation of the criminal background check for 1 of 3 Staff (C). [Refer to Tag D147, 10A NCAC 13G .0406 (a)(7). (Type B Violation)]	C 912			