| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | FCL061008 | A. BUILDING: _____ B. WING _____ | R 06/01/2017 |

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| B & L FAMILY CARE HOME | 842 CANE CREEK ROAD BAKERSVILLE, NC 28705 |

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| C 000 | Initial Comments<br><br>The Adult Care Licensure Section and the Mitchell County Department of Social Services conducted an annual and follow-up survey on June 1, 2017. | C 000 | | |
| C 074 | 10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings<br><br>10A NCAC 13G .0315 Housekeeping And Furnishings<br>(a) Each family care home shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>This Rule shall apply to new and existing homes.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews, the facility failed to assure the middle bathroom floor and ceiling were kept in good repair.<br><br>The findings are:<br><br>Interview with the Administrator on 6/1/17 at 9:15am revealed:<br>-There were three residents currently living in the facility.<br>-One resident was out of the facility and would not return until late in the afternoon.<br><br>Observation on 6/1/17 from 9:30am to 9:40am during the initial tour of the facility revealed:<br>-There were two bathrooms for the residents in the facility, one connected to bedroom #4 and one in the middle of the resident bedroom hallway.<br>-The middle bathroom floor was 12 inch by 12 inch, linoleum tiles squares.<br>-Two of the squares had 3 inch by one quarter | C 074 | | |

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| C 074 | Continued From page 1 | C 074 | | |

inch tears. The edges of the tears were peeled-up and chipped.
-There were one-eighth to one-half inch gaps between the tiles in the area in front of the commode.
-The peeled, chipped and gaps in the tile floor was a potential trip hazard.
-The paint and sheet rock tape on the ceiling throughout the middle bathroom was peeling, cracked and pulling away from the ceiling.

Interviews with two residents revealed:
-Neither resident had noticed the damage to the floor or ceiling in the middle bathroom.
-"I'm half asleep when I'm in there."
-Neither resident had any safety concerns.
-Neither resident had tripped or been cut by the tile floor.

Review of the current local health department facility inspection report dated 1/11/17 revealed:
-One demerit was documented in section 12, walls and ceiling.
-"Ceiling in middle bathroom to be in good repair" was documented under the comments section.

Interview with the Supervisor-in-Charge (SIC) on 6/1/17 at 10:15am revealed:
-He intended to begin repair to the middle bathroom floor and ceiling "next week".
-He had been remodeling the other resident bathroom because of a leak in a water line.
-He had painted the ceiling about two years ago.

Interview with the Administrator on 6/1/17 at 9:55am revealed:
-One resident took "long, steamy showers".
-Sometimes "you can't see in there (the bathroom) because it is so steamy".
-They had repainted the ceiling three times.

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| C 074 | Continued From page 2<br>-They had been remodeling the bathroom connected to resident room #4 and intended to begin repairs to the middle bathroom "this month" (June).<br>-They were going to have to replace the subflooring in front of the commode because a plastic bag had been flushed down the commode, clogged the pipe and caused the commode to overflow.<br>-The facility had two bathrooms for the residents. They could only remodel one bathroom at a time. | C 074 | | |
| C 202 | 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination<br><br>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination<br>(a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the 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, North Carolina 27699-1902.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to assure 1 of 3 sampled residents (Resident #2) was tested for tuberculosis (TB) upon admission in compliance with the control measures adopted by the Commission for Health Services.<br><br>The findings are:<br><br>Review of Resident #2's current FL-2 dated | C 202 | | |

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| C 202 | Continued From page 3<br>7/11/16 revealed diagnoses that included schizophrenia disorder, major depression and hyperlipidemia.<br><br>Review of the Resident Register revealed Resident #2 was admitted to the facility on 7/16/08.<br><br>Review of Resident #2's record revealed:<br>-Resident #1 had a TB skin test administered on 7/16/08 and read on 7/18/08 as negative.<br>-There was no documentation of a second TB skin test administered to Resident #2 in the record.<br><br>Interview with the Administrator on 6/1/17 at 11:50am revealed:<br>-She was responsible for ensuring TB tests were completed on all the resident's.<br>-Resident #2 had both step 1 and step 2 TB tests completed at a hospital prior to his admission to the facility.<br>-She stated there was documentation of the second TB test in his record because it was "reviewed at the last annual survey".<br>-She was not sure what happened to the documentation of the second TB test. "When (resident) records get spread out they don't always get put back in proper order."<br>-She generally audited the records on an annual basis.<br>-She would schedule an appointment for Resident #2 to have a two-step TB skin test administered if she could not locate the previous documentation. | C 202 | | |
| C 375 | 10A NCAC 13G .1009(a)(1) Pharmaceutical Care<br><br>10A NCAC 13G .1009 Pharmaceutical Care | C 375 | | |

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| C 375 | Continued From page 4<br>(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:<br>(1) an on-site medication review for each resident which includes at least the following:<br>(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,<br>(B) making recommendations for change, if necessary, based on desired medication outcomes and ensuring that the appropriate prescribing practitioner is so informed; and,<br>(C) documenting the results of the medication review in the resident's record;<br><br>This Rule is not met as evidenced by:<br>Tag 375 Pharmacy Reviews<br><br>Based on record reviews and interviews, the facility failed to assure pharmaceutical reviews were completed at least quarterly for 3 of 3 | C 375 | | |

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| C 375 | Continued From page 5 | C 375 | | |

sampled residents (Resident #1, #2 and #3).

The findings are:

Interview with the Administrator on 6/1/17 at 9:15am revealed:
-There were three residents currently living in the facility.
-One resident was out of the facility and would not return until late in the afternoon.

A. Review of Resident #1's current FL2 dated 9/13/16 revealed diagnoses that included allergic rhinitis, hypertension, diabetes mellitus, chronic obstructive pulmonary disorder and major depressive disorder.

Review of the Resident Register revealed Resident #1 was admitted to the facility on 12/29/11.

Review of Resident #1's record revealed:
-The most current medication review was completed on 11/4/16 and signed by a Registered Nurse (RN).
-"None" was documented under the recommendations for changes in drug regimen section.

Observations on 6/1/17 revealed Resident #1's medications matched the current orders, were available and matched the Medication Administration Record (MAR).

Refer to interview with the Administrator on 6/1/17 at 11:50am.

B. Review of Resident #2's current FL-2 dated 7/11/16 revealed diagnoses that included schizophrenia disorder, major depression and

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| C 375 | Continued From page 6<br>hyperlipidemia.<br><br>Review of the Resident Register revealed Resident #2 was admitted to the facility on 7/16/08.<br><br>Review of Resident #2's record revealed:<br>-The most current medication review was completed on 11/4/16 and signed by a RN.<br>-"None" was documented under the recommendations for changes in drug regimen section.<br><br>Observations on 6/1/17 revealed Resident #2's medications matched the current orders, were available and matched the MAR.<br><br>Refer to interview with the Administrator on 6/1/17 at 11:50am.<br><br>C. Review of Resident #3's current FL-2 dated 11/7/16 revealed diagnoses that included hyperlipidemia, diabetes, hypertension and mental retardation.<br><br>Review of the Resident Register revealed Resident #3 was admitted to the facility on 11/1/13.<br><br>Review of Resident #3's record revealed:<br>-The most current medication review was completed on 11/4/16 and signed by a RN.<br>-"None" was documented under the recommendations for changes in drug regimen section.<br><br>Observations on 6/1/17 revealed Resident #3's medications matched the current orders, were available and matched the MAR. | C 375 | | |

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| C 375 | Continued From page 7<br>Refer to interview with the Administrator on 6/1/17 at 11:50am.<br>_____<br>Interview with the Administrator on 6/1/17 at 11:50am revealed:<br>-She was responsible for ensuring the medication reviews were completed on all the resident's.<br>-She was aware the medication reviews were supposed to be performed quarterly.<br>-She had been having difficulties getting the RN to come to the facility on a quarterly basis.<br>-She had attempted to contact the RN last week and spoke with the RN's family member about getting in contact with the facility. The family member had indicated the RN had been busy.<br>-She would "have to find someone new". | C 375 | | |
| C 934 | G.S.131D-4.5B (a) ACH Infection Prevention Requirements<br><br>G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements<br><br>(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 | Continued From page 8<br>This Rule is not met as evidenced by:<br>Tag 934 State Infection Annual Training<br><br>Based on interviews and record reviews, the facility failed to assure 2 of 2 sampled staff (Staff A and Staff B) completed the state mandated infection control training annually.<br><br>The findings are:<br><br>Interview with the Administrator on 6/1/17 at 9:15am revealed:<br>-There were three residents currently living in the facility.<br>-She and Staff B were to only staff employed at the facility.<br>-Both she and Staff B administered medications to the residents.<br><br>A. Review of Staff A's personnel record revealed:<br>-She had been employed at the facility since 1991.<br>-She was the Administrator and Owner of the facility.<br>-There was no documentation Staff A had completed the state annual infection control training in 2016 or 2017.<br>-There was a medication clinical skills checklist for Staff A, dated 2/8/00.<br>-Staff A had completed cardiopulmonary resuscitation (CPR) on 11/14/16.<br><br>Refer to interview with the Administrator on 6/1/17 at 11:55am.<br><br>B. Review of Staff B's personnel record revealed:<br>-He had been employed at the facility since 1991.<br>-He was employed as a Supervisor-in Charge.<br>-There was no documentation Staff B had completed the state annual infection control | C 934 | | |

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| C 934 | Continued From page 9<br>training in 2016 or 2017.<br>-There was a medication clinical skills checklist for Staff B, dated 2/8/00.<br>-Staff B had completed CPR on 6/8/15.<br><br>Interview with Staff B on 6/1/17 at 11:50am revealed:<br>-He had completed the annual infection control training in the past.<br>-He volunteered at the local volunteer fire department. In early 2017, he had completed an infection control training through the fire department.<br>-He would try and obtain a record of that training for his personnel record.<br><br>Refer to interview with the Administrator on 6/1/17 at 11:55am.<br><br>Interview with the Administrator on 6/1/17 at 11:55am revealed:<br>-She was aware both she and Staff B had to complete the infection control training annually.<br>-She had completed the infection control training on "May or June of 2016".<br>-She was responsible for maintaining the personnel records.<br>-She did not know the reason there was no documentation of the training in the personnel records.<br>-"Moving forward" she would find a training resource and have the training completed on an annual basis. | C 934 | | |