


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2017
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NAME OF PROVIDER OR SUPPLIER LAWSON FAMILY CARE HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 704 WILLOW STREET REIDSVILLE, NC 27323
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(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 conducted an annual survey on 09/19/17 to 09/21/17.	C 000		
C 147	<p>10A NCAC 13G .0406(a)(7) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home 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 record reviews and interviews, the facility failed to assure 3 of 3 staff sampled (Staff A, B, C) had a state wide criminal background screening prior to hire.</p> <p>The findings are:</p> <p>1. Review of Staff A's personnel records revealed: -A hire date of 04/30/14. -Staff A was hired as Personal Care Aide/Housekeeper. -There was documentation signed by Staff A that gave the administrator permission to obtain a criminal background screening. -There was no documentation that a county wide criminal background check was completed for Staff A. -There was no documentation of criminal background screening for Staff A was found in the record.</p> <p>Interview on 09/17/17 at 4:28 pm with Staff A revealed:</p>	C 147		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Maryk. Thomas</i>	<i>Administrator</i>	<i>11/1/17</i>

STATE FORM

6020

TUB111

If continuation sheet 1 of 21

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C 147	<p>Continued From page 1</p> <ul style="list-style-type: none"> -She was hired 2-3 years ago; unable to recall the exact date. -She worked two days per week at the facility as the housekeeper. -She also worked as a fill-in Personal Care Aide (PCA) as needed. -Her duties included cooking, cleaning, assisting the residents with bathing dressing and toileting as needed. -Criminal background checks were obtained by the Administrator. -She was unsure if a criminal-background check was obtained on her. <p>Interview on 09/19/17 at 4:10 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -Staff A was hired "a few years ago, 2014-2015," she was unable to recall the specific date. -Staff A main job duties were housekeeping. -Staff A worked as a PCA as needed. -Staff A responsibilities included cooking, cleaning, assisting residents with bathing, dressing, and toileting if needed. -She thought she had completed a criminal background check for Staff A at her other facility. -She was unaware that she needed to provide documentation a criminal background check was obtained. -She had always been told she only needed the document signed by the staff agreeing to allow her to obtain the criminal background report. <p>Interview on 09/21/17 at 11:10 am with the Administrator revealed:</p> <ul style="list-style-type: none"> -She was unable to find a criminal background report for Staff A. -She went to the county office on yesterday (09/20/17) and obtained a criminal background staff on Staff A. 	C 147		

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C 147	<p>Continued From page 2</p> <p>Refer to interview with the Administrator on 09/21/17 at 10:15 am.</p> <p>2. Review of Staff C's personnel records revealed:</p> <ul style="list-style-type: none"> -Staff C had a hire date of 02/27/17. -There was documentation signed by Staff C that gave the administrator permission to obtain a criminal background screening. -There was no documentation that a national or state criminal background screening had been completed for Staff C. <p>Interview on 09/19/17 at 4:12 pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -Staff C was hired earlier this year, she was unable to recall the exact date. -Staff C's job title was Supervisor-in-charge. -Staff C's job responsibilities included administering medication, checking blood sugars, cooking, cleaning, and assisting residents with dressing, bathing, and toileting if needed. -She had not completed a criminal background check on Staff C. -She would obtain a criminal background check on Staff C. <p>Interview on 09/21/17 at 10:38 am with Staff C revealed:</p> <ul style="list-style-type: none"> -Staff C started working at the facility sometime in February 2017; she was unable to recall the specific date. -She worked as a Supervisor-in-Charge/Personal Care Aide (MA). -Her responsibilities included medication administration, cooking, cleaning, and assisting residents with bathing dressing, and toileting as needed. -She was unaware if a criminal background check had been completed on her. 	C 147		

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C 147	<p>Continued From page 3</p> <p>Refer to interview with the Administrator on 09/21/17 at 10:15 am.</p> <p>3. Review of Staff B's personnel record revealed: -Staff B was hired as supervisor-in-charge (SIC) on 7/1/15. -There was a document providing the Administrator permission to obtain a criminal background check on her. -There was no documentation of a state wide criminal background check for Staff B.</p> <p>Staff B was unable to be reached for an interview.</p> <p>Review of Staff B's criminal record check provided by the Administrator on 09/21/17 revealed the inquiry was completed on 9/20/17.</p> <p>Refer to interview with Administrator on 09/21/17 at 10:15 am.</p> <p>Interview on 09/21/17 at 10:15 am with the Administrator revealed: -She was unaware what happened to criminal background checks that she had already obtained. -She will obtain criminal background checks for all staff working at the home. -She will make sure the reports were put in a secured location so that they will not disappear again.</p> <p>The failure of the facility to assure 3 of 3 staff sampled had a state-wide criminal background check upon hire which resulted in the facility being unaware of any criminal background findings that could be detrimental to the welfare and safety of the residents. This non-compliance constitutes a Type B Violation.</p>	C 147		

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C 147	<p>Continued From page 4</p> <p>Plan of Protection submitted by the facility dated 09/22/17 included:</p> <ul style="list-style-type: none"> -The Administrator would immediately update all staff criminal background screening as soon as possible. -The Administrator would have all staff's criminal background checks completed within 24-48 hours. -In the future, she will run criminal background checks for each employee upon hire. -She will keep criminal background checks in a locked location, that only she will be able to access. <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 5, 2017.</p>	C 147		
C 153	<p>10A NCAC 13G .0501 (a) Personal Care Training And Competency</p> <p>10A NCAC 13G .0501 Personal Care Training And Competency</p> <p>(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.</p>	C 153		

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C 153	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure that 1 of 3 sampled staff (Staff C) had completed 25 hour personal care training prior to providing care to residents.</p> <p>The findings are:</p> <p>Observation of Staff C on 09/19/17 at 8:50 AM revealed: -Staff C prepared breakfast for 5 residents. -Staff C administered medications. -Staff C made the beds and cleaned the bathroom.</p> <p>Review of Staff C's personnel records revealed: -Staff C was hired as a Supervisor-in-charge/Personal Care Aide (MA) on 02/27/17. -There was no documentation that Staff C had completed a 25 hour personal care training program and competency evaluation. -Staff C was validated by a nurse on 02/01/17 for completing the licensed health professional support tasks.</p> <p>Interview on 09/21/17 at 10:38 am with Staff C revealed: -She worked at the facility since February 2017, she was unable to recall the specific date she was hired. -Her work schedule weekly was four days, with spending the night at the facility. -When she worked, there were no other staff present. -Her job duties included medication administration, cooking, cleaning, and assisting</p>	C 153		

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C 153	<p>Continued From page 6</p> <p>residents with bathing, dressing, and toileting.</p> <ul style="list-style-type: none"> -There were 5 residents who currently resided at the facility. -Three of the 5 residents required some type of staff assistance with bathing, dressing, and supervision when toileting. -The Administrator told her that she needed "training," so she asked the nurse to provide the training. -Staff C was unsure if the training included the 25 hour personal care training. <p>Interview on 09/19/17 at 4:18.pm with the Administrator revealed:</p> <ul style="list-style-type: none"> -Staff C worked four days per week. -When staff C worked she spent nights at the facility and was the only staff present. -There were two residents that Staff C had to supervise when showering, assist with dressing, and supervise bathroom use. -One resident required minimal supervision. -Staff C had been competency validated for the Licensed Health Professional Support (LHPS) training. -She did not schedule the training for Staff C, but thought the training included the 25 hour personal care competency and evaluation. -She was responsible for making sure that all staff completed the required training. <p>Interview on 09/21/17 at 10:45 am with the nurse that provided the LHPS evaluation and task validation revealed:</p> <ul style="list-style-type: none"> -In February 2017, the training provided Staff C covered medication clinical skills training and LHPS validation. -At that time he informed Staff C and the Administrator that his training was not equivalent to the personal care services training, and they would have to seek that training from someone 	C 153		

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C 153	Continued From page 7 else.	C 153		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 3 residents sampled (#2) was tested upon admission for tuberculosis disease (TB) with the two-step TB skin test in compliance with control measures adopted by the Commission for Public Health.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 08/30/17 revealed diagnoses included hip fracture, seizure disorder, and malignant neoplasm of lower lobe of right lung.</p> <p>Review of the Resident Register revealed Resident #1 was admitted to the facility on 08/30/17.</p> <p>Review of Resident #1's TB skin test record</p>	C 202		

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C 202	Continued From page 8 revealed: -There was documentation Resident #2 had a TB skin test placed on 07/03/12, which was read as negative on 07/05/12. -A second document in the record read "TB test" was blurred with smudged dates so that it could not be determined the date that the test was administered. -There were no results documented. Interview on 09/19/17 at 9:50 am with Resident #2 revealed: -He had lived at the facility for "about three weeks." -He had no idea about a TB skin test and was unaware if he had one. Interview on 09/19/17 at 3:18 pm with the Administrator revealed: -She obtained Resident #2's TB skin test from the discharging facility. -When she admitted Resident #2, the Administrator from the discharging facility told her that she would call the health department to obtain the results. -Today, she called the previous Administrator to find out if she was able to get the TB skin test results. -The Administrator at the discharging facility told her that the health department said they would only release the information to Resident #2. -She had not scheduled Resident #2 for a 2nd step TB test. -She had no reason why she had not scheduled Resident #2 for a second step TB test, other than she was waiting for the Administrator at the discharging facility to get back to her.	C 202		

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C 249	Continued From page 9	C 249		
C 249	<p>10A NCAC 13G .0902(c)(3)(4) Health Care</p> <p>10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to implement physician's orders for 1 of 3 sampled residents (Resident #2) with an order for daily blood pressures.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL2 dated 08/30/17 revealed: -Diagnoses included hip fracture, seizure disorder, and malignant neoplasm of lower lobe of right lung. -An order for blood pressures daily.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 08/30/17.</p> <p>Review of Resident #2's September 2017 Medication Administration Record (MAR) revealed: -An entry was for blood pressures once a month. -There was one blood pressure document on 09/04/17. -There was no documentation for daily blood pressures.</p>	C 249		

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C 249	<p>Continued From page 10</p> <p>Interview on 09/19/17 at 9:50 am with Resident #2 revealed: -He had lived at the facility for about three weeks. -Facility staff did not check his blood pressure daily. -His blood pressure had been checked once since he moved into the facility. -He was unaware there was an order for daily blood pressures.</p> <p>Interview on 09/19/17 at 10:48 am the Supervisor-in-charge (SIC) revealed: -Resident #2 had lived at the facility since 8/30/17. -She administered medications to Resident #2 daily. -She did not check Resident #2's blood pressure daily. -She checked the resident's blood pressure on 9/04/17 because that was the facility's protocol to check vitals monthly. -She had not seen the FL2 with orders for daily blood pressures. -The Administrator received the FL2's and faxed them to the pharmacy. -The pharmacy put medication orders and treatments on the MAR. -When administering medications or checking blood pressures she followed instructions on the MAR. -If daily blood pressures were not documented on the MAR she was unaware Resident #2 had orders for daily blood pressures.</p>	C 249		
	<p>Interview on 09/19/17 at 12:02 pm with the pharmacy representative revealed: -They did not have an order for daily blood pressure checks for Resident #2. -The blood pressure once a month was the facility's standard protocol and put on every MAR.</p>			

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C 249	Continued From page 11 -He was unable to locate an FL2 for Resident #2 in their records. -If the facility had faxed the FL2 the order for daily blood pressures would be on the MAR. Interview on 09/19/17 at 3:09 with the Administrator revealed: -She was responsible for reviewing FL2's and faxing them to the pharmacy. -She did not send Resident #2's FL2 to the pharmacy. -Resident #2's blood pressure was not being checked daily. -She did not realize the FL2 had an order for daily blood pressure. Interview on 09/20/19 at 3:42 pm with Nurse Practitioner at Resident #2's physician office revealed: -The physician that ordered the daily blood pressures no longer worked at the facility. -She was unaware why the blood pressures were ordered. -She was not going to discontinue the daily blood pressures because she did not order them.	C 249		
C 274	10A NCAC 13G .0904(d)(3)(B) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (B) Fruit: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C	C 274		

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C 274	<p>Continued From page 12</p> <p>in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit.</p> <p>This Rule is not met as evidenced by: Based on observation, review of menus, and interviews, the facility failed to assure the daily menus served for regular diets included 2 servings of fruit, with one being of citrus fruit or a single strength juice daily.</p> <p>The findings are:</p> <p>Observation and tour of the facility on 09/19/17 at 8:50 am revealed: -There was main refrigerator in the kitchen and a spare refrigerator in the dining room. -There was no 100% juice of any variety in either refrigerator. -There were no fresh citrus fruits available for service.</p> <p>Review of a menu for the facility for the current week revealed: -100% juice was to be served 11 times out of 21 meals. -Juice was to be served with breakfasts, lunches, and dinner meals throughout the week.</p> <p>Observation on 09/19/17 at 8:50 am of the breakfast meal revealed: -5 residents were present for the meal. -There was no 100% fruit juice served or available.</p> <p>Confidential interview with three residents revealed: -Fruit juice was not served at least once a daily. -Maybe once a week. -They did not get fresh fruit daily.</p>	C 274		

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C 274	Continued From page 13 -They were served canned fruit daily. Interview on 09/19/17 at 4:12 pm with the Administrator revealed: -There was no 100% juice in the facility. -She shopped once a week, but the facility went through fruit juice and fresh citrus fruit quickly. -She purchased a bag of oranges on last Thursday, 09/15/17. -There was not sure how many oranges were in the bag but she told staff to cut the oranges in half so they would last longer.	C 274		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (e) Therapeutic Diets in Family Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure 2 of 2 sampled residents (#1 and #3) who had an order for a therapeutic diet received a No Concentrated Sweets (NCS) diet. The findings are: A. Review of Resident #1's current FL2 dated 01/24/17 revealed: -Diagnoses included mental deficiency and diabetes mellitus. -A NCS diet was ordered. Observation of the kitchen on 09/19/17 at 8:55	C 284		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2017
NAME OF PROVIDER OR SUPPLIER LAWSON FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 704 WILLOW STREET REIDSVILLE, NC 27323		
(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 284	<p>Continued From page 14</p> <p>am revealed:</p> <ul style="list-style-type: none"> -There was no Modified Diet List posted to identify residents with therapeutic diets. -There was a 7-day menu posted in the kitchen with regular and NCS diets listed, which was signed by a licensed dietician. <p>Review of the therapeutic diet menu for the breakfast meal revealed residents ordered a NCS diet were to receive 8 ounces of pineapple juice, 2 ounces of cheese omelet; 1 cup oatmeal; 1 muffin, 8 ounces of coffee; and 8 ounces of milk.</p> <p>Observation on 09/19/17 at 8:50 am of the breakfast meal revealed:</p> <ul style="list-style-type: none"> -Resident #1 was served 1 slice of toast, cornflakes, ½ cup of canned peaches and canned chunk pineapples; 8 ounce of milk and coffee. -The resident ate 100% of the meal. <p>Review of the therapeutic diet menu for the lunch meal revealed</p> <ul style="list-style-type: none"> -Residents ordered a NCS diet were to receive 1 cup of clam chowder, 1 tuna fish sandwich, potato chips, 1 fresh fruit, water and tea. -The menu noted that NCS diets were to receive sugar-free beverages and fresh fruit. <p>Observation on 09/19/17 at 12:30 pm of the lunch meal revealed:</p> <ul style="list-style-type: none"> -Resident #1 was served a tuna fish sandwich, potato chips, clam chowder soup, ½ cup canned chunk pineapples, and powered drink mix made with sugar. -The resident ate 100% of the meal and drank 100% of the powered drink mix. <p>Based on observation and interview it was determined that Resident #1 was not</p>	C 284		

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C 284	<p>Continued From page 15</p> <p>interviewable.</p> <p>Interview on 09/19/17 at 9:12 am with the Supervisor-in-charge (SIC) revealed: -There was no diet list posted in the kitchen. -Resident #1 was a diabetic and received medications to control her diabetes. -Resident #1 was always served the same food items as other residents. -The facility did not have sugar-free food items for Resident #1. -The facility did not have fruit juice, so she served the canned fruit.</p> <p>Observation on 09/19/17 at 9:30 am of the can of peaches and pineapples revealed: -A serving of peaches had 15 grams of sugar. -A serving of pineapples had 17 grams of sugar.</p> <p>Review of Resident #1's record revealed blood sugars ranges as follows: -August 1-31, 2017, blood sugars ranged between 113 and 191. -September 1-19, 2017 blood sugars ranged between 123 and 143.</p> <p>Refer to interview on 09/19/17 at 4:12 pm with the Administrator.</p> <p>B. Review of Resident #3's current FL2 dated 01/27/17 revealed: -Diagnoses included mental retardation and diabetes mellitus. -An order for a NCS diet.</p> <p>Observation of the kitchen on 09/19/17 at 8:55 am revealed: -There was no Modified Diet List posted to identify residents with therapeutic diets. -There was a 7-day menu posted in the kitchen</p>	C 284		

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C 284	<p>Continued From page 16</p> <p>with regular and NCS diets listed, which was signed by a licensed dietician.</p> <p>Review of the therapeutic diet menu for the breakfast meal revealed residents ordered a NCS diet were to receive 8 ounce of pineapple juice, 2 ounces of cheese omelet; 1 cup oatmeal; 1 muffin, 8 ounces of coffee; and 8 ounces of milk.</p> <p>Observation on 09/19/17 at 8:50 am of the breakfast meal revealed: -Resident #3 was served 1 slice of toast, cornflakes, ½ cup of canned peaches and canned chunk pineapples; 8 ounce of milk and coffee. -The resident ate 100% of the meal.</p> <p>Resident #3 was not in the facility for the lunch meal.</p> <p>Interview on 09/19/17 at 3:01 pm with Resident #3 revealed: -He was a diabetic, but was not on a special diet. -He had always received the same meal as other residents. -He was served the canned peaches and pineapples.</p> <p>Interview on 09/19/17 at 9:15 am with the Supervisor-in-charge (SIC) revealed: -There was no diet list posted in the kitchen. -Resident #3 was a diabetic and received medications to control his diabetes. -She always served Resident #3 the same food items as other residents. -The facility did not have sugar-free food items for Resident #3. -The facility did not have fruit juice, so she served the canned fruit.</p>	C 284		

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C 284	<p>Continued From page 17</p> <p>Observation on 09/19/17 at 9:30 am of the can of peaches and pineapples revealed: -A serving of peaches had 15 grams of sugar. -A serving of pineapples had 17 grams of sugar.</p> <p>Review of Resident #3's record revealed blood sugars ranges as follows: -August 1-31, 2017, blood sugars ranged between 74 and 146. -September 1-19, 2017 blood sugars ranged between 90 and 201.</p> <p>Refer to interview on 09/19/17 at 4:12 pm with the Administrator.</p> <p>Interview on 09/19/17 at 4:12 pm with the Administrator revealed: -She purchased the food for staff to cook. -Staff served the food she bought. -She did not buy sugar-free desserts, or fruit packed in water or a sugar substitute. -She bought a bag of oranges last Thursday, but the resident go through fruit quickly.</p>	C 284		
C935	<p>G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the</p>	C935		

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C935	<p>Continued From page 18</p> <p>Department that includes training and instruction in all of the following:</p> <p>a. The key principles of medication administration.</p> <p>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <p>1. The key principles of medication administration.</p> <p>2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews the facility failed to ensure the Medication Administration Skills Validation was completed for 1 of 3 sampled staff (Staff B)</p> <p>The findings are:</p> <p>Review of Staff B's personnel file revealed: -Staff B was hired as Supervisor-in-Charge (SIC)</p>	C935		

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C935	<p>Continued From page 19</p> <p>on 7/1/15.</p> <p>-She passed the written medication exam on 4/1/16.</p> <p>-There was no documentation of a completed Medication Administration Skills Validation.</p> <p>Review of three residents Medication Administration Records (MARs) revealed:</p> <p>-Staff B documented the administration of medications four days in August (20, 21, 25 & 26) 2017 and one day in September (19) 2017.</p> <p>-Staff B administered routine medications; insulin by injections, and narcotic medications.</p> <p>Interview on 09/19/17 at 4:28 pm with Staff A, Personal Care Aide (PCA) revealed:</p> <p>-She was not a medication aide, and did not administer medications.</p> <p>-She worked as a fill-in staff person.</p> <p>-When she worked Staff B administered medications to the residents.</p> <p>-When it was time to administer medications to the residents she called Staff B.</p> <p>-Depending on the hours she worked Staff B administered medications before breakfast, in the afternoon after lunch, and at night before bed.</p> <p>Attempted telephone interview with Staff B on 9/21/17 was unsuccessful.</p> <p>Interview on 9/19/17 at 4:05 pm with Administrator revealed:</p> <p>-She would have to find the Medication Administration Skills Validation for Staff B.</p> <p>-She stated that some records for employees were at her home.</p> <p>-Staff B started working at the facility as transportation driver.</p> <p>-In October 2016, she had Staff B trained to become a medication aide.</p>	C935		

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C935	<p>Continued From page 20</p> <p>-Staff B worked at another facility and had the Medication Administration Skills Validation check off in November 2015.</p> <p>Interview on 09/21/17 at 10:38 am with the Administrator revealed:</p> <p>-Staff B did not have a routine work schedule, but was called to work as fill-in staff when some called off.</p> <p>-Staff B filled in when needed.</p> <p>-She was unable to provide Staff B's Medication Administration Skills Validation check off.</p> <p>Review of Medication Clinical Skills Validation provided by Administrator on 9/21/17 revealed is was for another family care home.</p>	C935		

**PROVIDERS PLAN OF CORRECTION
FOR LAWSON'S FAMILY CARE HOME FOR THE AGED**

RESPONSE TO TYPE B VIOLATION

REGARDING RULE 10A NCAC 13G .0406(a)(7); Other Staff Qualifications

Correction Action Implemented Regarding "Other Staff Qualifications"	Expected Completion
<p>The facility has obtained documentation of a statewide criminal record check on all current employees. This documentation of proof of statewide criminal record check completion is in the employee's file in the facility. A checklist of employee requirements has been adopted to be used as a guide with current and new hires to assure that all requirements are met including the statewide criminal record check (Attachment "A")</p>	<p>All already completed.</p>
<p>Monitoring System put in place to assure continued compliance</p>	
<p>Upon hire the checklist of employee requirements will be completed, reviewed by the Administrator and maintained in the employee file for easy review. This checklist will include the date of the statewide criminal record check and proof of the record check will be included in the employee's file. In addition, our quality assurance program will include a quarterly review of selected employee's files by the Administrator to assure continued compliance. The selected employee files will include at least 1 random pick and all new hires.</p>	<p>All already completed.</p>
<p>Completion date by which the plan of correction will be completed</p>	<p>Completed</p>
<p>Completed. The facility has obtained documentation of a statewide criminal record check on all current employees. This documentation of proof of statewide criminal record check completion is in the employee's file in the facility. The employee requirement checklist has been completed for each employee and the Quality Assurance Program has been updated to include the quarterly review of employee records.</p>	<p>All already completed.</p>

REGARDING RULE 10A NCAC 13G .0501(a) Personal Care Training and Competency

Correction Action Implemented Regarding "Personal Care Training and Competency"	Expected Completion
All current personal care staff and staff who supervise personal care staff of Lawson's Family Care Home #2 has received the 45 or 80-hour personal care competency training. The documentation of each staff person certificate of completion is in the employee's file in the facility.	Already Completed
Monitoring System put in place to assure continued compliance	
The checklist of requirements for SIC/Aide (Attachment A) now used for each employee includes training requirements to assure all staff have met all requirements including the personal care training. This checklist is maintained in each resident's record for easy review. In addition, our quality assurance program will include a quarterly review of selected employee files by the Administrator to assure continued compliance. The selected resident files will include at least 1 random pick and all new admissions.	Already Completed
Completion date by which the plan of correction will be completed	
All personal care employees currently employed by Lawson's Family Care Home #2 have completed the required personal care training. Documentation is maintained in the employee file in the facility. The employee requirement checklist has been completed for each employee and the Quality Assurance Program has been updated to include the quarterly review of employee records	Already Completed

REGARDING RULE 10A NCAC 13F .0702(a) Tuberculosis Test, Medical Examination

Correction Action Implemented Regarding "Tuberculosis Test, Medical Exam & Immunization"	Expected Completion
<p>Records have been reviewed of all residents and all resident have received the first and second steps TB Test. The facility has adopted a checklist for resident admissions to be utilized with each admission to assure all requirements are met related to the admission of new residents to the facility. The checklist includes the 1st and 2nd TB Test. (see Attachment C)</p>	<p>Already Completed</p>
<p>Monitoring System put in place to assure continued compliance</p>	
<p>The checklist for new resident admission is completed upon admission. This checklist is reviewed by the administrator to assure that all requirements related to resident admission is met. Resident records will be reviewed prior to the admission to assure compliance with all state regulations including the 1st step TB test prior to admission. A second review of the admission checklist will take place within 30 days of hire to assure the 2nd step TB Test has been completed</p>	<p>Already Completed</p>
<p>Completion date by which the plan of correction will be completed</p>	
<p>Completed. All residents have received both the 1st and 2nd step Tuberculosis Test and the results are on file in the facility. The documentation of the individual Tuberculosis testing is in the resident's file in the facility.</p>	<p>Already Completed</p>

REGARDING RULE 10A NCAC 13G .0902(c)(3)(4) Health Care

Correction Action Implemented Regarding "Health Care"	Expected Completion
Correction Action Implemented Regarding "Health Services"	
All resident's records have been reviewed and all procedures, treatment, orders have been implemented as instructed by the resident's physician. Supervisory staff have been trained on the importance of reviewing all physician orders including FL2 carefully and implementing any orders promptly as ordered.	All already completed.
Monitoring System put in place to assure continued compliance	
Administrator will review resident records monthly to ensure that all orders have been identified and instruction followed.	All already completed.
Completion date by which the plan of correction will be completed	
Completed September 23, 2017	All already completed.

REGARDING RULE GS 131D-4.5B(b) ACH Medication Aides; Training and Competency

Expected Completion

Correction Action Implemented Regarding Medication Aides Training

Staff of Lawson's Family Care #2 who have not successfully completed the clinical skills validation at Lawson's Family Care #2 are prohibited from administering medication at the facility. Staff A was instructed that she could not administer medication until she had completed the successfully completed the clinical skill checklist. Staff A was validated by a Registered Nurse on September 28, 2017 completed the successfully completed the clinical skills checklist.

**September
21, 2017**

Monitoring System put in place to assure continued compliance

Upon hire, a completed checklist of employee requirements will be maintained in the residents file for easy review. This checklist will include the dates of clinical skills is completed. No staff person will be permitted to give medication without first being validated by an RN and successfully completing the clinical skills checklist. The completed clinical skills validation checklist will be maintained in the employee's file. In addition, our quality assurance program will include a monthly review of selected employee's files by the Administrator to assure continued compliance). The selected employee files will include at least one random pick and records of all new hires.

**Completed
and on going**

Completion date by which the plan of correction will be completed

Completed September 28, 2017. No employee who has not successfully completed the clinical skills validation checklist is permitted to give medication at Lawson's Family Care #2. All current medication aides have successfully completed the medication clinical skills validation

**REGARDING RULE 10A NCAC 13G .0904(e)(4) and 10A NCAC 13G .0904(d) (3) (B)
Nutrition and Food Service**

CORRECTION ACTION IMPLEMENTED REGARDING "NUTRITIONAL AND FOOD SERVICE	EXPECTED COMPLETION
<p>CORRECTION ACTION IMPLEMENTED REGARDING "NUTRITIONAL AND FOOD SERVICE"</p> <p>All resident's records have been reviewed and a Therapeutic Diet List has been posted in the kitchen for use by the Cook/SIC when preparing meals. The SIC has had training in therapeutic diets and is aware of the importance of serving foods according to the prescribed diet and according to the menu including fruits/fruit juices. All residents are now being served the therapeutic diet as ordered by their physician and menu prepared by the registered dietician.</p> <p>MONITORING SYSTEM PUT IN PLACE TO ASSURE CONTINUED COMPLIANCE</p> <p>The administrator will review Diet orders and meals served at least weekly to assure meals continue to be served according to physician's order and prepared menu. We have put a policy in place that requires the SIC to monitor food supply on a daily basis and report to the administrator promptly when any foods/drinks listed on the menu need to be restocked assuring that there is at least a three-day supply of all menu items. The facility Director will conduct unannounced monitoring of foods served for compliance with physician orders at least weekly at alternating meals.</p>	<p>All already completed.</p> <p>COMPLETED AND ON GOING</p>
<p>COMPLETION DATE BY WHICH THE PLAN OF CORRECTION WILL BE COMPLETED</p> <p>COMPLETED SEPTEMBER 23, 2017</p>	<p>All already completed.</p>

CHECKLIST OF REQUIREMENTS FOR EMPLOYMENT

Name of Applicant _____

- Applicant/Employee is 18 years of age or older;
- Applicant successfully completes pre-employment drug screening. _____
- Applicant/Employee has documentation of completion of the 1st step Tuberculosis Testing with a negative reaction. Date of 1st step: _____
- Applicant/Employee willing to receive a second Tuberculosis Test within 30 days of admission; Date of 2nd step: _____
- Statewide Criminal Record check has been completed and proof of completion is on file in the facility. Date of Criminal Record Check: _____
- Upon hire, the Applicant/Employee will sign a job description that reflects actual duties and responsibilities. The Job description will be signed by the administrator and the employee. Date job description signed and placed in employee file: _____
- Applicant/Employee has no substantiated findings listed on the North Carolina Health Care Personnel Registry. Date of Registry Check: _____
- Applicant/Employee has documented annual immunization against influenza virus according to G.S. 131D-9, except as documented otherwise according to exceptions in this law; Date of Immunization: _____
- Applicant/Employee has or will successfully complete the medication clinical skills validation according to Paragraphs (d) and (e) of Rule 10A NCAC 13F .0503 prior to the administration or supervision of the administration of medication. Date of completion: _____
- Applicant/Employee has or shall successfully pass the written state examination within 90 days after successful completion of the clinical skills validation portion of a competency evaluation. Date of state written medication exam: _____
- Applicant/Employee has documented proof of completion of 15-hour State Approved Medication Administration course Or will complete 5-hour course prior to being assigned duties of medication administration and will complete the addition 10 hours of Medication Administration with 60 days. Date of completion of 15-hour training: _____ Date of completion: _____
- Applicant/Employee will complete training on Care of Resident's with Diabetes prior to administering insulin. Date of completion: _____; _____
- Applicant/Employee shall complete six hours of continuing education annually related to medication administration. Date of CEU related to Medication Administration: _____
- Applicant/Employee or current administrator is a high school graduate or certified under the G.E.D. program or has passed an alternative examination established by the Department; Date of completion of Education Requirement _____
- Applicant has or will earn 12 hours a year of continuing education credits related to the management of adult care homes or care of aged and disabled persons. Date of completion of continuing education requirement: _____
- Applicant/Employee has documented completion the 80hr Personal Care training program or CNA program. Program completed _____ Date Completed _____
- Applicant/employee will be able to apply all of the home's accident, fire safety and emergency procedures for the protection of the residents. Date of completion: _____
- Applicant/employee will be informed of the confidential nature of resident information and shall protect and preserve such information from unauthorized use and disclosure. Date of completion: _____
- Applicant/Employee has or will complete CPR training provided by the American Heart Association, American Red Cross, National Safety and Health Institute or Medic First Aid, (Must be current -within last 2years) Date of completion: _____ Expires: _____

CHECKLIST OF REQUIREMENTS FOR EMPLOYMENT

SUPERVISOR-IN-
CHARGE/MEDICATION AIDE

- Applicant/Employee has or will complete State Approved Infection Control Course and annual training thereafter.
Date of completion: _____
- Applicant/Employee has or will complete Occupational Safety Program (Bloodborne Pathogens) as required by Occupational Safety and Health Administration prior to being assigned duties with potential for occupational Exposure and annually thereafter.
Date of completion: _____
- Applicant/Employee has or will successfully complete a competency validation prior to performing task that require Licensed Health Professional Support in the adult care home. The competency validation will be completed by a registered nurse or other health care professional as mandated by adult care home rules.
Date of completion: _____

NEW ADMISSION'S CHECKLIST

Prior to Admission

1. Face to Face Interview / Assessment
2. PASSAR # for Adult Care
3. FL-2 dated within 90 days of Admission
4. Confirm resident has a primary care physician
5. 1st step TB test

After Admission — Day 1

1. Assure Medication order not more than 24hr before admission
2. Have new admission Attestation form (DMA 3051; Sections A,B,C) completed and fax to Liberty Health Care at (919)307-8307.
 - i. a. If resident is coming from another facility and already receiving PCS, complete Change of Provider form (DMA 3051; Step 1,2, and Section F) and fax to Liberty Health Care at (919)307-8307.
3. Complete SA application with Department of Social Services' Medicaid Eligibility Worker
4. Have resident contract signed
5. Complete Activity Interest worksheet
6. Provide a lockable space and key to lockable space
7. Provide copy of house rules/policies to resident/responsible party
8. Have release of information signed for record
9. Copy of "power of attorney or guardianship" if the resident has one
10. Maintain PCS log

After Admission — Day 2

1. Resident Register within 72 hrs. of admission
2. Contact RN Consultant (Licensed Health Professional Support must be completed within 30 days)

After Admission — Week 2 or 3

1. 2nd step TB test

2. Assessment/Care Plan (DMA 3050R) must be completed within 30 days of admission

3. Report of admission/discharge to DSS within 30 days (counties differ)

As soon as possible

1. Following PCS Assessment by Nurse from Liberty

- a. Check QiReport for Assessment and PCS notification letter
- b. Complete Plan of Care on QiReport,
 - i. Print Plan of Care
 - ii. Have resident or guardian sign Plan of Care
 - iii. Upload Plan of Care to QiReport