Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081054	A. BUILDING: _____ B. WING _____	C 04/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 1	542 FOREST LAKE ROAD FOREST CITY, NC 28043

(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 Rutherford County Department of Social Services conducted an annual survey on April 20, 2018 with an exit conference via telephone on April 23, 2018.	C 000		
C 078	10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings 10A NCAC 13G .0315 Housekeeping and Furnishings (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain the facility refrigerator/freezer clean, 1 of 1 resident common bathroom clean, and 1 of 6 resident beds in good repair. The findings are: 1. Observations of the facility refrigerator/freezer located in the kitchen on 4/20/18 at 11:35am to 12:10pm revealed: -In the floor of the freezer there was too many to count black and brown pieces of loose debris, a couple loose hair strands, and 2 small yellow liquid spills were visible in the floor of the freezer. -There were two 2 in. long dried yellow spills on the top two door shelving units. -There was too many to count loose small black	C 078		6/20/18 by KDW

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alex Dinovetskiy — TITLE: administrator — (X6) DATE: 5-30-2018

Reviewed and Accepted
Date 6/1/18 cs

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pieces of debris visible in the freezer door shelving units.
-The shelving units in the door of the refrigerator were sticky to the touch and had multiple spills and areas of dried smears on their surfaces.
-In the floor of the refrigerator, there was loose pieces of black debris visible and multiple dried drips of pink and gray substance visible.
-Inside the bottom drawer of the refrigerator, there was loose brown debris and a large dried sticky red substance covering an approximate 4 in. wide by 3 in. deep area.
-Inside the second drawer up from the bottom of the refrigerator, the bottom of the drawer was sticky and had spilled pecans pieces scattered inside the bottom of the drawer.
-The top three upper glass refrigerator shelves were coated in multiple spills and were sticky to the touch.

Interview with the Supervisor-In-Charge on 4/20/18 at 11:37am revealed she tried to clean the refrigerator/freezer "once a week."

Telephone interview with the Administrator on 4/23/18 at 9:29am revealed:
-The facility did not have a policy on how often the refrigerator/freezer should be cleaned.
-"We use common sense on that."
-"I guess it was overlooked."
-"Its common sense to clean up spills" as they occurred.
-"If no spills, I guess it could be cleaned every month or every 2 months."

2. Observations of the common resident bathroom on 4/20/18 at 9:12am revealed:
-The green shower and tub walls were coated with a buildup of pink colored soap scum.
-The toilet bowl had too many to count small

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loose hairs visible around the rim of the toilet.
-There were 2 yellow stains which were dried downward along the front of the bowl.
-There was an area 4 in. wide by 5 in. tall of brownish yellow stain at the base of the toilet front.
-There were multiple small dark colored spots along the inside of the toilet rim and on the underside of the toilet seat.
-A small trash can located on the right of the toilet was 3/4 full with trash.

Review of the facility sanitation report dated 10/11/17 revealed:
-There were 2 demerits deducted for "toilet, handwashing, laundry, and bathing facilities."
-"The vanities and the toilets in the restrooms were soiled."
-"All bathroom fixtures must be maintained in clean and good repair."

Interview with the Supervisor-In-Charge (SIC) on 4/20/18 at 9:30am revealed she had not yet had time to clean the common bathroom.

Telephone interview with the Administrator on 4/23/18 at 9:29am revealed he expected staff to clean the resident common bathroom 2 to 3 times a week.

3. Observation of the resident room off the family room on 4/20/18 at 9:59am revealed the resident bed as you entered the room was askew and the box springs and mattress was resting on the floor while the head of the bed was still supported with a bed slat enough that it was partially elevated.

Interview with the resident who used the bed on 4/20/18 at 9:55am revealed:
-The slats on his bed were "broken."

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C 078	Continued From page 3 -The slats had been broken "a couple months now." -The resident had reported the broken bed slats to a staff member "about a month ago." Interview with the transportation staff on 4/20/18 at 10:10am revealed: -He was aware one of the resident's beds was on the floor because "one of the slats was broken." -The resident had told him about the broken bed slat. -He had known it was broken for "3 or 4 days." Telephone interview with the Administrator on 4/23/18 at 9:29am revealed: -He was not aware one resident bed was partially on the floor due to a broken bed slat. -"We have spare bed frames." -The bed could easily be fixed "that's no problem."	C 078		
C 257	10A NCAC 13G .0904(a)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure foods were stored in a manner to prevent contamination as evidenced by food unlabeled, undated, and expired in the refrigerator/freezer. The findings are:	C 257		

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Observation of the facility freezer contents on 4/20/18 at 11:35am revealed:
-There was a plastic gallon sized zip top bag with 6 chicken wings unlabeled and undated.
-There was a plastic gallon sized zip top bag with 6 hotdog's unlabeled, undated, and freezer burned.
-There was a plastic gallon sized zip top bag with 7 meat cubes unlabeled, undated, and freezer burned.
-There was a plastic gallon sized zip top bag half full of beef stew unlabeled and undated.
-There was a plastic gallon sized zip top bag half full of stew beef unlabeled, undated, and freezer burned.
-There was a plastic sandwich sized zip top bag with 2 sausage patties unlabeled, undated, and freezer burned.
-There was a plastic gallon sized zip top bag half full of pork chops unlabeled and undated.
-There was a second plastic gallon sized zip top back half full of pork chops with a label dated 6/10/16.
-There was a package of spare ribs which were freezer burned with an expiration date of 1/10/16.
-There was a plastic gallon sized zip top bag half full of barbeque beans with a label dated 7/31/16.
-There was a plastic gallon sized zip top bag half full of hamburger meat with a label dated 6/11/16.
-There was a 16 oz. opened half full bag of okra and the contents were freezer burnt.
-There was a plastic gallon sized zip top bag with 32 sausage patties unlabeled, undated, and freezer burned.
-There was a plastic gallon sized zip top bag with 16 sausage patties unlabeled, undated, and freezer burned.
-There was 2.5 lb. sized open bag of waffle fries with 6 pieces remaining in the bottom that was

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not dated and freezer burned.
-There was a 1 lb. bag of chicken parmesan tenders with 3 pieces remaining undated and freezer burned.
-There was a 1 lb. pack of ground beef dated 2/14/16 and freezer burned.
-There was an unopened 2 lb. pack of seasoned caritas with a use by date of 5/7/17.

Observation of the facility refrigerator contents on 4/20/18 at 12:00pm revealed:
-There was a 1 gallon container of hot sauce with a use by date of 9/12/17.
-There was a 2 lb. opened box of cheese melt with a use by date of 6/3/17.
-There was a paper bag containing multiple servings of different types of salad dressings in small plastic cups with lids unlabeled and undated.
-There were 3 large bell peppers in a plastic grocery bag with white mold growing on them.
-There was an open container of pumpkin pie spice butter spread with a use by date of 1/23/17.
-There was an open 46 oz. paper carton of apple juice with a use by date of 6/26/16.
-There was an open 5 lb. package of American cheese undated as to when it was opened.

Interview with the Supervisor-In-Charge on 4/20/18 at 11:45am revealed:
-She had been using the items stored in the chest freezer for the residents meals.
-"I did have labels on the items in the freezer, but they fell off."

Telephone interview with the Administrator on 4/23/18 at 9:29am revealed:
-The facility did not have a policy on how often the refrigerator/freezer should gone through to ensure removal of outdated food and to make

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C 257	Continued From page 6 sure food was labeled and stored correctly. -"We didn't use" the outdated food. -"We threw it out." -The staff "didn't have time to look through" the refrigerator/freezer.	C 257		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure accuracy of the Medication Administration Records (MARs) for 1 of 3 sampled residents (Resident #1) related to documenting administration of Vraylar, meloxicam, omeprazole, lisinopril,	C 342		

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hydrochlorothiazide, glipizide, and metformin.

The findings are:

Review of Resident #1's current FL2 dated 4/16/18 revealed:
-Diagnoses included diabetes, schizoaffective disorder, post traumatic stress disorder, and borderline intellectual function.
-An order for Vraylar (used to treat schizophrenia) 6mg 1 capsule daily.
-An order for meloxicam (used to treat pain) 15mg 1 tablet daily.
-An order for omeprazole DR (used to reduce the amount of acid in the stomach) 20mg 2 capsules daily.
-An order for lisinopril (used to treat hypertension) 20mg 1 tablet daily.
-An order for hydrochlorathiazide (used to treat hypertension) 12.5mg 1 capsule daily.
-An order for glipizide ER (used to treat diabetes) 10mg 1 tablet daily.
-An order for metformin HCL (used to treat diabetes) 1,000mg 1 tablet twice daily.
-An order for fingerstick blood sugar (FSBS) checks three times daily.

Review of Resident #1's previous FL2 dated 8/16/17 revealed:
-An order for Vraylar 6mg 1 capsule daily.
-An order for meloxicam 15mg 1 tablet daily.
-An order for omeprazole DR 20mg 2 capsules daily.
-An order for lisinopril 20mg 1 tablet daily.
-An order for hydrochlorathiazide 12.5mg 1 capsule daily.
-An order for glipizide ER 10mg 1 tablet daily.
-An order for metformin HCL 1,000mg 1 tablet twice daily.
-An order for FSBS checks three times daily.

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Review of Resident #1's February 2018 MAR revealed:
-An entry for metformin HCL 1,000mg 1 tablet twice daily at 8:00am and 8:00pm. The medication was documented as administered once daily at 8:00am 2/1/18 to 2/28/18. There was no documentation of the 8:00pm dose having been administered 2/1/18 to 2/28/18.
-An entry for Vraylar 6mg 1 capsule daily at 8:00am. The medication was documented as administered daily 2/1/18 to 2/28/18.
-An entry for meloxicam 15mg 1 tablet daily at 8:00am. The medication was documented as administered daily 2/1/18 to 2/28/18.
-An entry for omeprazole DR 20mg 2 capsules daily at 8:00am. The medication was documented as administered daily 2/1/18 to 2/28/18.
-An entry for lisinopril 20mg 1 tablet daily at 8:00am. The medication was documented as administered daily 2/1/18 to 2/28/18.
-An entry for hydrochlorathiazide 12.5mg 1 capsule daily at 8:00am. The medication was documented as administered daily 2/1/18 to 2/28/18.
-An entry for glipizide ER 10mg 1 tablet daily at 8:00am. The medication was documented as administered daily 2/1/18 to 2/28/18.

Review of Resident #1's March 2018 MAR revealed:
-An entry for Vraylar 6mg 1 capsule daily at 8:00am. There were no documented administrations from 3/1/18 to 3/31/18.
-An entry for meloxicam 15mg 1 tablet daily at 8:00am. There were no documented administrations from 3/1/18 to 3/31/18.
-An entry for omeprazole DR 20mg 2 capsules daily at 8:00am. There were no documented administrations from 3/1/18 to 3/31/18.

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C 342	Continued From page 9 -An entry for lisinopril 20mg 1 tablet daily at 8:00am. There were no documented administrations from 3/1/18 to 3/31/18. -An entry for hydrochlorathiazide 12.5mg 1 capsule daily at 8:00am. There were no documented administrations from 3/1/18 to 3/31/18. -An entry for glipizide ER 10mg 1 tablet daily at 8:00am. There were no documented administrations from 3/1/18 to 3/31/18. -An entry for metformin HCL 1,000mg 1 tablet twice daily at 8:00am and 8:00pm. There were no documented administrations from 3/1/18 to 3/31/18. Review of Resident #1's March 2018 FSBS documentation revealed: -The resident received FSBS checks 3 times daily at 8:00am, 12:00pm, and 5:00pm. -The 8:00am range was 124-192. -The 12:00pm range was 88-241. -The 5:00pm range was 113-255. Review of Resident #1's April 2018 MAR revealed: -An entry for Vraylar 6mg 1 capsule daily at 8:00am. The medication was documented as administered daily at 4/1/18 to 4/20/18. -An entry for meloxicam 15mg 1 tablet daily at 8:00am. The medication was documented as administered daily at 4/1/18 to 4/20/18. -An entry for omeprazole DR 20mg 2 capsules daily at 8:00am. The medication was documented as administered daily at 4/1/18 to 4/20/18. -An entry for lisinopril 20mg 1 tablet daily at 8:00am. The medication was documented as administered daily at 4/1/18 to 4/20/18. -An entry for hydrochlorathiazide 12.5mg 1 capsule daily at 8:00am. The medication was documented as administered daily at 4/1/18 to	C 342		

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4/20/18.
-An entry for glipizide ER 10mg 1 tablet daily at 8:00am. The medication was documented as administered daily at 4/1/18 to 4/20/18.
-An entry for metformin HCL 1,000mg 1 tablet twice daily at 8:00am and 8:00pm. The medication was documented as administered twice daily at 8:00am and 8:00pm from 4/1/18 to 4/19/18 and at 8:00am on 4/20/18.

Observation of Resident #1's medications available in the facility on 4/20/18 at 2:10pm revealed Vraylar, meloxicam, omeprazole, lisinopril, hydrochlorathiazide, glipizide, and metformin were available for administration.

Interview with Resident #1 on 4/20/18 at 8:55am revealed:
-He received his medications timely from staff.
-To his knowledge, he received the medications ordered for him by his physicians.
-He did not run out of any of his medications.

Interview with the Supervisor-In-Charge (SIC) on 4/20/18 on 3:02pm revealed:
-She had to "redo" Resident #1's March 2018 MAR "again, but I forgot to go back and fill it out."
-"I had to redo it because there were lots of places, I had messed up on."
-She had started filling a new handwritten March MAR, had gotten interrupted with another task, and "so I put it aside and forgot to finish filling it out."

Telephone interview with the Administrator on 4/23/18 at 9:29am revealed:
-He had been made aware of the issue with Resident #1's February and March 2018 MARs not being documented completely.
-He was "working with the SIC" to ensure the

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C 342	Continued From page 11 residents MARs were documented correctly.	C 342		

Amendment for provider plan of correction and planned action to resolve deficiency for Lisa's Family Care Home #1.

The findings are:

10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings Re: C 078

- Supervisor in Charge "A" did not have right concept what clean refrigerator is. Administrator had a meeting with Supervisor in Charge "A" end explained what should be done, Meaning look daily if any dirt inside refrigerator, and clean it as it occurred, also wipe once a week, and once a month make a deep cleaning.

- Also was explained that bathroom need to be mapped 2 times a week, and rails and commode cleaned the same time or sooner if any spill occurred or bad odor. And check it every time she is going to this common bathroom, and once a day the other private bathroom.

- Broken furniture was not reported to administrator, as a part of meeting agenda SIC supposed to report to Administrator about any broken furniture on the same day when it will happened or revealed.

As a part of correction and avoiding any further issues, administrator will be coming monthly with not announced visit to check if cleanliness will be enforced in a facility.

10A NCAC 13G .0904(a)(2) Nutrition and Food Service Re: C 257

Food was not store or labeled properly. Administrator had a meeting with staff, about food safety and proper handling. Food with expired time or not labeled properly was thrown away the same day. Never was anticipated to use, but did not looked and keep piling new fresh food, and keep old in the back.

As a part of correction action and avoiding any further issues, administrator will be coming monthly or sooner with not announced visit to check proper food labeling and expiration days as well.

10A NCAC 13G .1004(j) Medication Administration Re: C 342

Supervisor in Charge failed to follow proper procedure of handling medication. Administrator had a meeting about proper medication handling; also RN was hired to provide additional training.

Administrator will be checking on monthly bases to make sure that all medication would be handling properly.

Administrator: Alex Dinovetskiy *Wednesday, May 30, 2018.*

Alex Dinovetskiy