PRINTED: 10/01/2018

Division	of Llocath Convine Deau	ulation			FORM	APPROVED
STATEMENT	of Health Service Regu t of DEFICIENCIES OF CORRECTION	IJATION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL017022	B. WING		09/2	20/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
D&HFAN	MILY CARE HOME		BOROUGH ROA	AD.		
	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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	The Adult Care Licens annual survey on Sep	sure Section conducted an ptember 20, 2018.				
C 074	10A NCAC 13G .0318 Furnishings	5(a)(1) Housekeeping and	C 074			
	10A NCAC 13G .0315 Furnishings (a) Each family care (1) have walls, ceiling coverings kept clean This Rule shall apply	home shall: gs, and floors or floor				
	This Rule is not met Based on observatior failed to assure the w kept clean and in goo kitchen, bathroom, and The findings are:  Observation of the kit revealed:  -There was an area at 4-inches on the front was missing, exposin -There was a crack in approximately 8-inches	as evidenced by: ns and interviews, the facility valls, ceilings and floors were od repair in the living room, nd resident bedroom doors.  tchen on 09/20/18 at 9:45am approximately 8-feet by edge of the countertop that				

revealed:

wood flooring.

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

-The caulking around the bathtub was stained

-There was a hole in the linoleum flooring approximately 6-inches by 4-inches exposing the

Observation of the bathroom to the left of the facility's front entrance on 09/20/18 at 9:57am

> TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			E SURVEY IPLETED	
		FCL017022	B. WING		0:	9/20/2018
	ROVIDER OR SUPPLIER	1111 YAR	DDRESS, CITY, STATE BOROUGH ROAD NC 27305	ZIP CODE		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 074	that had been patche -The toilet paper hold the opening turned to prohibiting the holder fixture that would hold Observation of the liv at 10:00am revealed plaster that extended living room that was a length by 2-inches wi Observation of the do entrance on 09/20/18 -There were three do the patched areas ha not been sanded or p -The paint was worn a handles and the edge	s on the wall behind the sink d, but had not been painted. er had been installed with the outside of the fixture, to be inserted into the d the toilet paper in place.  Ingroom ceiling on 09/20/18 the ceiling had cracked from the hallway into the approximately 8-feet in de.  Pors to the right of the facility at 10:01am revealed: ors that had holes patched; d exposed holes and had	C 074			
	entrance on 09/20/18	allway to the left of the facility at 10:33am revealed three worn paint, leaving the doors				
	09/20/18 at 10:22am -He cleaned every da least once a weekThe maintenance pe but had not finished the recall when the doors -He knew the toilet pa incorrectly, and the sp	y; he washed the doors at rson had patched the doors he repairs; he could not had been patched. Apper dispenser was installed bool could not be used to had place because the holder				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING: COMP		
		FCL017022	B. WING		09/2	0/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
D & H FAI	IILY CARE HOME		OROUGH ROA	AD		
		MILTON, N	C 27305			
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C 074	74 Continued From page 2		C 074			
	-The maintenance per paper dispenser back (he did not recall the coff to fix it, but had not tried to clean it with bout come offHe had noticed the disupposed to be replayers on had not finished the maintenance personnel he had noticed the likitchen; he did not recapitThe maintenance per repairs but had not be	rson had installed the toilet (ward several months ago date); he had tried to take it to been able to get it loose. aulking was stained; he had leach, but the stain would damaged linoleum; it was ced, but the maintenance ed; he did not know when son was scheduled to return. noleum was split in the call how long it had been rson had started a lot of een back to finish.				
	Interview with a second SIC on 09/20/18 at 10:40am revealed: -She had noticed the hole in the linoleum; it has been like that for several monthsThe maintenance person was supposed to replace the floor in both residents' bathrooms but had only finished one of the two resident bathroomsThe doors had been patched but had not been painted; she did not recall when the doors had been patchedShe had noticed the doors were discolored; the doors were discolored because they had been cleaned so much the paint had worn offShe had not noticed the plaster was peeling from the ceilingThe maintenance person was supposed to return to the facility to finish the repairs; she did not know when he was supposed to return because it was hard to reach the landlord.  Interview with the Administrator on 09/20/18 at					

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DIVISION	n Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
			P WING			
		FCL017022	B. WING		09/2	20/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	RESS, CITY, STA	TE. ZIP CODE		
			OROUGH ROA			
D & H FAN	MILY CARE HOME	MILTON, N		-D		
		WILTON, N	C 2/305			т
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
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C 074	Continued From page	e 3	C 074			
	Cha waa raanansibla	for the formishings in the				
		for the furnishings in the				
	facility and routine cle	<del>-</del>				
		ponsible for repairs and				
		ng doors, walls, windows,				
	and carpet, everything	• •				
		caulking in the bathroom				
	needed to be replace	d; she discussed this with				
	the landlord (she did i	not recall the date).				
	-She knew the toilet p	aper roll was not on the				
	fixture because the maintenance person had					
	installed it incorrectly.					
	-	patched, she thought it was				
		ntenance person had never				
	returned to finish the	•				
		cracked plaster on the				
		peen repaired, but there was				
	still an area that need					
		n cabinets needed to be				
	· · ·	ance person had measured				
		op but had never returned to				
	replace the missing of					
	-She knew there was	•				
		recall how long it had been				
	split.					
	-The home was show	ing a lot of age and things				
	needed to be repaired	d; they had been in the				
	facility since 1993.					
	-She had attempted to	o call the landlord multiple				
	times, but he never re	turned her call until today				
	(09/20/18).	•				
		nding out a maintenance				
		pairs needed in the home the				
	week of 09/24/18).					
	· · · - /·					
	Telephone interview v	vith the landlord on 09/20/18				
	at 2:27pm revealed:	3. 00.20.00				
		for the building, including				
	maintaining the facility					
		a maintenance person next				
	-i ie was senuning out	a mamienance person next	1			1

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week (the week of 09/24/18).

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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D & H FAN	MILY CARE HOME		BOROUGH ROA NC 27305	AD		
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C 074	Continued From page	e 4	C 074			
	-The interior was a gray area, but he tried to do a lot of the repairsHe did not recall having a maintenance person patch the doors; sometimes for things that are wear and tear, the facility would take care of itHe was not aware the linoleum needed to be repaired; he would have it looked at by the maintenance personHe was not aware the kitchen countertop needed to be repaired; he would have it looked at by the maintenance personHe was not aware the plaster on the ceiling was cracking; he would have it looked at by the maintenance personHe had talked to the Administrator several times about repairs that needed to be done, including cutting trees back and pressure washing; he could not recall any other maintenance needs that were discussed or when he last talked to the Administrator.					
C 112	10A NCAC 13G .0318(a) Outside Premises  10A NCAC 13G .0318 Outside Premises  (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.  This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure the outside rear cement deck metal railing was kept in safe condition.		C 112			
	The findings are:					
	Observations of the rear cement deck on					

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-There was a black metal railing around the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    COMPLETED	Division c	<u>of Health Service Regu</u>	ılation				
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1111 YARBOROUGH ROAD  MILTON, NC 27395  B PROVIDERS PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE (				(X2) MULTIPLE	CONSTRUCTION		
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D 8 H FAMILY CARE HOME   MILTON, NC 27305     O(4) D   PREFIX   TAG   SUMMARY STATEMENT OF DEFICIENCES BY PULL   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE DATE CROSS-REFERENCE TO THE APPROPRIATE DATE DATE CROSS-REFERENCE TO THE APPROPRIATE DATE CROSS-REFERENCE TO THE APPRO			•			1 00/2	0.20.0
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Interview with another resident on 09/20/18 at 3:10 pm revealed: -The cement deck was used by some of the residentsThe black metal railing has been loose since 2017One of the residents used the cement deck to access the backyard to pick up nutsOther residents used the cement deck to hang clothes to dryThe cement deck was not used often, but she							i
Interview with another resident on 09/20/18 at 3:10 pm revealed:  -The cement deck was used by some of the residents.  -The black metal railing has been loose since 2017.  -One of the residents used the cement deck to access the backyard to pick up nuts.  -Other residents used the cement deck to hang clothes to dry.  -The cement deck was not used often, but she		_	ne cement deck to reach the				ı
3:10 pm revealed:  -The cement deck was used by some of the residents.  -The black metal railing has been loose since 2017.  -One of the residents used the cement deck to access the backyard to pick up nuts.  -Other residents used the cement deck to hang clothes to dry.  -The cement deck was not used often, but she		backyard.					i
3:10 pm revealed:  -The cement deck was used by some of the residents.  -The black metal railing has been loose since 2017.  -One of the residents used the cement deck to access the backyard to pick up nuts.  -Other residents used the cement deck to hang clothes to dry.  -The cement deck was not used often, but she		Intervious with another	idant an 00/20/19 at				ı
-The cement deck was used by some of the residentsThe black metal railing has been loose since 2017One of the residents used the cement deck to access the backyard to pick up nutsOther residents used the cement deck to hang clothes to dryThe cement deck was not used often, but she			r resident on 09/20/10 at				ı
residentsThe black metal railing has been loose since 2017One of the residents used the cement deck to access the backyard to pick up nutsOther residents used the cement deck to hang clothes to dryThe cement deck was not used often, but she		1	as used by some of the				ı
-The black metal railing has been loose since 2017One of the residents used the cement deck to access the backyard to pick up nutsOther residents used the cement deck to hang clothes to dryThe cement deck was not used often, but she			is used by some of the				
2017.  -One of the residents used the cement deck to access the backyard to pick up nuts.  -Other residents used the cement deck to hang clothes to dry.  -The cement deck was not used often, but she			ng has been loose since				
access the backyard to pick up nuts.  -Other residents used the cement deck to hang clothes to dry.  -The cement deck was not used often, but she			9				
-Other residents used the cement deck to hang clothes to dryThe cement deck was not used often, but she		-One of the residents	used the cement deck to				
clothes to dryThe cement deck was not used often, but she		access the backyard	to pick up nuts.				
-The cement deck was not used often, but she			the cement deck to hang				
		1					
did not recall the last time she used the cement							
			time she used the cement				
deck.		deck.					1
Interview with the Administrator on 09/20/18 at		Intonvious with the Adu	ministrator on 00/20/18 at				1
10:20 am revealed:			Tillistrator on 09/20/16 at				
-The landlord was responsible for maintaining the			snonsible for maintaining the				
outer structure of the facility.			· · · · · · · · · · · · · · · · · · ·				
-The black metal railing had been damaged for a							

Division of Health Service Regulation

while, since 2017.

STATE FORM 6899 TUI211 If continuation sheet 6 of 16

Division of Health Service Regulation

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		FCL017022	B. WING		09/20/2018
	ROVIDER OR SUPPLIER		DRESS, CITY, STA BOROUGH ROA NC 27305		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROFICE OF THE APPROPROPROPROPROPROPERTY)	D BE COMPLETE
C 112	caused by a dolly loa back on to the railing.  -The damaged railing landlord twice before -She had difficulty coroften left messages of the extended for the repairs by facility.  -She planned to call the repair of the black meddeck.  Interview with the landrevealed: -He was contacted by facility on 09/20/18 cometal railingHe did not recall being about the black metaled: -He was told that the hurricaneHe had contacted a life of the railing.	olack metal railing was ded with an appliance rolling was reported to the	C 112		
C 341	10A NCAC 13G .1004 Administration		C 341		
	(i) The recording of the medication administration staff person who adminmediately following medication to the resistance.	ident and observation of the ng the medication and prior of another resident's			

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STATE FORM 6899 TUI211 If continuation sheet 7 of 16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
			A. BOILDING			
		FCL017022	B. WING		09	9/20/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		1111 YAF	RBOROUGH ROAD			
D & H FAN	MILY CARE HOME		NC 27305			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	COMPLÉTE DATE
C 341	Continued From page	e 7	C 341			
	interviews, the facility Medication Administraccurate to include the Aide (MA) who admin of 3 sampled residenth.  The findings are:  1. Review of Residenth 09/11/18 revealed: -Diagnoses included non-insulin dependenth obstructive pulmonar deficiency, hypoxeming and order milligrams (mg) daily used to treat high blour there was an order (Amlodipine is used the pressure)There was an order (Aspirin is a blood thin attacks.)There was an order (Aspirin is a blood thin attacks.)There was an order (Aspirin is a blood thin attacks.)There was an order (Aspirin is a blood thin attacks.)There was an order (Aspirin is a blood thin attacks.).	ns, record reviews, and refailed to assure the ation Records (MARs) were the initials of the Medication histered the medication for 3 ts (#1, #2 and #3).  It #1's current FL-2 dated schizophrenia, hypertension, at diabetes mellitus, chronic y disease, vitamin D a and hypertriglyceridemia. For Losartan Potassium 25. (Losartan Potassium is od pressure.) For Amlodipine 10 mg daily to lower high blood for Vitamin D 2000 units dietary supplement). For Aspirin 81mg nightly nner used to prevent heart for Paliperidone ER 6 mg peridone ER is an ation.). For Gemfibrozil 600 mg daily zil is used to treat high				

Division of Health Service Regulation

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Division of Health Service Regulation

DIVISION	n nealth Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
					1	
			D MINIO			
		FCL017022	B. WING		09/2	20/2018
NAME ∩E P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	ATE ZIP CODE		
TV-IVIL OF T				,		
D & H FAN	MILY CARE HOME		BOROUGH ROA	AD		
		MILTON,	NC 27305			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEI IOIEIVOT)		
C 341	Continued From page	e 8	C 341			
	. •					
		eye at bedtime (Latanoprost				
	eye drops are used to	treat glaucoma.).				
	-There was an order f	for Spiriva 18mcg inhale				
	1-capsule daily (Spiriv	va is used to prevent				
	bronchospasm cause	d by COPD and reduce				
	flare-ups of serious sy					
		,p.tee.,.				
	Review of the July 20	18 August 2018 and				
		dication Administration				
	•					
	Records (MARs) for Resident #1 revealed the					
	•	mented when medications				
	were administered we	ere the Administrator.				
	Interview with Reside	nt #1 on 09/20/18 at				
	11:42am revealed her	r medications were				
	administered by two	different named Medication				
	Aides (MA); she could	d not recall when the				
		ministered her medications.				
	Refer to interview with	h a MA on 09/20/18 at 3:30				
	pm.	11 4 1111 1 511 557 257 15 41 5.55				
	piii.					
	Defer to intensions with	h a second MA on 09/20/18				
		ir a second wa on 09/20/16				
	at 3:56 pm.					
	5					
		h the Administrator on				
	09/20/18 at 3:45 pm.					
		t #2's current FL-2 dated				
	06/28/18 revealed:		1			
	-Diagnoses included	seizure disorder, mental				
	retardation, malignan	t hyperthermia, and colitis.				
	_	for multi-vitamin one tablet				
	daily (used to treat vit					
		for mesalamine Dr 1.2 gm				
	three tablets daily (us	_				
		for Lisinopril 10 mg one				
	tablet daily (used to tr					
	-There was an order f	for risperidone 2 mg one				

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Division of Fleatin Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			D WING			
		FCL017022	B. WING		09/2	20/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE ZIP CODE		
	10 715 211 011 001 1 21211		, ,	,		
D & H FAN	MILY CARE HOME		OROUGH ROA	AD		
		MILTON, N	IC 27305			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	CIATE	DATE
C 341	Continued From page	9	C 341			
	tablet in the morning	used to treat the irritability				
		ychosis, schizophrenia, and				
	· ·	ychosis, schizophrenia, and				
	bipolar disorder).					
		for clonazepam 0.5 mg one				
	tablet twice daily (use					
		or calcium carbonate 500				
	-	aily (used to treat calcium				
	deficiency) .					
	-There was an order for oxcarbazepine 300 mg					
	one tablet twice daily (used to treat seizures).					
	-There was an order f	or oxybutynin CL ER 10 mg				
	one tablet twice daily	(used to treat overactive				
	bladder).					
	-There was an order f	or sucralfate 1 gm one				
		y (used to treat acid reflux				
	and gastritis).					
	· ,	or creon DR 36,000 units				
		nes daily with meals and				
	-	ack (used to treat protein				
	enzyme deficiency).	don (doca to treat protein				
		or trazodone 50 mg one				
		ed to treat depression).				
		or risperidone 4 mg one				
	tablet at bedtime.	:				
		for anti-diarrheal 2 mg two				
		liarrhea and one tablet with				
	•	vel movements (used to				
	treat diarrhea).					
	Review of July 2018,					
	September 2018 MAF	Rs for Resident #2 revealed				
	the only staff initials d	ocumented when				
	medications were adr	ninistered were the				
	Administrator.					
	Based on observation	ns, record reviews, and				
		rmined Resident #2 was not				
	interviewable.					
	into viewabie.					

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Refer to interview with a MA on 09/20/18 at 3:30

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			1			
		FCL017022	B. WING		09/20/2018	
					1 00/20/2010	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•		
D & H FAN	D & H FAMILY CARE HOME			AD .		
	MILTON,					
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		
1710		,	1,7.6	DEFICIENCY)		
C 341	Continued From page	10	C 341			
0 341	Continued From page 10		0 341			
	pm.					
	Defer to interview with	h a second MA on 00/20/19				
	at 3:56 pm.	h a second MA on 09/20/18				
	at 5.50 pm.					
	Refer to interview witl	h the Administrator on				
	09/20/18 at 3:45 pm.					
		t #3's current FL-2 dated				
	11/30/17 revealed:					
	•	schizophrenia, dysfunctional rtension, and allergies.				
		for therems-M one tablet				
	daily (used to treat vit					
		for lisinopril 20 mg one tablet				
	daily (used to treat hy	· · · · · · · · · · · · · · · · · · ·				
	-There was an order t	for hydrochlorothiazide 50				
	• • • • • • • • • • • • • • • • • • • •	used to treat hypertension).				
		for cetirizine HCL 10 mg one				
	tablet daily (used to tr					
		for calcium 600 + D3 one				
	vitamin D3 deficiency	ed to treat calcium and				
		for fluticasone prop 50 mcg				
		each nostril twice daily				
	(used to treat allergie					
	-There was an order t	for risperidone 0.5 mg one				
		ed to treat schizophrenia).				
	-There was an order for ibuprofen 600 mg one					
	•	as needed (used to treat				
	inflammation).	for modrow wrong stars				
		for medrozyprogesterone				
		scularly one milliliter every treat endometriosis).				
	,	for sudogest 30 mg one				
		reat seasonal allergies).				
		for hydrocortisone 1% apply				

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as directed to affected area three times daily as

needed (used to treat dermatitis).

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL017022	B. WING		09/20/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
D & H FAI	D & H FAMILY CARE HOME			AD		
	-	MILTON, N	IC 27305			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
C 341	Continued From page	e 11	C 341			
	Review of July 2018, September 2018 MAR the only staff initials d medications were adr Administrator.	Rs for Resident #3 revealed locumented when				
	Interview with Resident #3 on 09/20/18 at 9:40 am revealed: -The staff administered medications to herThe Administrator gave her medications to her most of the time.					
	Refer to interview with a MA on 09/20/18 at 3:30 pm.					
	Refer to interview with at 3:56 pm.	n a second MA on 09/20/18				
	Interview with a MA o revealed:	n 09/20/18 at 3:30pm				
		istered medications she				
	_	MAR, she checked to make tresident, dosage and time.				
		ministering the medication				
	did not initial the MAF	edication on 09/20/18; she R because the MAR was not				
		inistrator after she had				
	administered the medication and the Administrator signed off the MAR.					
	-She had not initialed medications they had	the MAR for any				
	3:56pm revealed: -He administered med	nd MA on 09/20/18 at dications to the residents at ministered medications				

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-Before he administered medications he made

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  PELOTTOS2  STREET ADDRESS, CITY, STATE. ZIP CODE  1111 YARBOROUGH ROAD  NITTON, NO. 27308  SUMMARY STATEMENT OF DEPICENCIS (ACA) DEPICENCY MUST BE PRECEDED BY PULL REQUIRED TO THE APPROPRIATE  (ACA) COntinued From page 12  CONTINUED From page 12  Sure he had the right medication, the right resident, the right time and the right dosage. He did not look at the MAR, but used the prescriptions from the pharmacy for directions for administering medications. He notified the Administrator when he had administered all the residents' medications, and she documented in the MAR. He had been administering medication cup to give to the gave the MA the medication cup to give to the resident.  -The other MAs did not administer the medication, the residentThe other MAs did not administer medications, they only administered inhalers and performed fingersticks for the residents.  -The wo MAs had completed the validation skills checklist, the medication ster, were not allowed to administer medication skills checklist, the medication did training and the five hour or 10 hour training course.  -She and the Supervisor in Charge (SIC) were responsible for ensuring the MARs were accurate and medication swere administeredShe did sign the MARs was not supposed to sign			(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE			SURVEY	
NAME OF PROVIDER OR SUPPLIER  D & H FAMILY CARE HOME    CAN   10	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
NAME OF PROVIDER OR SUPPLIER  D & H FAMILY CARE HOME    MILTON, NC 27305   D PREFIX TAG   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES   D PREFIX TAG   CAS ID PREFIX TAG   COntinued From page 12   CAS ID PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY AND IN TAG ID PREFIX TAG   CAS ID PREFIX TAG ID PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY AND ID PREFIX TAG ID PROVIDERS PLAN OF CORRECTION OF CAS ID PREFIX TAG ID PREFIX TAG ID PROVIDERS PLAN OF CORRECTION OF CAS ID PREFIX TAG ID								
D & H FAMILY CARE HOME    CALL   D.   SUMMARY STATEMENT OF DEFICIENCIES   D.   PREFIX   CACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)   PREFIX   TAG   TAG   CROSS-REFERENCED OF THE APPROPRIATE   CROSS-REFERENCEDOR OF THE APPROPRIATE   CROSS-REFERENCED OF THE APPROPRIATE   CROSS-REFERENCED OF THE APPROPRIATE   CROSS-REFERENCED OF THE APPRO	FCL017022		B. WING		09/20/2018			
CAST	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
(PAYID REPEIX TAGE STATEMENT OF DEFICIENCIES BY FULL TAGE STAGE STAN OF CORRECTION (EACH OBRICETIVE ACTION SHOULD BE TAGE STAGE STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL TAGE STAGE STAG			1111 YARB	OROUGH ROA	AD			
C 341  Continued From page 12  sure he had the right medication, the right resident, the right time and the right dosageHe did not look at the MAR, but used the prescriptions from the pharmacy for directions or administering the residents, medication, and she documented on the MARHe had never documented on the MAR, he had been administering medications for 2-3 weeks.  Interview with the Administrator on 09/20/18 at 3-45 pm revealed: -When another MA administers the medication, the medications were prepped by her and she gave the MA the medication cup to give to the residentsThe other MAs did not administer medications, they only administered inhalers and performed fingersticks for the residentsThe work had not taken the medication test, were not allowed to administer medicationsThe two MAs had completed the validation skills checklist, the medication ourseShe and the Supervisor in Charge (SIC) were responsible for ensuring the MARs were accurate and medication administration was completed accuratelyMAR audits were not done because she signed the MARs in place of the two MAs who administered the medications administeredShe did sign the MARs in place of the two MAs who administered the medications administered.	D & H FAI	MILY CARE HOME	MILTON, N	C 27305				
sure he had the right medication, the right resident, the right time and the right dosage.  He did not look at the MAR, but used the prescriptions from the pharmacy for directions for administering the medication.  He notified the Administrator when he had administered all the residents ' medications, and she documented in the MAR.  He had never documented on the MAR; he had been administering medications for 2-3 weeks.  Interview with the Administrator on 09/20/18 at 3-45 pm revealed:  -When another MA administers the medication, the medications were prepped by her and she gave the MA the medication cup to give to the resident.  -The other MAs did not administer medications, they only administered inhalers and performed fingersticks for the residents."  -Two people from other facilities told her the MAs, who had not taken the medication test, were not allowed to administer medications.  -The two MAs had completed the validation skills checklist, the medication aide training and the five hour or 10 hour training course.  -She and the Supervisor in Charge (SIC) were responsible for ensuring the MARs were accurate and medication administration was completed accurately.  -MAR audits were not done because she signed the MARs as the medications and inhalers to the residents.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE	
the MARs if she did not administer the medication.	C 341	sure he had the right resident, the right time. He did not look at the prescriptions from the administering the medication administered all the reshed ocumented in the He had never documented in the He had not the He had not taken the He superviresponsible for ensur and medication administered the He had not had not taken the He had not had not taken the He had not had not taken the He superviresponsible for ensur and medication administered the He had not had	medication, the right e and the right dosage. e MAR, but used the e pharmacy for directions for dication. nistrator when he had esidents ' medications, and he MAR. hented on the MAR; he had hedications for 2-3 weeks.  ministrator on 09/20/18 at  diministers the medication, prepped by her and she ication cup to give to the  ot administer medications, d inhalers and performed sidents." er facilities told her the MAs, he medications mpleted the validation skills tion aide training and the five hig course. sor in Charge (SIC) were high the MARs were accurate histration was completed  at done because she signed dications were administered. Rs in place of the two MAs he medications and inhalers to he was not supposed to sign	C 341	DEPICIENCY)			

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Division of	of Health Service Regu	lation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL017022	B. WING		09/2	20/2018	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA				
D & H FAM	MILY CARE HOME	1111 YARI MILTON, I	BOROUGH ROA	AD .			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
C 342	Continued From page	e 13	C 342				
C 342	10A NCAC 13G .1004 Administration	4(j) Medication	C 342				
	(j) The resident's me record (MAR) shall be following: (1) resident's name; (2) name of the medic (3) strength and dose medication administe (4) instructions for ad or treatment; (5) reason or justificar medications or treatmedocumenting the resumedications or treatmedocumenting the resumedications or treatment; (6) date and time of a (7) documentation of medications or treatmedications or treatmedications or treatmedication or	tion for the administration of ments as needed (PRN) and alting effect on the resident; administration; any omission of ments and the reason for the refusals; and the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR).  as evidenced by:  as evidenced by:  as evidenced by:  as evidenced by:  as a sevidenced by:  as a sampled residents (#2)  a daily multi-vitamin with minister and documentation					

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06/28/18 revealed:

-Diagnoses included seizure disorder, mental

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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		
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		ISEITH ISTATION NOMED IN	A. BUILDING:		COMI LETED		
		FCL017022	B. WING		09/20/2018		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
D & H FAN	MILY CARE HOME	1111 YAR	BOROUGH ROA	D			
Dania	MILI CARL HOME	MILTON, I	NC 27305				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
C 342	Continued From page	: 14	C 342				
	retardation, malignant hyperthermia, and colitisThere was an order for multi-vitamin (used to treat vitamin deficiency) one tablet daily.  Review of Resident #2's July 2018, August 2018						
		medication administration					
		or multi-vitamin one tablet :00 am.					
	documented on the M administration of the r	IARS indicating daily					
	Observation of Resident #2's medication on hand on 09/20/18 at 12:00 noon revealed the facility did not have any multi-vitamins for Resident #2 available for administration.						
		s, record reviews, and ermined Resident #2 was					
	Interview with the faci 09/20/18 at 12:50 pm -The last order date for multi-vitamin was 11/2	or Resident #2's					
	-The last dispense da multi-vitamin was 10/	19/16.					
	medical provider on 0 that medical provider.						
		s still placed on Resident he medication was not					

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revealed:

Interview with the facility's contract Nurse Practitioner (NP) on 09/20/18 at 3:05 pm

-She recalled ordering the multi-vitamins for

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
D & H FAMILY CARE HOME    Complete	FCL017022		B. WING		09/20/2018		
MILTON, NC 27305  (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  MILTON, NC 27305  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)							
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)	D & H FAI	MILY CARE HOME			AD		
C 342 Continued From page 15 C 342	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	(X5) COMPLETE DATE
Resident #2 in 2017.  -She did not remember the reason for ordering multi-vitamins for Resident #2 but she thought the reason was for strength.  -She was contacted by the facility on 09/20/18 requesting a new prescription.  -She sent the prescription to the pharmacy electronically for Resident #2's multi-vitamins.  -She did not know the medication had not been dispensed since 2016 by the pharmacy.  Interview with the Administrator on 09/20/18 at 3:40 pm revealed:  -Resident #2 received the last dose of multi-vitamins on 09/20/18 at 8:00 am.  -She had thrown the empty container for the multi-vitamins away.  -She did know that the pharmacy had not dispensed the multi-witamin since 2016.  -She was purchasing the multi-vitamins for Resident #2.  -She did not have any receipts documenting the purchase of the multi-witamins for Resident #2.  -The pharmacy was not able to provide any documentation that she was purchaseing multi-vitamins for Resident #2.  -The last date that she purchased multi-vitamins for Resident #2.  -The last date that she purchased multi-vitamins for Resident #2.  -The pharmacy sent a new bottle of multi-vitamins on 09/20/18 for Resident #2.	C 342	Resident #2 in 2017She did not remembe multi-vitamins for Resident was for strengthe sent the prescription of the sent	er the reason for ordering sident #2 but she thought the 19th. By the facility on 09/20/18 scription. Potion to the pharmacy sident #2's multi-vitamins. It is medication had not been 65 by the pharmacy.  In ministrator on 09/20/18 at 19/20/18 at 8:00 am. It is empty container for the 19/20/18 at 8:00 am. It is empty container for the 19/20/18 at 19/20/18. It is purchased multi-vitamins for 19/20/18. It is purchased multi-vitamins 19/20/18. It is purchased multi-vitamins 19/20/18. It is a new bottle of	C 342			

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