

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL058008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/15/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FIELDS FOUNDATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1057 LAND-FIELDS LANE WILLIAMSTON, NC 27892</b>
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C 000	Initial Comments  The Adult Care Licensure Section and the Martin County Department of Social Services conducted an annual survey on November 14-15, 2018.	C 000		
C 074	<p>10A NCAC 13G .0315(a)(1) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping And Furnishings (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule shall apply to new and existing homes.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the walls, ceilings, and floors were kept clean and in good repair in 2 of 2 common bathrooms and the family room.</p> <p>The findings are:</p> <p>Observation of common bathroom #1 in the hallway on 11/14/18 at 10:00am revealed: -The entire floor trim had multiple areas of dark brown and black stains. -The grout around the shower, toilet and sink had areas of dark brown and black stains. -The ceiling above the shower had a twenty-four inch by twenty-four inch area that had the plaster chipped off. -The wall to the left of the shower had an area of approximately four inch by twelve inch area of dark brown stain. -The air return vent had a thick coating of dust. -The floor vent had chipped paint and was 90%</p>	C 074		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 074	<p>Continued From page 1</p> <p>covered in rust.</p> <p>Observation of common bathroom #2 near the kitchen on 11/14/18 at 10:00am revealed: -The entire floor trim had multiple areas of dark brown and black stains. -The grout around the toilet and sink had areas of dark brown and black stains. -The air return vent had a thick coating of dust. -The floor vent had chipped paint and was 90% covered in rust.</p> <p>Observation of air vent in the family room on 11/14/18 at 10:08am revealed the vent had a thick coating of dust covering it.</p> <p>Interview with Resident #3 on 11/14/18 at 10:15am revealed: -Bathroom #1 had always had the dark brown and black stains on the floor trim and grout. -He showered in bathroom #2.</p> <p>Interview with the Assistant Administrator on 11/14/18 at 10:10am revealed: -The medication aide (MA) on duty was responsible for making sure the facility was clean. -He would work on cleaning the grout and other areas in the bathrooms. -He was not aware of the dust on the air vents but would get them cleaned immediately. -He would have a maintenance worker paint the walls in the common bathroom #1. -He would replace the rusted floor vents in both bathrooms.</p>	C 074		
C 078	<p>10A NCAC 13G .0315(a)(5) Housekeeping and Furnishings</p> <p>10A NCAC 13G .0315 Housekeeping and</p>	C 078		

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C 078	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the facility was clean and free of hazards in 2 of 2 common bathrooms that had peeling paint on the light fixtures, a rusted paper towel holder, a hardened substance covering the toilet paper holder and an area of the floor that the tile was lifted and softened wood floor below.</p> <p>The findings are:</p> <p>Observation of common bathroom #1 in the hallway on 11/14/18 at 10:00am revealed: -The light fixture above the sink had the paint peeling off the entire outside. -The toilet paper holder had ¼ inch thickness of a hardened substance that had several colors (white, gray, green and black) covering the top of each handle. -The metal paper towel holder was covered in rust. -The corner of the floor to the left of the shower had a six inch by four inch area that the tile had lifted and the floor beneath the tile was soft wood.</p> <p>Observation of common bathroom #2 near the kitchen on 11/14/18 at 10:00am revealed the light fixture above the sink had the paint peeling off the entire outside.</p>	C 078		

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C 078	Continued From page 3  Interview with the Assistant Administrator on 11/14/18 at 10:10am revealed: -The medication aide (MA) on duty was responsible for making sure the facility was clean and free of hazards. -He was not aware of the mold on the toilet paper holder, the rusted paper towel holder, the two light fixtures with peeling paint, or the area of the bathroom floor that needed repair. -He would have a maintenance worker replace the toilet paper holder, paper towel holder, and light fixtures immediately. -He would have a maintenance worker repair the bathroom floor immediately.	C 078		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis  10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others.	C 140		

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C 140	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 3 sampled staff (Staff C) was tested upon hire for tuberculosis (TB) disease with a two-step skin test in compliance with the control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -Staff C was hired on 10/11/18. -There was no documentation that staff C had a two-step TB skin test or a chest x-ray ruling out TB.</p> <p>Interview with Staff C on 11/14/18 at 5:40pm revealed: -She had one TB skin test at the beginning of 2018 that was negative, and had given the Assistant Administrator a copy of that TB test. -She did not get a TB skin test upon hire in October 2018. -She did not know she had to have a two-step TB skin test.</p> <p>Interview with the Assistant Administrator on 11/14/18 at 5:50pm revealed: -He was responsible for maintaining the staff personnel records. -He did not know where the copy of Staff C's TB test result was that she had completed in early 2018. -He thought Staff C only needed the one TB test. -He was going to have staff complete the two-step TB test as soon as possible.</p>	C 140		

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C 176	<p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation</p> <p>10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure at least one staff person on the premises at all times had completed a course on cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months for 1 of 3 sampled staff (Staff C).</p> <p>The findings are:</p> <p>Review of Staff C's (medication aide) personnel record revealed: -Staff C was hired at the facility on 10/11/18. -There was no documentation she had CPR training within the last 24 months.</p> <p>Interview with Staff C on 11/14/18 at 9:55am revealed:</p>	C 176		

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C 176	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-She started working at the facility on 10/11/18 as a medication aide (MA) in training working with another MA.</li> <li>-Her last day working and training with the other MA was 11/01/18.</li> <li>-She worked by herself on 11/4/18, 11/6/18, 11/8/18, 11/11/18, and 11/13/18 each day from 8:00am - 4:00pm, responsible for the five residents who resided at the facility.</li> </ul> <p>Interview with the Assistant Administrator on 11/14/18 at 11:15am revealed:</p> <ul style="list-style-type: none"> <li>-All staff worked by themselves at different times with the five residents that resided at the facility.</li> <li>-He was responsible for ensuring all staff were CPR certified.</li> <li>-He maintained all personnel records at the facility.</li> <li>-He did not realize that Staff C's CPR certification had expired.</li> <li>-He lived next door to the facility and he was the facility's CPR instructor.</li> <li>-He would train and certify Staff C in CPR by 11/15/18 at 12:00pm.</li> <li>-He would not allow Staff C to work alone until she is CPR certified</li> </ul>	C 176		
C 256	<p>10A NCAC 13G .0904(a)(1) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes:</p> <p>(1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination.</p>	C 256		

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C 256	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the oven range hood was kept clean, in good repair and free of contamination.</p> <p>The findings are:</p> <p>Observation of the kitchen on 11/14/18 at 11:50am revealed: -The underside of the oven range hood had a lost of grease on the exhaust vent, and around the light. -The outside and underside of the range hood had brown and black colored stains and areas that were missing paint and rusted. -There was a twelve inch by two inch area on the front right side of the range hood that was rusted and had paint chipping around it. -The exhaust vent screen was bent, cracked and partially hanging from the range hood.</p> <p>Interview with the medication aide (MA) on 11/14/18 at 11:55am revealed: -The kitchen, to include the refrigerator, stove, oven, range hood and microwave were supposed to be wiped down every day by whoever was working that day. -The night shift staff were supposed to do deep cleaning, but she wasn't sure how often. -There was no written cleaning schedule. -She was aware the oven range hood had brown/black stains, chipping paint and rusted areas. -She wiped down the oven range hood each day but the stains could not be removed. -The Assistant Administrator was aware of the condition of the oven range hood.</p> <p>Interview with the Assistant Administrator on</p>	C 256		

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C 256	Continued From page 8  11/14/18 at 12:20pm revealed: -He was aware the oven range hood had brown/black stains, chipping paint and rusted areas. -He planned on replacing the range hood versus repainting it. -He would have it replaced on 11/15/18. -The MA on duty was responsible for ensuring the overall cleanliness of the kitchen.	C 256		
C935	G.S. § 131D-4.5B (b) ACH Medication Aides; Training and Competency  G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.  (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 Department that includes training and instruction in all of the following: a. The key principles of medication administration. 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. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following:	C935		

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C935	<p>Continued From page 9</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> <li>1. The key principles of medication administration.</li> <li>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.</li> </ol> <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, interviews, and record reviews, the facility failed to assure 1 of 3 sampled staff (Staff C) had completed the 5 hour state approved medication administration course prior to being allowed to administer medications.</p> <p>The findings are:</p> <p>Review of Staff C's (medication aide) personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Staff C was hired at the facility on 10/11/18.</li> <li>-There was no documentation she had completed the 5 hour state approved medication administration course.</li> <li>-She passed the state medication aide written exam on 10/17/06.</li> <li>-She completed a medication clinical skills validation checklist on 10/23/18.</li> </ul> <p>Review of Resident #2's medication administration record revealed Clonazepam 1mg tablet was given on 11/4/18, 11/6/18, 11/8/18, 11/11/18, and 11/13/18 at 2:00pm each day by</p>	C935		

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C935	<p>Continued From page 10</p> <p>Staff C.</p> <p>Review of Resident #3's medication administration record revealed Phenobarbital 32.4mg tablet was given on 11/4/18, 11/6/18, 11/8/18, 11/11/18, and 11/13/18 at 12:00pm each day by Staff C.</p> <p>Interview with Resident #3 on 11/14/18 at 10:15am revealed Staff C administered his medications at the facility on the days she worked.</p> <p>Attempted interview with Resident #2 on 11/14/18 at 10:35am was unsuccessful.</p> <p>Interview with Staff C on 11/15/18 at 9:45am revealed:</p> <ul style="list-style-type: none"> <li>-She started working at the facility on 10/11/18 as a medication aide (MA) in training working with another MA.</li> <li>-Her last day working and training with the other MA was 11/01/18.</li> <li>-She worked by herself on 11/4/18, 11/6/18, 11/8/18, 11/11/18, and 11/13/18 each day from 8:00am - 4:00pm, responsible for the five residents who resided at the facility.</li> <li>-She passed medications to two residents on the days she worked alone.</li> <li>-For one resident, she gave him Clonazepam 1mg tablet (a controlled medication used to treat panic disorder and anxiety) each day at 2:00pm.</li> <li>-For a second resident, she gave him Phenobarbital 32.4mg tablet (a controlled medication used as a sedative and to treat seizures) each day at 12:00pm.</li> <li>-There were no other medications that she passed on the five days she worked alone.</li> <li>-The last time she worked as a medication aide was at a different facility in 2013.</li> </ul>	C935		

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C935	<p>Continued From page 11</p> <p>-She did not know that she had to take the 5 hour, 10 hour, or 15 hour state approved medication administration courses since she had not worked as a medication aide since 2013.</p> <p>-She was trained by the Licensed Health Professional Support (LHPS) nurse when she was hired on 10/11/18 and had completed the medication clinical skills validation checklist on 10/23/18.</p> <p>Interview with the Assistant Administrator on 11/15/18 at 10:15am revealed:</p> <p>-He was responsible for maintaining the staff personnel records.</p> <p>-He was not aware that Staff C had to take the 5 hour, 10 hour, or 15 hour state approved medication administration courses since she had not worked as a medication aide since 2013.</p> <p>-He would get her scheduled for the training as soon as possible.</p> <p>-He would not allow Staff C to pass medications until she had completed the medication administration training.</p> <p>Interview with the LHPS nurse on 11/15/18 at 11:05am revealed:</p> <p>-She had trained Staff C upon hire that consisted of a review of medication administration, blood sugar testing and the completion of the medication clinical skills validation checklist.</p> <p>-She was aware of the 5 hour, 10 hour, or 15 hour state approved medication administration courses and the state medication aide written exam, but she did not train Staff C on that because she had already completed the training years ago.</p> <p>-She was not aware of the requirement that Staff C needed to take the medication administration courses since she had not worked as a medication aide since 2013.</p>	C935		

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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
C992	<p>G.S. § 131D-45 G.S. § 131D-45. Examination and screening for</p> <p>G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.</p> <p>(a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening.</p>	C992		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL058008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/15/2018</b>
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C992	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure 1 of 3 staff sampled (C) had been screened for the presence of controlled substances in accordance with North Carolina General Statute 131D-45.</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -Staff C was hired at the facility on 10/11/18. -There was no documentation she had been screened for the presence of controlled substances upon hire.</p> <p>Interview with Staff C on 11/14/18 at 5:40 pm revealed: -She had not been able to get her drug screening completed because of a medical condition that caused her to not be able to produce urine. -The only place to get drug tested was the local hospital and they only did urine tests. -Just before she started work at the facility, the hospital had ordered a blood drug test kit for her but they had not called her back to let her know it had come in. -She would call the hospital back to see if the blood test kit had come in so she could complete the test.</p> <p>Interview with the Assistant Administrator on 11/15/18 at 10:15am revealed: -He was aware that Staff C had not completed her screening for the presence of controlled substances. -The testing was delayed because she had not been able to get a blood test versus a urine test. -He would follow-up with Staff C to get the blood test done as soon as possible.</p>	C992		