STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

(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 01/03/18.	C 000		
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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled (Staff B and Administrator's family member) were tested for tuberculosis (TB) disease.	C 140		

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C 140	Continued From page 1 The findings are: 1. Review of Staff B, supervisor-in-charge's (SIC) personnel record revealed: -She was hired on 07/02/07. -There was documentation of a negative TB skin test placed on 09/13/02. -There was no read date available. -There was documentation of a second TB skin test placed on 10/07/02 and read as negative on 10/10/02. Interview with staff B on 01/03/19 at 6:45 pm revealed: -She was an SIC. -She cooked, cleaned, provided transportation, administered medications, and assisted with bathing and dressing residents as needed. -She worked several days a week whenever needed. -She had a negative TB test several years prior to employment at the facility. -She did not know she needed TB skin testing upon hire. -The Administrator was responsible for making sure TB skin test were completed prior to hire date. Interview with the Administrator on 01/03/19 at 7:00 pm revealed: -He was responsible for making sure all staff completed a two step TB skin tests upon hire. -He did not know Staff B needed two step TB skin tests. -Staff B was an SIC. 2. Review of a family member's personal record revealed there was no personnel record to review.	C 140		

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C 140	Continued From page 2 Interview with a family member on 01/03/19 at 5:25 pm revealed: -She helped with anything that was needed at the facility. -The residents would come to her home several days a week and stayed with her during the day. -She cooked for the residents and provided transportation as needed. -She had not been a staff at the facility in years and did not get paid for any services. -She considered herself a volunteer. -She worked at the facility years ago as a relief worker. -She remembered having a negative TB test in the past but could not remember the date. Interview with the Administrator on 01/03/19 at 7:05 pm revealed: -He was responsible for making sure all staff completed a two step TB skin tests upon hire. -He did not know his family member needed a two step TB skin tests since she was working with the residents. -His family member was not a staff and did not get paid. The facility failed to ensure 2 of 3 staff were free from active tuberculosis (TB) disease and placed the residents for potential exposure to TB. This failure was detrimental to the health, safety, and welfare of all residents and constitutes a Type B Violation. A plan of protection in accordance with G.S. 131D-34 was requested on 12/04/18 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED February 18, 2019.	C 140		

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C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure 1 of 3 sampled (Administrator's family member) had no substantiated findings on the North Carolina Health Care Personnel Registry (HCPR) prior to working with the residents. The findings are: Observation on 01/03/19 at 2:58 pm revealed the Administrator's family member returned to the facility with a resident after taking him to a doctor's appointment. Review of personnel records revealed there was no personal record for the Administrator's family member. Interview with the Administrator on 01/03/19 at 3:15 pm revealed: -He did not consider his family member as an employee. -He did not pay his family member for her services. -The family member took residents to appointments as needed. -The residents were taken to the family member's	C 145		

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C 145	Continued From page 4 home several days a week, but not daily. -He completed a HCPR check on his family member years ago when she was considered relief staff. -The family members previous personnel record was not available for review. -He was responsible for making sure HCPR checks were completed on all staff prior to hire. Interview with a family member on 01/03/19 at 5:25 pm revealed: -She assisted the Administrator with any needs at the facility. -She would provide meals for the resident's. -She provided transportation for residents as needed. -The residents were at her house several days a week. -She was not paid for any work she did for the facility or with the residents. -The Administrator completed a HCPR check on her years ago. -The Administrator was responsible for making sure HCPR checks were completed on all staff prior to hire.	C 145		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and G.S. 131D-40; This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 sampled (Staff A) had a	C 147		

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C 147	Continued From page 5 criminal background check upon hire. The findings are: Review of Staff A, the Administrator's personnel record revealed: -He was hired on 07/01/04. -There was no documentation a criminal background check had been completed. Interview with the Administrator on 01/03/19 at 6:40 pm revealed: -He had worked at the facility since 07/01/04. -He had completed a criminal background check on himself when he started. -He thought it was in his personnel record, but could not find it in his personnel record. -He knew criminal background checks were required for facility staff. -He was responsible for obtaining criminal background checks. -He was responsible for personnel records. -He did not audit personnel records.	C 147		
C 174	10A NCAC 13G .0505(1)(2) Training On Care Of Diabetic Residents 10A NCAC 13G .0505 Training On Care Of Diabetic Residents A family care home shall assure that training on the care of residents with diabetes is provided to unlicensed staff prior to the administration of insulin as follows: (1) Training shall be provided by a registered nurse, registered pharmacist or prescribing practitioner. (2) Training shall include at least the following: (a) basic facts about diabetes and care involved in the management of diabetes;	C 174		

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C 174	Continued From page 6 (b) insulin action; (c) insulin storage; (d) mixing, measuring and injection techniques for insulin administration; (e) treatment and prevention of hypoglycemia and hyperglycemia, including signs and symptoms; (f) blood glucose monitoring; universal precautions; appropriate administration times; and (g) sliding scale insulin administration. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 2 of 2 sampled staff (Staff A and Staff B) had completed training on the care of the diabetic resident prior to the administration of insulin. The findings are: 1. Review of Staff A, the Administrator/medication aide's (MA) personnel record revealed: -Staff A was hired on 07/01/04. -There was no documentation of diabetic care training found in the Administrator's personnel record. Review of a resident's Medication Administration Record for November 2018, December 2018, and January 1-3, 2019 revealed: -The resident's finger stick blood sugar (FSBS) was checked two times daily and insulin was given once daily. -There was documentation the Administrator administered insulin every day in November 2018 and December 2018, and two days in January 2019.	C 174		

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C 174	Continued From page 7 Interview with the Administrator on 01/03/19 at 6:30 pm revealed: -He was the Administrator and worked as a MA. -There was one resident in the facility who had orders for FSBS checks and insulin. -He had checked FSBS and administered insulin to the resident. -He had completed diabetic care training but could not remember the date. -He could not locate the diabetic care training certificate in his personnel record. -He was responsible for ensuring the diabetic training was completed. -He scheduled training for facility staff. -He was responsible for personnel records. -He did not audit personnel records. 2. Review of Staff B, supervisor-in-charge (SIC)/medication aide's (MA) personnel record revealed: -Staff B was hired on 07/02/07. -There was no documentation of diabetic care training found in Staff B's personnel record. Interview with Staff B on 01/03/19 at 6:35 pm revealed: -There was one resident in the facility who had orders for finger stick blood sugar (FSBS) checks and insulin. -She had checked FSBS and administered insulin during her shift. -She thought she had diabetic training when she was hired but could not remember a date. -The Administrator was responsible for scheduling diabetic care training for facility staff. -The Administrator was responsible for personnel records. Interview with the Administrator on 01/03/19 at 6:30 revealed:	C 174		

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C 174	Continued From page 8 -He knew the SIC had checked FSBS and administered insulin during her shift. -The SIC had taken the diabetic care training but he could not remember the date. -He could not locate the diabetic care training certificate for the SIC in her personnel record. -He was responsible for ensuring the diabetic training was completed. -He scheduled training for facility staff. -He was responsible for personnel records. -He did not audit personnel records.	C 174		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 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. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to assure at least one staff on the premises at all times had completed a course on cardio-pulmonary resuscitation (CPR)	C 176		

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C 176	Continued From page 9	C 176		

and choking management, including the Heimlich maneuver, within the last 24 months for 2 of 2 sampled staff (Staff A and Staff B).

The findings are:

1. Review of Staff A, the Administrator/supervisor-in-charge's (SIC), personnel record revealed:
-Staff A was hired on 07/01/04.
-There was documentation Staff A had CPR training on 11/16/10; the CPR certification expired on 11/16/12.
-There was no documentation Staff A had a current CPR certification.

Interview with the Administrator on 01/03/19 at 6:30 pm revealed:
-He was the Administrator and he worked as the SIC.
-He worked alone and was the only staff that worked most days.
-There was one other SIC but they did not work on the same days.
-He did not know his CPR certification had expired.
-He thought his CPR was current but could not remember the last date he had been certified.
-He knew there had to be one staff on the premises at all times who had completed CPR certification within the last 24 months.
-He was responsible for ensuring the CPR certification was current for facility staff.
-He scheduled CPR certification classes for facility staff.
-He was responsible for personnel records.
-He did not audit personnel records.

Observations of the facility on 01/03/19 from 8:00 am to 7:30 pm revealed the Administrator was the

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C 176	Continued From page 10 only staff working. 2. Review of Staff B, supervisor-in-charge's (SIC) personnel record revealed: -She was hired on 07/02/07 as a SIC. -There was documentation Staff B had CPR training on 11/16/10; the CPR certification expired on 11/16/12. Interview with Staff B on 01/03/19 at 6:35 pm revealed: -There were only 2 staff that worked at the facility. -She worked most days by herself. -She knew there had to be one staff on the premises at all times who had completed CPR within the last 24 months. -She did not know her CPR certification had expired. -She thought her CPR was current but could not remember the last date she had been certified. -The Administrator was responsible for ensuring the CPR certification was current for facility staff. -The Administrator scheduled CPR training for staff. Interview with the Administrator on 01/03/19 at 6:30 pm revealed: -The SIC worked alone on some shifts. -He did not know the SIC's CPR certification had expired. -He thought her CPR certification was current but could not remember the last date she had been certified. -He knew there had to be one staff on the premises at all times who had completed CPR certification within the last 24 months. -He was responsible for ensuring the CPR certification was current for facility staff. -He scheduled CPR certification classes for facility staff.	C 176		

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C 176	Continued From page 11 -He was responsible for personnel records. -He did not audit personnel records.	C 176		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 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. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled residents (Resident #2 and #3) were tested upon admission for tuberculosis (TB) disease. The findings are: 1. Review of Resident #2's FL2 dated 06/21/18 revealed a diagnoses of vascular dementia, cardiovascular accident, seizures, type II diabetes mellitus, essential hypertension, hyperlipidemia, tobacco use, and vitamin D3 deficiency. Review of Resident #2's Resident Register revealed an admission date of 06/28/18.	C 202		

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C 202	Continued From page 12 Review of Resident #2's record revealed: -A negative TB skin test was placed on 08/25/17. -There was no read date. -There was no TB skin test completed upon admission. Interview with Resident #2 on 01/03/19 at 7:15 pm revealed: -He was admitted to the facility about 6 months ago. -Prior to his admission he was a resident at another assisted living facility. -He had a TB skin test in the past, but could not remember when. -He did not know the results of the previous TB skin test. Interview with the supervisor-in-charge (SIC) on 01/03/19 at 6:45 pm. revealed: -She did not know Resident #2 did not have two TB skin tests. -The Administrator was responsible for making sure TB skin tests were completed upon admission. Interview with the Administrator on 01/03/19 at 7:00 pm revealed: -He did not know Resident #2 did not have two TB skin test completed. -He was responsible for making sure all residents have two TB skin tests. 2. Review of Resident #3's FL2 dated 06/28/18 revealed a diagnoses of bipolar disorder, depression, amnesia, chronic obstructive pulmonary disease, cardiomegaly, and chronic atrial fibrillation. Review of Resident #3's Resident Register revealed an admission date of 01/23/13.	C 202		

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C 202	Continued From page 13 Review of Resident #3's record revealed no documentation of TB skin tests. Interview with Resident #3 on 01/03/19 at 5:45 pm revealed: -He was admitted to the facility several years ago. -He did not know if he had a TB skin test upon admission to the facility or prior to his admission. Interview with the supervisor-in-charge (SIC) on 01/03/19 at 6:45 pm revealed: -She thought Resident #3 had documentation of two TB skin test in his record. -Resident #3's TB skin test documentation should be in the record. -The Administrator was responsible for making sure TB skin tests were completed upon admission. Interview with the Administrator on 01/03/19 at 7:00 pm revealed: -He did not know Resident #3 did not have documentation of two TB skin test upon admission. -He was responsible for making sure all residents have two TB skin tests upon admission. The facility failed to assure residents (#2 and #3) were tested for TB which placed the residents at risk for the transmission and development of TB disease. The facility's failure was detrimental to the health and welfare of the residents which constitutes a Type B violation. A plan of protection in accordance with G.S. 131D-34 was requested on 12/04/18 for this violation. THE CORRECTION DATE FOR THE TYPE B	C 202		

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C 202	Continued From page 14 VIOLATION SHALL NOT EXCEED February 18, 2019.	C 202		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 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. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure implementation of physician's orders for 2 of 3 residents (#2 and #3) with orders for monthly weights (#2) and weekly blood pressures (#3). The findings are: 1. Review of Resident #2's FL2 dated 06/21/18 revealed: -Diagnoses included vascular dementia, cardiovascular accident, seizures, type II diabetes mellitus, essential hypertension, hyperlipidemia, tobacco use, and vitamin D3 deficiency. -There was a physician's order for monthly weights. Review of Resident #2's medication administration records (MAR) for November 2018, December 2018, and January 2019 revealed: -There was no entry to check weight monthly.	C 249		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

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C 249	Continued From page 15 -There was no documentation of monthly weights. Observation of the facility on 01/03/19 revealed there were no available scales to weigh Resident #2. Interview with Resident #2 on 01/03/19 at 7:15 pm revealed the staff did not check his weight. Interview with a supervisor-in-charge (SIC) on 01/03/19 at 6:45 pm revealed: -She did not know Resident #2 had an order for monthly weights. -The Administrator was responsible for reviewing FL2's and checking residents' weights. -Weights should be documented on the resident MAR. Interview with the Administrator on 01/03/19 at 7:00 pm revealed: -He did not know Resident #2 had an order to check his weight monthly. -He did not see the order for monthly weights on the FL2. -Resident weights should be documented on the MAR. -He was responsible for obtaining resident weights. Attempted telephone interview with Resident #2's Primary Care Physician on 01/03/18 at 4:00 pm. 2. Review of Resident #3's FL2 dated 06/28/18 revealed: -Diagnoses included bipolar disorder, depression, amnesia, chronic obstructive pulmonary disease, cardiomegaly, and chronic atrial fibrillation. -There was a physician's order to obtain weekly blood pressure (BP).	C 249		

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C 249	Continued From page 16 Review of Resident #3's December 2018 medication administration records (MAR) revealed: -There was an entry to obtain weekly BP's. -There was documentation of BP on 12/01/18 and 12/08/18. -BP documented on 12/01/18 was 116/71. -BP documented on 12/08/18 was 115/69. -BP was not documented for 3 of 5 weeks. -BP was not documented on 12/15/18, 12/22/18, and 12/29/18. Interview with Resident #3 on 01/03/19 at 5:45 pm revealed: -The staff monitored his BP. -The staff checked his BP almost every week. -He did not remember the last time staff checked his BP. -He did not know there was an order to monitor his BP weekly. Interview with the supervisor-in-charge (SIC) on 01/03/19 at 6:45 pm revealed: -She knew Resident #3 was ordered weekly BP's. -She did not know there was weekly BP's not documented in December 2018. -The Administrator was responsible for obtaining BP's. Interview with the Administrator on 01/03/19 at 7:00 pm revealed: -He knew Resident #3 had an order to obtain BP's weekly. -He was responsible for obtaining Resident #3's BP weekly. -He did not know there were 3 missing BP's in December 2018. -He felt Resident #3's BP was checked but forgot to document.	C 249		

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C 249	Continued From page 17 Attempted telephone interview with Resident #3's Primary Care Physician on 01/03/18 at 4:00 pm was unsuccessful.	C 249		
C 311	10A NCAC 13G .0909 Residents' Rights 10A NCAC 13G .0909 Resident Rights A family care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to assure residents were treated with respect, consideration, and dignity related to residents being taken to the Administrator's family member's home, other resident's appointments, and daily errands. The findings are: Interview with the Administrator on 01/03/19 at 8:00 am revealed the facility had a census of four residents. Observation on 01/03/19 at 8:10 am revealed: -There were four residents in the facility. -Five beds appeared to be occupied. Observation on 01/03/19 at 10:30 am revealed the Administrator loaded three of four residents into his van to go to an appointment. Observation on 01/03/19 at 2:58 pm revealed the	C 311		

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C 311	Continued From page 18 Administrator's family member brought back a resident from an appointment. Observation on 01/03/19 at 6:25 pm revealed the supervisor-in-charge (SIC) brought another resident back after being out of the facility since before 8:00 am. Interview with a resident on 01/03/19 at 8:15 am revealed: -When the Administrator left the facility, all the residents had to leave as well "that's the rules". -There was no one available to be at the facility when the Administrator left. -He was not allowed to be at the facility alone because there was no one available to stay with him at the facility. -Sometimes he would prefer to stay at the facility. -He had not told the staff he wanted to stay because no one was available to stay at the facility with him. Interview with a second resident on 01/03/19 at 8:25 am revealed: -He went on errands for home improvement and grocery stores with the Administrator. -He went to the Administrator's family member's house about every day. -The Administrator's family member fed him lunch and snacks while at the house. -He knew the residents were not allowed to stay at the facility alone. -He would like to stay at home on days he did not feel well or did not feel like going anywhere. -"They make us go with them." Interview with the Administrator on 01/03/19 at 8:30 am revealed: -The facility had four residents. -Resident #3 was discharged and his family was	C 311		

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C 311	Continued From page 19	C 311		

coming to pick up his belongings.
-Resident #3 was a resident, but out with the supervisor-in-charge (SIC).
-He did not know when Resident #3 would return to the facility.
-He had a total of five residents but Resident #3 was out of the facility.

Interview with a third resident on 01/03/19 at 3:35 pm revealed:
-The Administrator took his grandchildren to school in the morning.
-Some of the residents went with the Administrator to take the grandchildren to school and the other residents were taken to the Administrator's family member's home.
-He was not asked if he wanted to go on outings.
-He was not allowed to be at the facility alone.
-It was mandatory the residents go with the Administrator when he left the facility.

Interview with the SIC on 01/03/19 at 10:15 am revealed:
-She picked up Resident #3 on 01/03/19 after breakfast on 01/03/19 because the Administrator had an appointment.
-She was planning to take Resident #3 to the mall.
-She did not know what time Resident #3 would return to the facility.
-When she was not working in the facility the Administrator would take the residents to his family member house several days a week.

Interview with a fourth resident on 01/03/19 at 5:50 pm revealed:
-The SIC picked him up most mornings after breakfast and brought him back around 6:00 pm.
-He had been watching TV at the Administrator's family member's house.

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C 311	Continued From page 20 -He had been watching television all day. -The SIC did not take him to the mall. -The SIC decided when it was time for him to go back to the facility. -He rode around with the SIC or went to her home most days. -He would like to be alone on some days. -He never asked to stay at home. -He assumed he had to go with the SIC because no one ever asked him if he wanted to go out or stay home. -He had not complained to staff about having to go to appointments or on outings. Interview with the Administrator's family member on 01/03/19 at 5:25 pm revealed: -The Administrator would bring the residents to her home several days a week. -She resided with the SIC. -She would provide meals when the residents were at her house. -She provided transportation for the residents as needed. -She was not paid for time worked. Interview with the Administrator on 01/03/19 at 7:00 pm revealed: -The residents were given a choice to run errands and other outings. -There was not anyone at the facility to stay with the residents if they chose to stay at the facility. -The residents were taken to his family member's home several times a week, but not daily. -The resident's had not complained to him or asked to stay at the facility. The facility failed to assure residents were treated with respect, consideration, and dignity related to residents being taken to the Administrator's family member's home, other residents' appointments,	C 311		

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C 311	Continued From page 21 and daily errands. With no staff available at the facility, the residents were made to go on mandatory outings. The facility's failure was detrimental to the health and welfare of the residents which constitutes a Type B violation. _____ A plan of protection in accordance with G.S. 131D-34 was requested on 12/04/18 for this violation. THE CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED February 18, 2019.	C 311		
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).	C 342		

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C 342	Continued From page 22 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure the medication administration records were accurate and complete for 1 of 3 residents sampled (#3), including a blood thinner. The findings are: Review of Resident #3's FL2 dated 06/28/18 revealed: -Diagnoses included bipolar disorder, depression, amnesia, chronic obstructive pulmonary disease, cardiomegaly, and chronic atrial fibrillation. -There was a physician's order for Pradaxa (a medication used to treat Atrial Fibrillation) 150 mg twice a day. Review of Resident #3's medication administration records (MARs) for November 2018 revealed: -There was an entry for Pradaxa 150 mg twice a day scheduled at 8:00 am and 8:00 pm. -Staff did not document Pradaxa as administered for November at 8:00 pm. Interview with a representative at the contracted pharmacy on 01/03/19 at 2:55 pm revealed: -Pradaxa was dispensed on 12/27/18 for a total of 60 tablets. -Pradaxa 150 mg was on cycle fill. Observation of Resident #3's medications on hand on 01/03/19 at 4:30 pm revealed: -Pradaxa 150 mg was available. -The Pradaxa 150 mg twice a day was dispensed on 12/27/18 for 60 tablets. Interview with the supervisor-in-charge (SIC) on	C 342		

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C 342	Continued From page 23 01/03/19 at 6:45 pm revealed: -She did not know Resident #3's Pradaxa 150 mg was not documented for November 2018. -The Administrator was responsible for administering Resident #3's 8:00 pm medications. Interview with the Administrator on 01/03/19 at 7:00 pm revealed: -He was responsible for administering Resident #3's medications. -He did not know the Pradaxa 150 mg was not documented as administered for 8:00 pm in November 2018. -All medications were packaged in the bubble pack together. -He felt like he administered the medications and forgot to document the 8:00 pm dose of Pradaxa. Attempted telephone interview with Resident #3's Primary Care Physician on 01/03/19 at 4:00 pm.	C 342		
C 911	G.S 131D 21(1) Declaration of Resident's Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to treat residents with respect, consideration, and dignity. The findings are: Based on observations and interviews, the facility failed to assure that residents were treated with	C 911		

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C 911	Continued From page 24 respect, consideration, and dignity related to residents being taken to a family member's home, other resident's appointments, and daily errands. [Refer to Tag 311 10A NCAC 13G .0909 Resident Rights (Type B Violation).]	C 911		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to assure each resident received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to test for tuberculosis. The findings are: 1. Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled (Staff B and Administrator's family member) were tested for tuberculosis (TB) disease. [Refer to Tag 0140, 10A NCAC 13G .0405(a)(b) Test for Tuberculosis (Type B Violation)]. 2. Based on record reviews and interviews, the facility failed to assure 2 of 3 sampled residents (Resident #2 and #3) were tested upon admission for tuberculosis (TB) disease. [Refer to Tag 202, 10A NCAC 13G .0702(a) Tuberculosis Test And Medical Examination (Type B Violation)].	C 912		

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C 934	G.S.131D-4.5B (a) ACH Infection Prevention Requirements G.S. 131D-4.5B Adult Care Home Infection Prevention Requirements (a) By January 1, 2012, the Division of Health Service Regulation shall develop a mandatory, annual in-service training program for adult care home medication aides on infection control, safe practices for injections and any other procedures during which bleeding typically occurs, and glucose monitoring. Each medication aide who successfully completes the in-service training program shall receive partial credit, in an amount determined by the Department, toward the continuing education requirements for adult care home medication aides established by the Commission pursuant to G.S. 131D-4.5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 2 sampled medication aides (Staff A and Staff B) completed the state-mandated annual infection control course. The findings are: 1. Review of Staff A, the Administrator's personnel record revealed: -Staff A was hired on 07/01/04 as the Administrator. -There was no documentation of completion of the state-mandated annual infection control course found in Staff A's personnel record. Interview with Staff A, the Administrator on 01/03/19 at 6:30 pm revealed: -He worked as the medication aide (MA).	C 934		

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C 934	Continued From page 26 -He obtained finger stick blood sugars (FSBS) and administered insulin to a resident. -He thought the blood borne pathogens and preventing disease transmission training on 11/09/10 was all he needed and was the same as the infection control course. -He did not know he needed the state-mandated annual infection control course. -He was responsible for scheduling training courses for facility staff. -He was responsible for personnel records. -He did not do audits of the personnel records. 2. Review of the Staff B, Supervisor-in-Charge (SIC)/Medication Aide's (MA) personnel record revealed: -Staff B was hired on 07/02/07 as the SIC. -There was no documentation of completion of the state-mandated annual infection control course found in Staff B's personnel record. Interview with Staff B on 01/03/19 at 6:45 pm revealed: -She had been working as a MA soon after she started working at the facility. -She had taken the blood borne pathogens and preventing disease transmission training but could not remember the date. -She did not know she had to have the annual infection control training. -She obtained fingerstick blood sugars (FSBS) and administered insulin. -The Administrator was responsible for scheduling training courses for facility staff. -The Administrator was responsible for personnel records. Interview with the Administrator on 01/03/19 at 6:30 pm revealed: -The SIC/MA obtained FSBS and administered	C 934		

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C 934	Continued From page 27 insulin to residents during her shifts. -He did not know the SIC/MA needed the state-mandated annual infection control course. -He thought the blood borne pathogens and preventing disease transmission training on 11/09/10 was all the SIC needed and was the same as the infection control course. -He was responsible for scheduling training courses for facility staff. -He was responsible for personnel records. -He did not do audits of the personnel records.	C 934		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (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	C992		

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C992	Continued From page 28 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 2 staff sampled (Staff A and Staff B) had been screened for the presence of controlled substances. The findings are: 1. Review of Staff A's personnel record revealed: -Staff A was hired on 07/01/04 as the Administrator. -There was no documentation Staff A had completed a screening for controlled substances. Interview with the Administrator on 01/03/19 at 6:30 pm revealed: -He had completed a drug screening for himself when he started. -He thought it was in his personnel record, but could not find it in his personnel record. -He knew screening for controlled substances were required for facility staff. -He knew he needed documentation of completed screenings for controlled substances. -Staff must have taken documents out of the personnel records without his knowledge. -He was responsible for completing drug	C992		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL001107	A. BUILDING: _____ B. WING _____	01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOHER FAMILY CARE	206 FRIENDLY ROAD BURLINGTON, NC 27216

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C992	Continued From page 29	C992		

screening for controlled substances for facility staff.
-He was responsible for personnel records.
-He did not audit personnel records.

2. Review of Staff B, supervisor-in-charge (SIC)/medication aide's (MA), personnel record revealed:
-Staff B had been hired on 07/06/07 as SIC.
-There was no documentation Staff B had completed a screening for controlled substances.

Interview with Staff B on 01/03/19 at 7:10 pm revealed:
-She was hired as a SIC and also started working as a MA soon after.
-She thought she did a drug screening when she was hired but could not remember the date.
-The Administrator was responsible for the drug screens.
-She did not take documents out of the personnel records.
-The Administrator was responsible for personnel records.
-The Administrator did the audits for the personnel records.

Interview with the Administrator on 01/3/19 at 6:30 pm revealed:
-He had completed a drug screening for the SIC/MA when she started.
-He thought it was in the SIC's personnel record, but could not find it in her personnel record.
-He knew screening for controlled substances were required for facility staff.
-He knew he needed documentation of completed screenings for controlled substances.
-Staff must have taken documents out of the personnel records without his knowledge.
-He was responsible for completing drug

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C992	Continued From page 30 screening for controlled substances for facility staff. -He was responsible for personnel records. -He did not audit personnel records.	C992		