

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL057007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2019
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NAME OF PROVIDER OR SUPPLIER HOT SPRINGS FAMILY CARE HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 311 #1 NORTH SURPINTINE ROAD HOT SPRINGS, NC 28743
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Madison County Department of Social Services conducted an annual survey on 05/15/19.	C 000		
C 140	<p>10A NCAC 13G .0405(a)(b) Test For Tuberculosis</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (Staff A) completed a two step tuberculosis (TB) skin test in compliance with control measures adopted by the Commission for Health Services.</p>	C 140		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 140	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired in May 2018 as a Medication Aide. -There was documentation of a TB skin test on 04/11/18. -There was no documentation that a second TB skin test had been completed.</p> <p>Interview with the Office Manager on 05/15/19 at 1:10pm revealed: -She was responsible for scheduling the TB tests for staff with a nurse. -She thought it would be "ok" to wait until the next year for a second TB skin test.</p> <p>Interview with Staff A on 05/15/19 at 1:20pm revealed she knew she needed a second TB skin test but had forgotten.</p> <p>Interview with the Administrator on 05/15/19 at 1:30pm revealed: -He knew that newly hired staff needed a two step TB skin test. -The Office Manager was responsible for scheduling the testing. -Staff A's second TB skin test had been "missed".</p>	C 140		
C 342	<p>10A NCAC 13G .1004(j) Medication Administration</p> <p>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</p>	C 342		

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C 342	<p>Continued From page 2</p> <p>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).</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure the Medication Administration Records (MAR) were accurate and complete for 1 of 3 sampled Residents (Resident #1) related to a missing MAR.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 01/18/19 revealed diagnosis included hypothyroidism and hypertension.</p> <p>Review of Resident #1's MARs for March, April, and May 1 - 15, 2019 revealed: -The April and May 1 - 15, 2019 MARs were accurate and complete. -There was no MAR for March 2019.</p> <p>Interview with the Supervisor in Charge (SIC) on 05/15/19 at 11:45am revealed: -She knew there had been a March 2019 MAR for Resident #1. -She was responsible for removing the previous</p>	C 342		

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C 342	<p>Continued From page 3</p> <p>months MARs from the current MAR book and filing them in the back of the Resident's record. -She may have misfiled the MAR. -She had misfiled MARs in the past.</p> <p>Interview with the Administrator on 05/15/19 at 1:30pm. -The SIC was responsible for filing the previous months MARs in the back of the Resident's record. -He did not know where the March MAR for Resident #1 was.</p>	C 342		