

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL079098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2019
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NAME OF PROVIDER OR SUPPLIER KELLAM'S FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 109 ROANOKE STREET REIDSVILLE, NC 27323
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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 conducted an Annual Survey on 09/04/19.	C 000		
C 231	<p>10A NCAC 13G .0801(b) Resident Assessment</p> <p>10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure an annual assessment and care plan was completed for 2 of 3 sampled residents (Resident #1 and #2).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated</p>	C 231		

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

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C 231	<p>Continued From page 1</p> <p>02/26/19 revealed diagnoses included schizophrenia, bipolar disorder, functional gait disorder with slurred speech, diabetes mellitus, arthritis, anemia, hypertension, migraine headaches and chronic obstructive pulmonary disease.</p> <p>Review of Resident #1's assessment and care plan dated 06/07/18 revealed Resident #1 was independent with performing her Activities of Daily Living (ADLs).</p> <p>Review of Resident #1's record revealed there was no annual assessment and care plan completed after 06/13/18.</p> <p>Interview with Resident #1 on 09/04/19 at 5:25pm revealed staff assisted her with bathing, toileting, and grooming.</p> <p>Interview with a Personal Care Aide (PCA) on 09/04/19 at 5:27pm revealed: -The Administrator was responsible for making sure care plans were completed. -Resident #1 had a diagnosis of arthritis. -Resident #1 required assistance with grooming, bathing, dressing, toileting, transfers, and ambulation.</p> <p>Interview with a Medication Aide (MA) on 09/04/19 at 5:36pm revealed: -The Administrator was responsible for making sure care plans were completed. -Resident #1 had an increased need for assistance with ADLs over the last year. -Resident #1 required assistance with all ADLs except for eating.</p> <p>Interview with the Administrator on 09/04/19 at 5:46pm revealed:</p>	C 231		

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C 231	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Resident #1 had an increased need for assistance with ADLs over the last year. -Resident #1 required assistance with grooming, bathing, toileting, and ambulation and transfers at times. -She was responsible for completing care plans for residents. -She "just overlooked" completing the annual care plan for Resident #1. -She usually completed care plans for residents once a year when the FL2s were completed. <p>2. Review of Resident #2's current FL2 dated 01/28/19 revealed diagnoses included schizophrenia, diabetes mellitus, hypokalemia, obesity, hypertension, and hyponatremia.</p> <p>Review of Resident #2's assessment and care plan dated 07/11/18 for revealed:</p> <ul style="list-style-type: none"> -Resident #2 required supervision with eating, limited assistance with toileting, ambulation, dressing, and grooming, extensive assistance with bathing and was independent with transfers. <p>Review of Resident #2's record revealed there was no annual assessment and care plan completed after 07/11/18.</p> <p>Interview with Resident #2 on 09/04/19 at 5:20pm revealed she needed assistance from staff with bathing and she used a walker to ambulate.</p> <p>Interview with a Personal Care Aide (PCA) on 09/04/19 at 5:27pm revealed:</p> <ul style="list-style-type: none"> -The Administrator was responsible for making sure care plans were completed. -Resident #2 required assistance with bathing, dressing, and transfers. <p>Interview with a Medication Aide (MA) on</p>	C 231		

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C 231	<p>Continued From page 3</p> <p>09/04/19 at 5:36pm revealed: -The Administrator was responsible for making sure care plans were completed. -Resident #1 required assistance with bathing, dressing, toileting, transfers, and ambulation.</p> <p>Interview with the Administrator on 09/04/19 at 5:46pm revealed: -Resident #2 had an increased need for assistance with ADLs over the last year. -Resident #2 required assistance with ambulation, transfers, bathing, dressing, toileting, and grooming. -She was responsible for completing care plans for residents. -She "just overlooked" completing the annual care plan for Resident #2. -She usually completed care plans for residents once a year when the FL2s were completed.</p>	C 231		