

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: fci067025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2019
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NAME OF PROVIDER OR SUPPLIER THE COTTAGES OF SWANSBORO- COTTAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 105 PELICAN CIRCLE SWANSBORO, NC 28584
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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 Onslow County Department of Social Services conducted an initial survey on 10/08/19.	C 000		
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: TYPE B VIOLATION</p> <p>Based on record review and interviews, the facility failed to assure at least one staff person was on the premises at all times who had completed a course in Cardio-Pulmonary Resuscitation (CPR) and choking management within the last 24 months.</p> <p>The findings are:</p> <p>Review of the Staff B, Personal Care Aide's</p>	C 176		

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

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C 176	<p>Continued From page 1</p> <p>personnel record revealed: -There was a hire date of 01/05/19. -There was documentation of successfully completing a CPR course in September 2017 which was valid for 2 years. -There was no documentation for Staff B completing a CPR course since September 2017.</p> <p>Review of the 10/08/19 list of staff scheduled to work in the facility, provided by the Administrator, revealed Staff B was scheduled to work on the third shift (11:00pm - 7:00am).</p> <p>Interview with the Administrator on 10/08/19 at 3:05pm revealed: -A CPR class was scheduled 10/21/19 for staff whose CPR would be expiring. -She did not have documentation for a CPR training in the last 24 months for Staff B.</p> <p>Review of the facility assignment sheets from 10/01/19 - 10/07/19 revealed: -Staff B was assigned to work in the facility on the 11:00pm-7:00am shift on 10/04/19. -There was a printed note from the Administrator documenting "med techs that are scheduled to float are not to permanently stay in one house".</p> <p>Second interview with the Administrator on 10/18/19 at 3:30pm revealed: -Staff B worked alone at the facility on 10/04/19 on the 11:00pm - 7:00am shift. -She did not know Staff B's CPR certification had expired. -There was a list kept in the business office of when staff needed to be recertified in CPR. -She and the Supervisor were responsible to contact the provider when staff CPR recertification needs were identified. -There was no specific frequency for reviewing</p>	C 176		

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C 176	<p>Continued From page 2</p> <p>staff personnel records to determine training needs.</p> <p>Interview with the Supervisor on 10/08/19 at 3:35pm revealed: -She did not know Staff B's CPR had expired. -She lived in the building next door to the facility and was "on the grounds 24/7". -If there was an emergency in the facility she was called and could be at the location within two minutes.</p> <p>Review of the Supervisor's personnel record revealed there was documentation of successfully completing a CPR course on 10/26/18.</p> <p>Attempted interview with Staff B on 10/08/19 at 4:28pm was unsuccessful.</p> <p>_____</p> <p>The facility failed to assure there was one staff member on duty in the facility at all times who had completed a course on CPR and choking management within the last 24 months. The facility's failure presented a threat to the residents in the event of an emergency requiring CPR or management of a choking resident and was detrimental to the health and safety of the residents. This non-compliance constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 09/10/19 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED NOVEMBER 22, 2019.</p>	C 176		

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C 912	Continued From page 3	C 912		
C 912	<p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to training on cardio-pulmonary resuscitation (CPR).</p> <p>The findings are:</p> <p>1. Based on record review and interviews, the facility failed to assure at least one staff person was on the premises at all times who had completed a course in Cardio-Pulmonary Resuscitation (CPR) and choking management within the last 24 months. [Refer to Tag 176, 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation (Type B Violation)].</p>	C 912		