

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL009030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER TURNER'S FAMILY CARE HOME # 1	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 NC 410 HWY BLADENBORO, NC 28320
---	--

(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 March 12, 2020.	C 000	On March 23rd, I met with my staff and our plan is as follows:	
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure referrals were complete for 2 of 3 sampled residents (#2, #3) as evidenced by not scheduling a behavioral health examination for a resident with a history of depression (#2); and not scheduling a chest x-ray for a resident with a productive cough (#3). The findings are: 1. Review of Resident #2's current FL-2 dated 03/02/20 revealed diagnoses included primary major depressive disorder, secondary autism spectrum, mild cognitive disability and Asperger's disease. Review of Resident #2's Primary Care Provider's (PCP) order dated 10/16/19 revealed to schedule an appointment with behavioral health as soon as possible due to depression. Interview with the Supervisor-in-Charge (SIC) on 03/12/20 at 1:01pm revealed: -She was responsible to make appointments for Resident #2. -She was aware Resident #2 had a referral to be seen by behavioral health.	C 246	All New Resident orders/Referrals written by the PCP will be the responsibility of the Supervisor in Charge on duty for implimentation. Once the SIC receives the referral/order, they should sign the order acknowledging the responsibility. For acknowledgment, The SIC should contact the administrator when a referral is written. (example: Cardiology, psychiatry, labs, xrays) The orders/referrals should be scheduled and completed immediatly. If the SIC is having difficulty in fulfilling the responsibility (example: referrals) the Administrator should be called to assist the staff. The Administrator will follow-up on the next business day to make sure the referral has been scheduled. Documenting every call is essential in Residential care. March 23rd, 2020 I also discussed with staff that any time a resident refused an appointment, of any kind, an incident report would be written up, signed by the resident, and a copy would be faxed to MD prescribing treatment. All agreed with plan.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Beth Turner, RN TITLE: *Admin.* (X6) DATE: *4/1/20*

STATE FORM 6895 LR8B11

Reviewed and Accepted JAH 04/02/20

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL009030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TURNER'S FAMILY CARE HOME # 1	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 NC 410 HWY BLADENBORO, NC 28320
--	--

(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 246	<p>Continued From page 1</p> <p>-She was aware Resident #2 had not been seen by behavioral health.</p> <p>-At the time the referral was made, the facility did not have transportation to take Resident #2 to her appointment.</p> <p>Attempted interview with the Administrator on 03/12/20 at 11:15am was unsuccessful.</p> <p>Attempted interview with the Primary Care Provider (PCP) on 03/12/20 at 12:33pm was unsuccessful.</p> <p>Attempted interview with the Behavioral Health Provider on 03/12/20 at 12:38pm was unsuccessful.</p> <p>Attempted interview with Resident #2 on 03/12/20 at 1:15pm was unsuccessful.</p> <p>2. Review of Resident #3's FL-2 dated 05/16/19 revealed diagnoses included cerebrovascular disease, essential hypertension, nicotine dependence, anxiety and depression, schizophrenia, hyperlipidemia and gastroesophageal disease.</p> <p>Review of Resident #3's Primary Care Provider's (PCP) order dated 12/02/19 revealed to schedule an appointment to obtain a chest x-ray due to a productive cough.</p> <p>Review of Resident #3's record on 03/12/20 revealed: -There was no documentation an appointment to obtain a chest x-ray had been scheduled. -There was no documentation he had refused to have a chest x-ray.</p> <p>Interview with the Supervisor-in-Charge (SIC) on</p>	C 246		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL009030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TURNER'S FAMILY CARE HOME # 1	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 NC 410 HWY BLADENBORO, NC 28320
--	--

(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 246	<p>Continued From page 2</p> <p>03/12/20 at 12:15pm and 1:10pm revealed: -She did not know if Resident #3 attended an appointment to have a chest x-ray. -She was aware Resident #3 had a referral from the PCP to obtain a chest x-ray. -She was responsible to make appointments for Resident #3. -She thought Resident #3 refused to have a chest x-ray done.</p> <p>Interview with a representative at the PCP's office on 03/12/20 at 12:28pm revealed there was no documentation Resident #3 received a chest x-ray.</p> <p>Attempted interview with the Administrator on 03/12/20 at 11:15am was unsuccessful.</p> <p>Attempted interview with the PCP on 03/12/20 at 12:33pm was unsuccessful.</p> <p>Attempted interview with Resident #3 on 03/12/20 at 1:15pm was unsuccessful.</p>	C 246		