

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL035034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/14/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF BLESSINGS AT SUTTON RD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1359 SUTTON ROAD</b> <b>LOUISBURG, NC 27549</b>
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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 and follow-up survey on April 14, 2021.	C 000		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>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.</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 residents (#1) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 09/25/20 revealed diagnoses included latent tuberculosis possible treated with isoniazid, diabetes, vitamin D deficiency, and schizophrenia.</p> <p>Review of Resident #1's Resident Register revealed there was an admission date of</p>	C 202		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 202	<p>Continued From page 1</p> <p>10/30/19.</p> <p>Review of Resident #1's record for a tuberculosis (TB) skin test revealed there was no documentation of a tuberculosis (TB) skin test.</p> <p>Interview with Resident #1 on 04/14/21 at 4:20pm revealed: -He thought he had a TB skin test completed a long time ago and "people" told him it was positive. -He took medication to treat TB, but he did not know the dates. -He had a chest x-ray but he did not know the date.</p> <p>Interview with the Administrator on 04/13/21 at 2:19pm revealed: -She became the new owner of the facility on July 2020 and she was told by the previous owner that the resident records contained the required documents. -She had reviewed the resident records when she assumed ownership of the facility, but she missed that Resident #1 did not have a TB skin test or a chest x-ray upon his admission on 10/30/19. -She did not know where the documentation for Resident #1's TB skin test or chest x-ray were located. -She was responsible for ensuring residents had a completed TB skin test or chest x-ray upon admission to the facility</p>	C 202		
C 249	<p>10A NCAC 13G .0902(c)(3)(4) Health Care</p> <p>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</p>	C 249		

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C 249	<p>Continued From page 2</p> <p>a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure blood pressure (BP) checks were implemented and documented as ordered for 3 of 3 sampled residents with orders for weekly BP checks (Resident #1, #2, and #3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 09/25/20 revealed: -Diagnoses included latent tuberculosis possible treated with isoniazid, diabetes, vitamin D deficiency, and schizophrenia. -There was an order for weekly blood pressure (BP) monitoring.</p> <p>Review of Resident #1's February, March, and April 2021 medication administration record (MAR) revealed: -There was an entry for weekly BPs but there was no documentation of BPs for Resident #1. -There was no documentation of refusals of BPs for Resident #1.</p> <p>Review of Resident #1's February and April 2021 BP reading form revealed: -There was documentation of weekly BPs for 02/01/21, 02/08/21, 02/15/21, 02/18/21, and 02/22/21. -There was documentation of a BP 131/83 for 04/05/21.</p>	C 249		

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C 249	<p>Continued From page 3</p> <p>Review of Resident #1's March 2021 BP reading form revealed: -There was documentation of BPs on 03/15/21 and 03/22/21. -There were no BPs documented for the weeks of 03/01/21 to 03/06/21, 03/07/21 to 03/13/21 and 03/28/21 to 04/03/21.</p> <p>Observation of the facility on 04/14/21 at 9:47am revealed there was an automatic BP cuff available for use and the BP cuff was operable.</p> <p>Interview with Resident #1 on 04/14/21 at 4:20pm revealed he did have his BP monitored at the facility, and the new staff took his BP last week.</p> <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 04/14/21 at 1:35pm was unsuccessful.</p> <p>Refer to Interview with the Administrator on 04/14/21 at 2:40pm.</p> <p>2. Review of Resident #2's current FL-2 dated 10/27/20 revealed: -Diagnoses included hypertension, chronic obstructive pulmonary disease (COPD), schizophrenia, bipolar, dementia, human immunodeficiency virus, genital herpes, and prostatic left eye. -There was an order for weekly blood pressures.</p> <p>Review of Resident #2's February, March, and April 2021 medication administration record (MAR) revealed: -There was an entry for weekly BPs and there was no documentation of BPs for Resident #2. -There was no documentation of refusals of BPs for Resident #2.</p>	C 249		

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C 249	<p>Continued From page 4</p> <p>Review of Resident #2's February and April 2021 BP reading form revealed: -There was documentation of weekly BPs for 02/01/21, 02/08/21, 02/15/21, 02/18/21, and 02/22/21. -There was documentation of a BP 116/71, but there was no date provided on the April 2021 BP reading form.</p> <p>Review of Resident #2's March 2021 blood pressure reading form revealed: -There was documentation of a BP on 03/15/21 of 134/69. -There were no BPs documented for the weeks of 03/01/21 to 03/06/21, 03/07/21 to 03/13/21, 03/21/21 to 03/27/21 and 03/28/21 to 04/03/21.</p> <p>Interview with Resident #2 on 04/14/21 at 4:09pm revealed he did have his BP monitored at the facility every now and then, and his BP was obtained at his PCP's office.</p> <p>Attempted telephone interview with Resident #2's primary care provider (PCP) on 04/14/21 at 1:35pm was unsuccessful.</p> <p>Refer to Interview with the Administrator on 04/14/21 at 2:40pm.</p> <p>3. Review of Resident #3's current FL-2 dated 10/27/20 revealed: -Diagnoses included bilateral hearing loss, neuro-cognitive disorder, seizure disorder, unspecified schizophrenia, unspecified anxiety disorder, hypercholesterolemia, history of hyponatremia, and history of hyperkalemia. -There was an order for weekly blood pressures.</p> <p>Review of Resident #3's February, March, and</p>	C 249		

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C 249	<p>Continued From page 5</p> <p>April 2021 medication administration record (MAR) revealed: -There was an entry for weekly blood pressures but, there was no documentation of blood pressures for Resident #3 -There was no documentation of refusals of blood pressures for Resident #3.</p> <p>Review of Resident #3's February and April 2021 BP reading form revealed: -There was documentation of weekly blood pressures for 02/01/21, 02/08/21, 02/15/21, 02/18/21, and 02/22/21. -There was documentation of a BP 116/77, but there was no date documented on the April 2021 BP reading form.</p> <p>Review of Resident #2's March 2021 blood pressure reading form revealed: -There was documentation of BPs on 03/15/21 of 134/69 and 03/22/21 of 108/56. -There were no BPs documented for the weeks of 03/01/21 to 03/06/21, 03/07/21 to 03/13/21, and 03/28/21 to 04/03/21.</p> <p>Based on record reviews, observations, and interviews, Resident #3 was not interviewable.</p> <p>Attempted telephone interview with Resident #3's primary care provider (PCP) on 04/14/21 at 1:35pm was unsuccessful.</p> <p>Refer to interview with the Administrator on 04/14/21 at 2:40pm.</p> <p>_____ Interview with the Administrator on 04/14/21 at 2:40pm revealed: -She knew certain residents had physician orders for frequent BP monitoring and she expected staff to obtain the BP measurements.</p>	C 249		

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C 249	Continued From page 6  -She expected staff to document residents' BPs on a form she provided for BP readings. -She did not know residents' BPs were not obtained during the month of March 2021. -She had staffing issues during the month of March 2021 and did not know staff were not documenting BPs on the March 2021 BP reading form. -She reviewed BPs when she visited the facility three times per week but did not notice so many BPs were missing for March 2021. -She was responsible for ensuring residents' blood pressure was checked and documented.	C 249		
C 252	10A NCAC 13G .0903(a) Licensed Health Professional Support  10A NCAC 13G .0903 Licensed Health Professional Support (a) A family care home shall assure that an appropriate licensed health professional, participates in the on-site review and evaluation of the residents' health status, care plan and care provided for residents requiring one or more of the following personal care tasks: (1) applying and removing ace bandages, ted hose, binders, and braces and splints; (2) feeding techniques for residents with swallowing problems; (3) bowel or bladder training programs to regain continence; (4) enemas, suppositories, break-up and removal of fecal impactions, and vaginal douches; (5) positioning and emptying of the urinary catheter bag and cleaning around the urinary catheter; (6) chest physiotherapy or postural drainage; (7) clean dressing changes, excluding packing wounds and application of prescribed enzymatic	C 252		

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C 252	Continued From page 7  debriding agents; (8) collecting and testing of fingerstick blood samples; (9) care of well-established colostomy or ileostomy (having a healed surgical site without sutures or drainage); (10) care for pressure ulcers, up to and including a Stage II pressure ulcer which is a superficial ulcer presenting as an abrasion, blister or shallow crater; (11) inhalation medication by machine; (12) forcing and restricting fluids; (13) maintaining accurate intake and output data; (14) medication administration through a well-established gastrostomy feeding tube (having a healed surgical site without sutures or drainage and through which a feeding regimen has been successfully established); (15) medication administration through injection; Note: Unlicensed staff may only administer subcutaneous injections as stated in Rule .1004(q) of this Subchapter; (16) oxygen administration and monitoring; (17) the care of residents who are physically restrained and the use of care practices as alternatives to restraints; (18) oral suctioning; (19) care of well-established tracheostomy, not to include indo-tracheal suctioning; (20) administering and monitoring of tube feedings through a well-established gastrostomy tube (see description in Subparagraph (14) of this Paragraph); (21) the monitoring of continuous positive air pressure devices (CPAP and BIPAP); (22) application of prescribed heat therapy; (23) application and removal of prosthetic devices except as used in early post-operative treatment for shaping of the extremity;	C 252		



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C 252	<p>Continued From page 8</p> <p>(24) ambulation using assistive devices that requires physical assistance; (25) range of motion exercises; (26) any other prescribed physical or occupational therapy; (27) transferring semi-ambulatory or non-ambulatory residents; or (28) nurse aide II tasks according to the scope of practice as established in the Nursing Practice Act and rules promulgated under that act in 21 NCAC 36.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure quarterly licensed health professional support (LHPS) evaluations were completed for 2 of 3 sampled residents with LHPS tasks for fingerstick blood sugar (FSBS) (#1 and #2).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 09/25/20 revealed: -Diagnoses included latent tuberculosis possible treated with isoniazid, diabetes, vitamin D deficiency, and schizophrenia. -There was an order for weekly fingerstick blood sugar (FSBS) monitoring.</p> <p>Review of Resident #1's record revealed there were no licensed health professional support (LHPS) evaluations.</p> <p>Review of Resident #1's February, March and April 2021 medication administration records (MARs) revealed there was an entry for FSBS each morning and 2 hours after last meal, scheduled for 8:00am and 8:00pm.</p>	C 252		
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C 252	<p>Continued From page 9</p> <p>Review of Resident #1's February, March and April 2021 blood sugar reading form revealed there was documentation of FSBS daily from 02/01/21 to 04/14/21.</p> <p>Interview with Resident #1 on 04/14/21 at 4:20pm revealed he had a FSBS obtained daily.</p> <p>Interview with the medication aide (MA) on 04/14/21 at 8:48am revealed Resident #1 had FSBS ordered daily.</p> <p>Refer to interview with the Administrator on 04/14 21 at 2:26pm.</p> <p>2. Review of Resident #3's current FL-2 dated 10/27/20 revealed: -Diagnoses included bilateral hearing loss, neuro-cognitive disorder, seizure disorder, unspecified schizophrenia, unspecified anxiety disorder, hypercholesterolemia, history of hyponatremia, and history of hyperkalemia. -There was an order for weekly fingerstick blood sugar (FSBS) monitoring.</p> <p>Review of Resident #3's record revealed there were no licensed health professional support (LHPS) evaluations.</p> <p>Review of Resident #3's February, March and April 2021 medication administration records (MARs) revealed there was an entry for FSBS twice weekly and there was no scheduled time.</p> <p>Review of Resident #3's February, March and April 2021 blood sugar reading form revealed there was documentation of FSBS daily from 02/01/21 to 04/06/21.</p>	C 252		

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C 252	<p>Continued From page 10</p> <p>Interview with the medication aide (MA) on 04/14/21 at 8:48am revealed Resident #3 had FSBS ordered daily.</p> <p>Refer to interview with the Administrator on 04/14 21 at 2:26pm.</p> <p>Interview with Administer on 04/14/21 at 2:26pm revealed:                      -She knew that some residents had FSBS ordered by the residents' primary care provider (PCP).                      -She currently had a LHPS nurse to complete the LHPS evaluations for residents, but she had not seen her in 9 months.                      -She thought LHPS evaluations were supposed to be completed annually for residents with LHPS tasks.                      -She knew the LHPS evaluation were not completed because she had not contacted the LHPS nurse due to the global pandemic.                      -She was responsible for ensuring the LHPS evaluations were completed for residents.</p>	C 252		
C 284	<p>10A NCAC 13G .0904(e)(4) Nutrition and Food Service</p> <p>10A NCAC 13G .0904 Nutrition and Food Service                      (e) Therapeutic Diets in Family Care Homes:                      (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.</p> <p>This Rule is not met as evidenced by:                      Based on observations, record reviews, and interviews, the facility failed to ensure therapeutic diets were served as ordered for 1 of 3 sampled</p>	C 284		

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C 284	<p>Continued From page 11</p> <p>residents (#2) who had a diet order for clear liquids.</p> <p>The findings are:</p> <p>Review of Resident #2's current FL-2 dated 10/27/20 revealed: -Diagnoses included hypertension, chronic obstructive pulmonary disease (COPD), schizophrenia, bipolar, dementia, human immunodeficiency virus, genital herpes, and prostatic left eye. -There was an order for a regular chopped diet.</p> <p>Review of Resident #2's hospital discharge instructions dated 01/20/21 revealed: -Resident #2 was admitted due to a small bowel obstruction. -There was a diet order for clear liquids.</p> <p>Review of Resident #2's record revealed there were no other diet orders.</p> <p>Review of the facility's regular diet menu revealed the dinner meal for Wednesday was for one cup of spaghetti with 3 ounces of meat sauce, 1 slice of garlic bread, 1 cup side salad, 1 teaspoon of salad dressing, ½ cup of buttered corn, 8 ounces of sugar free flavored drink or 1% milk, and water.</p> <p>Observation of Resident #2 at the dinner meal service on 04/14/21 at 4:00pm revealed: -Resident #2 returned from the day program carrying a bag of food from a local fast food restaurant. -Resident #2 ate a double hamburger sandwich, French fries, and a soft drink.</p> <p>Review of the facility's menus revealed there was</p>	C 284		

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NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF BLESSINGS AT SUTTON RD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1359 SUTTON ROAD</b> <b>LOUISBURG, NC 27549</b>
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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 284	<p>Continued From page 12</p> <p>no menu for a clear liquid diet.</p> <p>Interview with Resident #2 on 04/14/21 at 4:09pm revealed: -He was in the hospital in January 2021 because of his stomach. -He remembered he had a clear liquid diet but he did not like noodles. -He was given soup with noodles at the facility and he refused to eat it. -He was not offered any jello, or broth. -He began to eat regular food when he refused the soup with noodles. -He has not had any difficulty with regular food and has not returned to the hospital since January 2021. -He thought his doctor wanted him to have a regular diet. Attempted telephone interview with Resident #1's primary care provider (PCP) on 04/14/21 at 1:35pm was unsuccessful.</p> <p>Interview with the medication aide (MA) on 04/14/21 at 4:07pm revealed: -He had worked at the facility for the past two weeks. -His employment started on 04/01/21 and he was not informed that Resident #2 had a clear liquid diet. -He thought he had a regular diet because that was what he was told by the Administrator.</p> <p>Interview with the Administrator on 04/14/21 at 3:00pm revealed: -She and the staff on duty were responsible for reviewing hospital discharge paperwork. -She thought she had reviewed Resident #2's hospital discharge instructions but she was not sure. -She thought Resident #2 refused the clear liquid</p>	C 284		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL035034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/14/2021</b>
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C 284	Continued From page 13  diet, but there was no documentation from January 2021 indicating he refused the clear liquid diet. -She had not obtained another diet order for Resident #2 because he was eating regular food without any problems. -She was responsible for ensuring residents were served therapeutic diets as ordered.  Attempted telephone interview with Resident #2's primary care provider (PCP) on 04/14/21 at 1:35pm was unsuccessful.	C 284		
C 315	10A NCAC 13G .1002(a) Medication Orders  10A NCAC 13G .1002 Medication Orders (a) A family care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to contact the primary care provider (PCP) for 2 of 3 sampled residents (#1 and #3) to clarify orders for a vitamin supplement (#1) and a mineral supplement (#3).	C 315		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL035034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/14/2021</b>
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C 315	<p>Continued From page 14</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 09/25/20 revealed: -Diagnoses included latent tuberculosis possible treated with isoniazid, diabetes, vitamin D deficiency, and schizophrenia. -There was a medication order for pyridoxine 50mg daily.</p> <p>Review of Resident #1's subsequent primary care provider (PCP) orders revealed there was no discontinue order for pyridoxine 50mg.</p> <p>Review of Resident #1's February, March, and April 2021 medication administration records (MARs) revealed there was no entry for pyridoxine 50mg.</p> <p>Interview with Resident #1 on 04/14/21 at 4:20pm revealed he did not know if the doctor ordered vitamin B 6 and he could not think of a reason why he needed vitamin B 6.</p> <p>Telephone interview with Resident #1's facility contracted pharmacy on 04/14/21 at 1:35pm revealed: -Resident #1's pyridoxine was discontinued after a fax was sent by his PCP denying the request for refill on 08/06/20. -The pharmacy did not receive Resident #1's FL-2 dated 09/25/20 with pyridoxine ordered on it. -Pyridoxine was never dispensed for Resident #1. -The facility began utilizing them as a pharmacy on August 2020.</p> <p>Interview with the Administrator on 04/14/21 at 2:19pm revealed: -She did not know Resident #1's PCP had</p>	C 315		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL035034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/14/2021</b>
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C 315	<p>Continued From page 15</p> <p>ordered pyridoxine on his 09/25/20 FL-2. -She did not know pyridoxine was equivalent to vitamin B 6 and she had not purchased any over the counter for Resident #1. -She expected staff to make her aware when there was an order without an entry on the MARs or delivery from the pharmacy for the medication. -She had trained staff to compare the medications on hand with the PCP's orders or FL-2. -She expected staff to notify the PCP if an order was unclear.</p> <p>Attempted telephone interview with a medication aide on 04/14/21 at 4:00pm was unsuccessful.</p> <p>Attempted telephone interview with Resident #1's PCP on 04/14/21 at 1:35pm was unsuccessful.</p> <p>2. Review of Resident #3's current FL-2 dated 10/27/20 revealed: -Diagnoses included bilateral hearing loss, neuro-cognitive disorder, seizure disorder, unspecified schizophrenia, unspecified anxiety disorder, hypercholesterolemia, history of hyponatremia, and history of hyperkalemia. -There was a medication order for calcium 500mg plus vitamin D 200mg one tablet three times daily.</p> <p>Review of Resident #3's February, March, and April 2021 medication administration records (MARs) revealed there was no entry for calcium 500mg plus vitamin D 200mg three times daily.</p> <p>Observation of Resident #3's medications on hand revealed there was no calcium 500mg plus vitamin D 200mg available for administration.</p> <p>Telephone interview with Resident #3's facility</p>	C 315		



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C 315	<p>Continued From page 16</p> <p>contracted pharmacy on 04/14/21 at 1:35pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #3's 05/2/20 FL-2 had an order for calcium 500mg plus vitamin D 200mg three times daily.</li> <li>-A refill request was sent to Resident #3's primary care provider (PCP) on 08/11/20 and it was denied.</li> <li>-The pharmacy did not have Resident #3's FL-2 dated 10/27/20 and there was no documentation of a new calcium plus vitamin D order for Resident #3.</li> <li>-The facility had the option to purchase Resident #'s calcium plus vitamin D over the counter but the pharmacy did package over the counter medications.</li> </ul> <p>Interview with the Administrator on 04/14/21 at 2:19pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know Resident #3 had calcium plus vitamin D ordered on his 10/27/20 FL-2.</li> <li>-She expected staff or the pharmacy to tell her if there was an issue with a medication.</li> <li>-She expected staff to call Resident #3's PCP to clarify the order if there was an order on the FL-2 but not on the MAR.</li> <li>-She had not purchased any calcium plus vitamin D over the counter for Resident #3.</li> <li>-She was responsible for ensuring orders were clarified if there was an issue.</li> </ul> <p>Attempted telephone interview with Resident #3's PCP) on 04/14/21 at 1:35pm was unsuccessful.</p> <p>Attempted telephone interview with a medication aide on 04/14/21 at 4:00pm was unsuccessful.</p>	C 315		
C 330	10A NCAC 13G .1004(a) Medication Administration	C 330		

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C 330	<p>Continued From page 17</p> <p>10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents related to a medication used to treat human immunodeficiency virus (HIV) (#2).</p> <p>The findings are:</p> <p>1. Review of Resident #2's current FL-2 dated 04/10/21 revealed: -Diagnoses included hypertension, chronic obstructive pulmonary disease (COPD), schizophrenia, bipolar, dementia, human immunodeficiency virus (HIV), genital herpes, and prostatic left eye. -There was an order for Triumeq 600-50-300mg (used to treat HIV) take one tablet daily.</p> <p>Review of Resident #2's prescriptions revealed there was a prescription dated 03/31/21 for Biktarvy 50-200-25mg ( used to treat HIV) take one tablet daily with a note to "discontinue Triumeq and start Biktarvy per Resident #2's physician".</p> <p>Review of Resident #2's February and March</p>	C 330		

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C 330	<p>Continued From page 18</p> <p>2021 medication administration record (MAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Triumeq 600-50-300mg take one tablet daily, scheduled for 8:00am.</li> <li>-There was documentation of administration of Triumeq 600-50-300mg from 02/01/21 to 03/31/21 at 8:00am.</li> </ul> <p>Review of Resident #2's April 2021 printed MAR revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Triumeq 600-50-300mg daily, scheduled for 8:00am.</li> <li>-There was documentation of administration of Triumeq 600-50-300mg from 04/01/21 to 04/14/21 at 8:00am.</li> <li>-There was an entry for Biktarvy 50-200-25mg take one tablet daily, scheduled for 8:00am.</li> <li>-There was documentation of administration of Biktarvy 50-200-25mg from 04/03/21 to 04/14/21.</li> </ul> <p>Observation of Resident #2's medications on hand on 04/14/21 at 12:15pm revealed:</p> <ul style="list-style-type: none"> <li>-There were 16 of 30 tablets remaining in a bubble pack for Triumeq 600-50-300mg dispensed on 03/26/21.</li> <li>-There were 17 of 30 tablets remaining in a bubble pack for Biktarvy 50-200-25mg dispensed on 03/31/21.</li> </ul> <p>Interview with Resident #2 on 04/14/21 at 4:09pm revealed his primary care provider (PCP) did change one of his medications but he did not know which medication.</p> <p>Telephone interview with Resident #2's facility contracted pharmacy on 04/14/21 at 1:40pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 had an order dated 03/31/21 sent electronically for Biktarvy 50-200-25mg take one tablet daily.</li> </ul>	C 330		

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C 330	<p>Continued From page 19</p> <ul style="list-style-type: none"> <li>-Resident #2 placed a note of instruction on the prescription indicating to discontinue Triumeq when the Biktarvy was started.</li> <li>-The electronic prescription was received on 03/31/21 but the medication was not sent to the facility until 04/02/21.</li> <li>-Medication was delivered to the facility by a contracted delivery service hired by the pharmacy.</li> <li>-Biktarvy and Triumeq were used to treat HIV.</li> </ul> <p>Interview with the Administrator on 04/14/21 at 3:29pm revealed:</p> <ul style="list-style-type: none"> <li>-She and staff reviewed residents' FL-2s and ensured the medications were on the MARs.</li> <li>-Staff on duty transported residents to their appointments and attended the appointments with the residents.</li> <li>-She recalled the MA told her Resident #2's Triumeq was supposed to be discontinued once the Biktarvy was started.</li> <li>-She thought the MA had made the change on Resident #2's April MAR.</li> <li>-She did not check to ensure the order was correct on Resident #2's April MAR.</li> <li>-She did not know Resident #2 was receiving both Triumeq and Biktarvy from 04/03/21 to 04/14/21.</li> <li>-She was responsible for ensuring medications were administered as ordered by the PCP.</li> </ul> <p>Attempted telephone interview with Resident #2's PCP on 04/14/21 at 1:35pm was unsuccessful.</p> <p>Attempted telephone interview with the medication aide (MA) who worked on 03/31/21 on 04/14/21 at 4:00pm was unsuccessful.</p>	C 330		

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C 342  C 342	<p>Continued From page 20</p> <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:</p> <ol style="list-style-type: none"> <li>(1) resident's name;</li> <li>(2) name of the medication or treatment order;</li> <li>(3) strength and dosage or quantity of medication administered;</li> <li>(4) instructions for administering the medication or treatment;</li> <li>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</li> <li>(6) date and time of administration;</li> <li>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and</li> <li>(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).</li> </ol> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of medication administration records for 1 of 3 sampled residents (#1), including a medication used for smoking cessation.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL-2 dated 02/26/21 revealed: -Diagnoses included latent tuberculosis possible treated with isoniazid, diabetes, vitamin D</p>	C 342  C 342		

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C 342	<p>Continued From page 21</p> <p>deficiency, and schizophrenia.</p> <p>-There was no medication order for nicotine patch 14 mg/24 hour patch (used for smoking cessation) apply one patch to the skin daily. Dispose of old patches and empty wrapper in black Resource Conservation and Recovery Act (RCRA) bins.</p> <p>Review of Resident #1's February, March, and April 2021 medication administration records (MAR) revealed:</p> <p>-There was an entry for nicotine patch 14 mg/24-hour patch apply one patch to the skin daily, scheduled for 8:00am.</p> <p>-There was documentation of administration of nicotine patch 14 mg from 02/01/21 to 04/14/21 at 8:00am.</p> <p>Observation of Resident #1's medications on hand on 04/14/21 at 12:41pm revealed there were no nicotine patches available for administration.</p> <p>Telephone interview with Resident #1's pharmacist on 04/14/21 at 1:40pm revealed:</p> <p>-Resident #1 had a hospital discharge prescription dated 09/11/20 for nicotine patch 14 mg/24 hour patch apply one patch to the skin daily without any refills.</p> <p>-Resident #1 had nicotine patches dispensed once on 09/11/20.</p> <p>-The order appeared on the MARs because there was no request to remove the entry from the facility.</p> <p>Interview with the medication aide on 04/14/21 at 4:07pm revealed he had not applied any nicotine patches on Resident #1's skin and Resident #1 did not have any nicotine patches.</p>	C 342		

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C 342	Continued From page 22  Interview with the Administrator on 04/13/21 at 3:45pm revealed: -The pharmacy provided MARs for the facility. -Whomever was no duty at the end of the month, received the next months MARs and placed them in the MAR book. -Staff reviewed the new MARs by comparing them to the previous months MARs. -She did not know why Resident #1's nicotine patches were still on the MAR, because Resident #1 refused them. -Resident #1 continued to smoke. -She knew Resident #1 did not have nicotine patches available for administration and that the patches had not been dispensed by the pharmacy. -She did not know staff were documenting administration of Resident #1's nicotine patches on his MARs. -She was responsible for ensuring residents' MARs were accurate.	C 342		
C 612	10A NCAC 13G .1701 (c) Infection Prevention & Control Program (temp)  10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific	C 612		

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C 612	<p>Continued From page 23</p> <p>guidance or directives shall be implemented by the facility.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure recommendations and guidance established by the Centers for Disease Control (CDC), and the North Carolina Department of Health and Human Services (NC DHHS) were implemented and maintained to provide protection of the residents during the global coronavirus (COVID-19) pandemic as related to the screening of residents, staff and visitors.</p> <p>The findings are:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities dated 03/20/21 revealed designate one or more facility employees to ensure all residents and staff have been screened daily for symptoms consistent with COVID-19 (fever or chills, cough, shortness of breath or difficulty of breathing, fatigue, headache, body aches, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.</p> <p>Review of the NC Department of Health and Human Services COVID-19 Long Term Care (LTC) Infection Control Assessment and Response Tool for LHD dated 10/2020 revealed</p>	C 612		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL035034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/14/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF BLESSINGS AT SUTTON RD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1359 SUTTON ROAD</b> <b>LOUISBURG, NC 27549</b>
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C 612	<p>Continued From page 24</p> <p>staff and residents should be screened daily for fever, signs and symptoms of COVID-19.</p> <p>Based on record reviews and interviews the facility did not have an Infection Control policy or COVID-19 policy.</p> <p>Observation of the facility on 04/14/21 at 8:48am revealed: -Staff took temperature upon entrance to facility but there was no screening log to document the temperature. -There was an infrared thermometer available for use in the facility and attached to the front door trim.</p> <p>Observation of the facility on 04/14/21 at 10:09am revealed the Administrator and her family member entered the facility without documenting their temperatures.</p> <p>Observation of the facility on 04/14/21 at 4:05pm revealed the residents came into the facility from their day program wearing a face mask but staff did not check their temperature. -Staff did not ask any questions concerning COVID-19 symptoms.</p> <p>Based on record reviews and interviews, the facility did not have any staff, visitor or resident screening logs for COVID-19 screening.</p> <p>Interview with a resident on 04/14/21 at 4:09pm revealed his temperature was checked at the facility but no one asked him questions about COVID-19.</p> <p>Interview with another resident on 04/14/21 at 4:20pm revealed staff checked his temperature at</p>	C 612		

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C 612	<p>Continued From page 25</p> <p>the facility.</p> <p>Interview with the medication aide (MA) on 04/14/21 at 9:09am revealed:</p> <ul style="list-style-type: none"> <li>-When visitors came to the door, they had to wear a face masks and he took their temperatures.</li> <li>-All the residents and staff had the COVID-19 vaccine.</li> <li>-The residents had not tested positive for COVID-19 to his knowledge.</li> <li>-He checked his temperature daily, but he did not document it anywhere.</li> <li>-He took the residents temperatures daily and documented it in the MAR book.</li> <li>-He did not document visitor's temperatures.</li> <li>-He had not received any training on COVID-19.</li> </ul> <p>Interview with the Administrator on 04/14/21 at 2:35pm revealed:</p> <ul style="list-style-type: none"> <li>-The local health department nurse was supposed to come to the facility to provide training to staff on COVID-19.</li> <li>-There was no training provided to staff on COVID-19 and "it was common sense" because staff wore face masks and washed their hands.</li> <li>-She did not have a COVID-19 policy because it was not required.</li> <li>-She had an Infection Control policy, but it was not at the facility.</li> <li>-Staff took the residents' temperatures daily when he administered medications to the residents.</li> <li>-She did not expect staff to document the residents' temperatures unless the resident had a fever.</li> <li>-Staff took their temperature only if they did not feel well and she did not expect them to document the temperatures.</li> <li>-She did not have a screening log for visitors or staff to document if they had any symptoms of</li> </ul>	C 612		

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C 612	<p>Continued From page 26</p> <p>COVID-19.</p> <ul style="list-style-type: none"> <li>-She did not have a visitors screening log because she was not expecting any visitors at the facility and she was not allowing visitation at the facility.</li> <li>-She did not take her temperature when she arrived on 04/14/21 and she did not document her temperature when she visited the facility.</li> <li>-Staff and the residents had received the COVID-19 vaccine.</li> <li>-She knew the CDC guidelines regarding wearing a face mask within the facility but she did not know the CDC guidelines concerning screening of residents, staff or visitors.</li> <li>-She had received emails from NC DHHS and the local health department concerning COVID-19.</li> <li>-She was responsible for ensuring all staff were following the guidelines of the CDC and LHD for infection control by providing daily temperature screenings for residents and staff in the facility.</li> </ul>	C 612		