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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 03/23/21.	C 000		
C 126	10A NCAC 13G .0402 (1) Qualifications Of Supervisor-In-Charge 10A NCAC 13G .0402 Qualifications Of Supervisor-In-Charge The supervisor-in-charge is responsible to the administrator for carrying out the program in the home in the absence of the administrator. All of the following requirements must be met: (1) The applicant must complete the Application for Supervisor-in-Charge (DSS-1862); This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure documentation of the application for Supervisor-in- Charge had been met and were on file in the home prior to employing 2 of 3 staff (Staff B and C) designated as supervisors-in-charge (SIC) of the facility in the absence of the Administrator. The findings are: Review of the employee staffing schedule for January 1, 2021 through March 23, 2021 was not provided. 1. Review of Staff B's personnel record revealed: -Staff B was hired on 01/29/21. -There was no documentation Staff B had	C 126		

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C 126	Continued From page 1 completed an Application for Supervisor in Charge. -There was no documentation of at least three current reference letters. Interview with Staff B on 03/23/21 at 2:00pm revealed: -She had been working at the facility for about 6 or 7 weeks. -She worked fulltime from 7:00am through 7:00pm. -She was usually the only staff on the campus during her shift. -Her duties included medication administration, personal care and cooking meals for the residents. -If she had a question or needed assistance she would contact the Resident Care Coordinator (RCC) by phone. -She did not think she was a supervisor, "but I guess if I'm the only person here then I am." -She was not sure who the Administrator of the facility was. Interview with the Resident Care Coordinator (RCC) revealed: -She had assumed the position of RCC in January of 2021, shortly after New Year. -Staff A worked fulltime from 7:00am through 7:00pm and was in the building alone at times. -She did not live within 500 feet of the building. -She did not know Staff A did not have the qualifications documented for an SIC. -She thought that would be her responsibility to ensure the staff had the proper documentation and training, but she was not sure since she was still learning her responsibilities. -She had not audited the personnel files since her position as RCC.	C 126		

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C 126	Continued From page 2 Interview with the Administrator on 03/24/21 at 6:45pm revealed: -Staff were scheduled for two twelve hour shifts, 7:00am to 7:00pm and 7:00pm to 7:00am, Sunday through Saturday. -At the current census, 1 staff was in the facility on each twelve hour shift. -The RCC was currently working the second shift and was not always in the facility during the first shift. -She was available to the staff by phone if they had any concerns or questions. -Since the shifts were covered by one staff, they should all have the SIC qualifications and documentation in their personnel file, before they begin to work alone. -The RCC was responsible for ensuring the staff had the proper qualifications and documentation for their position, and that it was kept in their personnel file. -He did not know Staff B did not have the Application for Supervisor in Charge completed before hire. 2. Review of Staff C's personnel record revealed: -Staff C was hired on 01/29/19. -There was no documentation Staff C had completed an Application for Supervisor in Charge. -There was no documentation of at least three current reference letters. Interview with Staff C on 03/24/21 at 3:20pm revealed: -She had been hired as a medication aide (MA) in January of 2019. -She had accepted the position as Resident Care Coordinator (RCC) shortly after New Year's in January of 2021. -She thought she had completed the	C 126		

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C 126	Continued From page 3 supervisor-in-charge (SIC) application when she was originally hired. -She had not reviewed the personnel files since assuming the position of RCC. -She thought it was her job to ensure the personnel files had the proper documentation for the staff. -She did not know the completed SIC application was not in her personnel file. Interview with the Administrator on 03/24/21 at 6:45pm revealed he did not know Staff C did not have the completed Application for Supervisor in Charge documentation in her file.	C 126		
C 127	10A NCAC 13G .0402 (2) Qualifications Of Supervisor-In-Charge 10A NCAC 13G .0402 Qualifications Of Supervisor-In-Charge The supervisor-in-charge is responsible to the administrator for carrying out the program in the home in the absence of the administrator. All of the following requirements must be met: (2) The qualifications of the administrator and co-administrator referenced in Paragraphs (2), (5), (6), and (7) of Rule .0401 of this Subchapter shall apply to the supervisor-in-charge. The supervisor-in-charge (employed on or after August 1, 1991) must meet a minimum educational requirement by being at least a high school graduate or certified under the GED Program or by passing an alternative examination established by the Department of Health and Human Services. Documentation that these qualifications have been met must be on file in the home prior to employing the supervisor-in-charge;	C 127		

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C 127	Continued From page 4	C 127		

This Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure documentation of the required educational qualifications had been met and were on file in the home prior to employing 1 of 3 staff (Staff B) designated as Supervisor-in-Charge (SIC) of the facility in the absence of the Administrator.

The findings are:

Review of Staff B's personnel record revealed:
-Staff B was hired 01/29/21.
-There was no documentation Staff B was a High School graduate or certified under a GED program.
-

Review of the employee staffing schedule for January 1, 2021 through March 23, 2021 was not provided.

Interview with Staff B on 03/24/21 at 2:20pm revealed:
-She did not remember being asked for a High School diploma or a general education development (GED) certificate when she was hired.
-She did not recall providing her educational qualifications when she was hired.

Interview with the Resident Care Coordinator (RCC) revealed:
-She did not remember if she requested documentation of educational qualifications when Staff B was hired.

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C 127	Continued From page 5 -She thought Staff B had filled out the SIC application which required documentation of a High School diploma or GED certificate. -She thought it was her responsibility to maintain the personnel files, however she was still learning the duties of her position. -She had not audited the personnel file since she began in the RCC position in January 2021. Interview with the Administrator on 03/24/21 at 6:45pm -The RCC was responsible for ensuring the staff had the proper qualifications and documentation for their position, and that it was kept in their personnel file. -He did not know Staff C did not have the completed Application for Supervisor in Charge in her personnel file. -It was his expectation all staff would have their SIC qualifications completed and documented in their personnel file.	C 127		
C 129	10A NCAC 13G .0402 (4) Qualifications Of Supervisior-In-Charge 10A NCAC 13G .0402 Qualifications Of Supervisor-In-Charge The supervisor-in-charge is responsible to the administrator for carrying out the program in the home in the absence of the administrator. All of the following requirements must be met: (4) The supervisor-in-charge must verify that he earns 12 hours a year of continuing education credits related to the management of domiciliary homes and care of aged and disabled persons in accordance with procedures established by the Department of Health and Human Services;	C 129		

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C 129	Continued From page 6	C 129		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 3 of 3 staff, as designated Supervisors-in-Charge (SIC), had earned 12 hours of continuing education credits annually, related to management of the facility in the absence of the Administrator.

The findings are:

1. Review of Staff A's personnel file revealed:
-She was hired on 10/30/14.
-There was no documentation of continuing education courses (CEU) related to the management of domiciliary homes.

Refer to interview with the Resident Care Coordinator on 03/23/21 at 3:10pm.

Refer to telephone interview with the Administrator on 03/24/21 at 6:45pm.

Attempted telephone interview with Staff A on 03/24/21 at 12:55pm was unsuccessful.

2. Review of Staff B's personnel file revealed:
-She was hired on 01/29/21.
-There was no documentation of CEUs related to the management of domiciliary homes.

Refer to interview with the Resident Care Coordinator on 03/23/21 at 3:10pm.

Refer to interview with the Administrator on 03/24/21 at 6:45pm.

Interview with Staff B on 03/23/21 at 4:10pm revealed:

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C 129	Continued From page 7 -She had been an SIC at the facility she worked at previously. -She was not required to produce documentation of her SIC qualifications on hire. -She had not been offered or taken any CEUs related to the management of domiciliary homes, since she was hired in January 2021. Review of Staff C's personnel file revealed: -She was hired on 01/29/19. -There was no documentation of CEUs related to the management of domiciliary homes. Refer to interview with the Resident Care Coordinator on 03/23/21 at 3:10pm. Refer to interview with the Administrator on 03/24/21 at 6:45pm. Interview with Staff C on 03/23/21 at 3:10pm revealed: -She had worked as an SIC for the sister community before starting the position as RCC. -She thought she had completed the CEUs for the SIC position last year. -She did not know why they were not in her staff folder. _____ Interview with the Resident Care Coordinator (RCC) on 03/23/21 at 3:10pm revealed: -She did not know who was responsible for ensuring staff had the required CEUs for their job title. -She did not know where documentation of completed CEUs for the staff were kept. -She had not scheduled any CEUs for herself or the staff since she began her position in January 2021. -She did not know how many CEUs the Supervisors in Charge were required to complete	C 129		

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C 129	Continued From page 8 annually. Telephone interview with the Administrator on 03/24/21 at 6:45pm revealed: -Educational credit certificates should be kept in the personnel file of the staff. -He was not aware of any other binder the CEUs would be filed. -He was aware of the required number of continuing education credits a SIC must complete each year. -It was the responsibility of the RCC to schedule the facility contracted nurse or the contracted pharmacist to provide CEU's to the staff. -He did not know the SICs did not have the required CEUs annually for the management of the facility in the absence of the Administrator.	C 129		
C 138	10A NCAC 13G .0404 Qualifications Of Activity Director 10A NCAC 13G .0404 Qualifications Of Activity Director There shall be a designated family care home activity director who meets the following qualifications: qualifications set forth in this Rule. (1) The activity director (employed on or after August 1, 1991) shall meet a minimum educational requirement by being at least a high school graduate or certified under the GED Program or by passing an alternative examination established by the Department of Health & Human Services This Rule is not met as evidenced by: Based on interviews and observations, the facility did not have a designated family care home	C 138		

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C 138	Continued From page 9 activity director who had qualifications through a formal training. The findings are: Based on record reviews, the facility had a current census of 4 residents. Observation on the hallway leading to the medication room on 03/23/21 at 10:02am revealed: -There were several shelves with coloring books, crayons, paints and balloons, haphazardly arranged. -Above the shelves was a bulletin board with announcements posted. Interview with the Resident Care Coordinator (RCC) on 03/23/21 at 11:32am revealed: -The facility did not have an Activity Director at this time. -The previous Activity Director left her position between December 2020 and January 2021. -It was her responsibility to post the monthly calendar. -She thought she had posted the activity calendar for the month of March. -The staff were to initiate the activities on the calendar with the residents. -She did not know there had been no activities on 03/23/21 or 03/24/21. Telephone interview with the Administrator on 03/24/21 at 6:45pm revealed: -The facility did not have an Activity Director. -At the current census, he expected the staff to initiate activities. -The RCC should be creating the calendar for the staff to follow. -He had not trained the RCC in creating an	C 138		

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C 138	Continued From page 10 Activity Calendar. -He thought she knew what activities to include on the calendar and how many hours per week the residents should be engaged in activities..	C 138		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure at least one staff on the premises at all times had completed an accredited course on cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months for 1 of 3 sampled staff (Staff C). The findings are: Review of Staff C's personnel record revealed:	C 176		

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C 176	Continued From page 11 -There was a hire date of 01/29/19. -There was no documentation Staff C had an accredited CPR training within the last 24 months. Telephone interview with Staff C on 03/24/21 at 3:45pm revealed: -She thought she had a current CPR certificate. -She could not locate the CPR documentation at this time. -She could not remember where or when the training had occurred. -She had been working second shift, 7:00pm to 7:00am, alone, for the past month. Telephone interview with the Resident Care Coordinator (RCC) on 03/24/21 at 3:45pm revealed: -It was her responsibility to ensure all staff had the CPR training needed. -There was no documentation of a current CPR training in her personnel file. -She had been covering second shift by herself while they were in the process of hiring new staff. The staffing schedule for January 1, 2021 through March 23, 2021 was not provided. Telephone interview on 09/17/20 at 1:40pm with the Administrator revealed: -The RCC was responsible to ensure staff had current CPR certification. -He had been informed all staff had current CPR training. -He did not know the RCC, who was covering second shift, did not have documentation of current CPR training. -It was his expectation staff on every shift should have current CPR training documented and a copy kept in their personnel files.	C 176		

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C 187	10A NCAC 13G .0601 (b)(2) Management And Other Staff 10A NCAC 13G .0601 Management And Other Staff (b) At all times there shall be one administrator or supervisor-in-charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions cited in Paragraph (c) of this Rule regarding the occasional absence of the administrator or supervisor-in-charge, one of the following arrangements shall be used: (2) The administrator shall employ a supervisor-in-charge to live in the home or reside within 500 feet of the home with a means of two-way telecommunication with the home at all times. When the supervisor-in-charge does not live in the licensed home, there shall be at least one staff member who lives in the home or one on each shift and the supervisor-in-charge shall be directly responsible for assuring that all required duties are carried out in the home; or This Rule is not met as evidenced by: Based on interviews, observations and record reviews, the facility failed to ensure an Administrator or Supervisor-in-Charge was in the facility or within 500 feet of the facility and accountable for all required duties being done on a routine basis.	C 187		

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C 187	Continued From page 13 1. Review of Staff B's personnel record revealed: -Staff B was hired on 01/29/21. -She worked second shift, 7:00am to 7:00pm, at the facility. -There was no documentation Staff B had completed an Application for Supervisor in Charge. -There was no documentation of at least three current reference letters. -There was no documentation Staff B was a high school graduate or certified under a GED program. Interview with Staff B on 03/23/21 at 2pm revealed: -She had been working at the facility for about 6 or 7 weeks. -She worked fulltime from 7:00am through 7:00pm. -She was usually the only staff on the campus during her shift. -She did not think she was a supervisor, "but I guess if I'm the only person here then I am." -The Resident Care Coordinator (RCC) did not live on the campus. -She contacted the RCC by phone if she had any questions or concerns. 2. Review of Staff C's personnel record revealed: -Staff C was hired on 01/29/19. -There was no documentation Staff C had completed an Application for Supervisor in Charge. -There was no documentation of at least three current reference letters. -There was no documentation of continuing education courses (CEU) related to the management of domiciliary homes.	C 187		

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C 187	Continued From page 14 Interview with Staff C on 03/24/21 at revealed: -She had been hired as a medication aide (MA) in January of 2019. -She thought she had completed the SIC application when she was originally hired. -She worked second shift, 7:00pm through 7:00am, alone during the week and every other weekend. -There was no management on the campus when she worked. -She would call the RCC if she had any concerns. Interview with the Administrator on 03/24/27 at 6:45pm revealed: -Since the shifts were covered by one staff, they should all have the SIC qualifications and documentation in their personnel file, before they began to work alone. -The RCC was responsible for ensuring the staff had the proper qualifications and documentation for their position, and that it was kept in their personnel file. -There was no Administrator or designee within 500 feet of the facility at all times.	C 187		
C 207	10A NCAC 13G .0702(c)(4) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (c) The results of the complete examination are to be entered on the FL-2, North Carolina Medicaid Program Long Term Care Services, or MR-2, North Carolina Medicaid Program Mental Retardation Services, which shall comply with the following: (4) If the information on the FL-2 or MR-2 is not clear or is insufficient, the administrator or	C 207		

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C 207	Continued From page 15 supervisor-in-charge shall contact the physician for clarification in order to determine if the services of the facility can meet the individual's needs. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to obtain clarification of medication orders on the current FL2 from the prescribing physician for 3 of 3 residents (#1, #2, #3). The findings are: 1. Review of Resident #1's current FL2 dated 03/08/21 revealed: -Diagnoses included dementia, dysphagia, diabetes mellitus (DM)2 and chronic respiratory failure. -There were no medications listed on the FL2. -There was a handwritten note "see attached MAR" under 'Medications' on the FL2. -There was no medication administration record (MAR) attached to the FL2. Refer to telephone interview with the primary care physician (PCP) on 03/23/21 at 2:20 pm. Refer to interview with the Resident Care Coordinator on 03/23/21 at 3:50pm. Refer to telephone interview with the Administrator on 03/24/21 at 6:47pm. Based on observations, interviews and record review it was determined that Resident #1 was not interviewable. 2. Review of Resident #2's current FL2 dated 06/08/20 revealed: -Diagnosis included wet brain dementia.	C 207		

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C 207	Continued From page 16 -There were no medications listed on the FL2. -There was a handwritten note "see Attached MAR" under 'Medications' on the FL2. -There was no MAR attached to the FL2. Based on observations, interviews and record review it was determined that Resident #2 was interviewable. Refer to telephone interview with the primary care physician (PCP) on 03/23/21 at 2:20pm. Refer to interview with the Resident Care Coordinator (RCC) on 03/23/21 at 3:50pm. Refer to telephone interview with Administrator on 3/24/21 at 6:47pm. 3. Review of Resident #3's current FL2 dated on 03/08/21 revealed: -Diagnoses included Alzheimer's dementia, panic disorder, hypertension, osteoporosis, Barret's esophagus, colitis and hypercholesterolemia. -There were no medications listed on the FL2. -There was a handwritten note "see Attached MAR" under 'Medications' on the FL2. -There was no MAR attached to the FL2. Based on record review on 03/23/21, there was not a MAR attached to the FL2. The most recent MAR was dated on 09/24/20. Based on observations, interviews and record review it was determined that Resident #3 was not able to be interviewed. Refer to telephone interview with the primary care physician (PCP) on 03/23/21 at 2:20pm. Refer to interview with the Resident Care	C 207		

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C 207	Continued From page 17 Coordinator (RCC) on 03/23/21 at 3:50pm. Refer to telephone interview with Administrator on 03/24/21 at 6:47pm. _____ Telephone interview with the primary care physician (PCP) on 03/23/21 at 2:20pm revealed: -She signed the FL2s for her residents as needed. -She reviewed the medications on the residents eMARS for accuracy. -The RCC was supposed to attach the MARS to the FL2. -She did not sign the MARS since they were supposed to be attached to the FL2. -That was the process with the previous RCC. -She has not had any direct communication with the current RCC; she was not contact for clarification of medications. -The RCC was not always in the facility when she visited the residents. Interview with the Resident Care Coordinator (RCC) on 03/23/21 at 3:50pm revealed: -She did not know the MARS were not attached to the FL2. -She did not know that was the process. -It would have been her responsibility to ensure the FL2 was complete with the current medications. -She thought the PCP entered the medication information. Telephone Interview with the Administrator on 03/34/21 at 6:47pm revealed: -It was the responsibility of the RCC to ensure FL2's signed by the physician had the resident's current MARS attached. -If the current MARS were not attached, the medications should be listed with name, strength	C 207		

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C 207	Continued From page 18 and dosage on the FL2. -He did not know 3 of 3 sampled residents did not have the current medications attached to the most recent FL2.	C 207		
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 interviews, and record reviews, the facility failed to ensure physician notification for 1 of 3 sampled residents (#2) related to a fall leading to a laceration to the forehead and the order for removal of stitches. The findings are: Review of Resident #2's FL2 dated 06/08/20 revealed: -Diagnoses included "wet brain dementia". -He was ambulatory and constantly disoriented. Review of Resident #2's Emergency Department (ED) discharge summary revealed: -On 11/12/20, there was documentation Resident #2 had a fall and was sent to the Emergency Department (ED). -He was diagnosed with a laceration to the forehead and staples applied to the area. -The discharge orders were to follow up with the PCP on 11/14/20 for evaluation and scheduling of removal of staples. Interview with the responsible party on 03/23/21 at 11:45am revealed:	C 246		

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C 246	Continued From page 19	C 246		

-The facility notified her Resident #2 fell on 11/12/20 and required staples for a laceration to the forehead.
-She assumed the primary care physician (PCP) was also notified.
-She emailed the PCP to request a date and time for the follow up visit so she could be present.

Interview with the PCP on 03/23/21 at 2:20 pm revealed:
-She was not notified by the facility staff that Resident #2 had a fall requiring an ED visit.
-She was not notified by the staff Resident #2 was diagnosed with a laceration to his forehead and required staples.
-The facility staff did not notify her that Resident #2 had to be evaluated 2 days from the incident (11/14/20) and that his staples needed to be removed by her.
-Resident #2's responsible family member sent her an email informing her of the fall and the injury.

Interview with the Resident Care Coordinator (RCC) on 03/23/21 at 3:50pm revealed:
-It was the responsibility of the staff present when a resident had an incident or a fall to notify the family member and the PCP.
-The family member should receive a telephone call from facility staff.
-If the incident happened after hours, the PCP was sent a faxed incident report and a follow up call the next day.
-The incident and any medications, treatments or referrals to the PCP should be documented in the progress notes.
-She was not working at the facility at the time of the fall.

Telephone interview with the Administrator on

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C 246	Continued From page 20 03/24/21 at 6:45pm revealed: -Incident and Accident reports should be sent immediately to the primary care physician. -ED visits or hospital discharge summaries should also be sent to the physician and kept in the resident's record.	C 246		
C 288	10A NCAC 13G .0905(a) Activities Program 10A NCAC 13G .0905 Activities Program (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to develop and implement an activity program that promoted active involvement for 4 of 4 sampled residents who resided in the facility. The findings are: Observation in the hallway leading to the medication room on 03/23/21 at 10:02am revealed: -There were several shelves with coloring books, crayons, paints and balloons in open boxes. -Above the shelves was a bulletin board with announcements posted. -The area identified by staff for the activity calendar was blank. -No activity calendar was produced in the facility for March 2021. Interview with the Supervisor in Charge (SIC) on 03/23/21 at 10:15am revealed: -The Activity Calendar for the month of March	C 288		

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C 288	Continued From page 21	C 288		

was "somewhere around here."
-She did not know who created the activity calendar.
-Two of the four residents liked to go back to their rooms after meals.
-Sometimes she would color or play a game with the residents before dinner when the other two residents awoke from napping.
-She would pick an activity she thought they would like.
-She was not told what activities to initiate.

Observation of the residents on 03/23/21 from 9:33am through 4:35pm and 03/24/21 from 12:37pm through 5:15pm revealed:
-The television in the common area was on all day.
-Two residents spent the greater part of the day in their rooms, coming out for meals.
-Two residents sat in the common room and napped or watched television.
-There was no activity offered by staff or attended by any residents on 03/23/21 or 03/24/21.

Observation on 03/24/21 at 1:05pm revealed:
-There was a handwritten calendar labeled March 2021 displayed on the bulletin board outside the medication room.
-On each day there was an activity written across the date.
-There was no time the activity would be held or how long the activity would be.
-Activities included coloring, drawing, reading , movies, story time, and painting nails, interspersed throughout the month.

Review of the Activity binder on 03/24/21 at 3:10pm revealed:
-The binder was divided into a section for each of the 4 residents.

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C 288	Continued From page 22 -There was an Activity Participation Log in the binder for each resident. -The log had a space for the Resident's name, date, the name of the activity that was held and the level of participation by the resident (active, passive, observed and refused). -There was no documentation the Activity Participation Log had been completed for the sampled residents since January 2021. Interview with the Resident Care Coordinator (RCC) on 03/24/21 at 3:50pm revealed: -It was her responsibility to post the monthly calendar. -She thought she had posted the Activity Calendar for the month of March. -The staff were to initiate the activities on the calendar with the residents. -She did not know there had been no activities on 03/23/21 or 03/24/21. Telephone interview with the Administrator on 03/24/21 at 6:45pm revealed: -The RCC was responsible for the day to day operations of the facility, including activities. -He expected the RCC to have an Activity Calendar posted for each month containing 14 hours of planned activities weekly. -The staff should make sure the residents knew when an activity was scheduled. -The staff should document the level of participation by each resident during the activity. -He had not followed up with the RCC to make sure the activities were planned and carried out.	C 288		
C 292	10A NCAC 13G .0905 (d) Activities Program 10A NCAC 13G .0905 Activities Program	C 292		

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C 292	Continued From page 23 (d) There shall be a minimum of 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge and learning of new skills. Homes that care exclusively for residents with HIV disease are exempt from this requirement as long as the facility can demonstrate planning for each resident's involvement in a variety of activities. Examples of group activities are group singing, dancing, games, exercise classes, seasonal parties, discussion groups, drama, resident council meetings, book reviews, music appreciation, review of current events and spelling bees. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide 14 hours of activities per week to residents. The findings are: Observation of the facility on 03/23/21 at 10:33am revealed there was no current Activity Calendar for March 2021 provided. Observation of the residents on 03/23/21 from 9:33am through 4:35pm and 03/24/21 from 12:37pm through 5:15pm revealed: -Two residents spent the greater part of the day in their rooms, coming out for meals. -Two residents sat in the common room and napped or watched television. -There was no activity offered by staff or attended by any residents on 03/23/21 or 03/24/21. Observation on 03/24/21 at 1:05pm revealed:	C 292		

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C 292	Continued From page 24	C 292		

-There was a handwritten calendar labeled March 2021 displayed on the bulletin board outside the medication room.
-On each day there was an activity written across the date.
-There was no time the activity would be held or how long the activity would be.
-Activities included coloring, drawing, reading, movies, story time, and painting nails, interspersed throughout the month.
-On 03/23/21 the activity calendar had "drawing" as the activity.
-Staff did not initiate any drawing activities for the residents on 03/23/21 from 9:40am through 4:40pm.
-On 03/24/21 the activity listed on the calendar was "reading."
-Staff did not initiate a reading out loud program to the residents from 12:20pm through 5:15pm.

Review of the March 2021 Activity Log on 03/24/21 at 10:30am revealed:
-"Watching TV" was the activity recorded for 11 out of 14 days.
-"Painting nails" was listed as an activity.
-Sunday's activity was a "day of rest".
-Other activities listed in the log were discussing current events and family.

Interview with the Supervisor in Charge (SIC) on 03/23/21 at 10:15am revealed:
-Two of the four residents went back to their rooms after meals.
-Sometimes she would color or play a game with the residents before dinner when the other 2 residents awoke from napping.
-She would pick an activity she thought they would like.
-She was not told what activities to initiate, or how long to engage the residents in the activity each

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C 292	Continued From page 25 day. -She was not instructed to document on the activity and the level of participation by the staff. Interview with the Resident Care Coordinator (RCC) on 03/24/21 at 3:40pm revealed: -She created the monthly calendar. -She did not know there had to be 14 hours of activities each week. -The staff were to initiate the daily activity posted on the activity calendar with the residents. -She had not listed the daily activities at a certain time, she left that up to the staff. -She had not had any formal training in creating a calendar of activities for the residents. -She preferred to learn as she went along. -The March 2021 calendar had been misplaced yesterday and she posted it today. -She did not know there had been no activities initiated for the residents on 03/23/21 or 03/24/21. Telephone interview with the Administrator on 03/24/21 at 6:45pm revealed: -The RCC was responsible for creating the monthly Activity Calendar and instructing the staff to follow the calendar and encourage activities with the residents. -He expected the RCC to have an activities calendar posted for each month containing 14 hours of planned activities weekly. -The staff should make sure the residents know when an activity was scheduled. -The staff should document the level of participation by each resident during the activity. -He had not followed up with the RCC to make sure the activities were planned and carried out.	C 292		
C 415	10A NCAC 13G .1201 (a) Resident Records	C 415		

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C 415	Continued From page 26 10A NCAC 13G .1201 Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Facility Services and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical	C 415		

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C 415	Continued From page 27 evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to maintain readily retrievable records for 3 of 3 sampled residents (#1, #2 and #3) who resided in the facility and were available for review. The findings are: 1. Review of Resident #1's record revealed: -There was no documentation of a pneumonia or influenza vaccine in the resident's record. -There was no documentation of an annual assessment in the resident's record. -There was no documentation of medications included with or attached to the FL2 dated 03/18/21. -There was no Resident Register documenting Resident #1's admission to this facility from the sister community. Based on observations, interviews and record reviews it was determined that Resident #1 was not interviewable. Refer to interview with the Resident Care Coordinator on 03/24/21 at 3:20pm. Refer to telephone interview with the Administrator on 03/24/21 at 6:45pm. 2. Review of Resident #2's record revealed: -There was no Resident Register documenting Resident #2's admission to this facility from the sister community.	C 415		

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UP AT 13931 THOMPSON	13931 THOMPSON ROAD MINT HILL, NC 28227

(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 415	Continued From page 28 -There was no care plan or assessment signed by the physician since the admission. -There was no documentation of medications included with or attached to the most current FL2 dated 06/07/20. -There was no documentation of a pneumonia vaccine. Based on observations, interviews and record reviews it was determined that Resident #1 was not interviewable. Refer to interview with the Resident Care Coordinator on 03/24/21 at 3:20pm. Refer to telephone interview with the Administrator on 03/24/21 at 6:45pm. 3. Review of Resident #3's record revealed: -There was no documentation of the resident's admission date to the facility from the sister facility. -There was no care plan or assessment signed by the physician since the admission. -There was no documentation of medications included with or attached to the most current FL2 dated 03/08/21. -There was no documentation of a pneumonia vaccine. Refer to interview with the Resident Care Coordinator on 03/24/21 at 3:20pm. Refer to telephone interview with the Administrator on 03/24/21 at 6:45pm. Based on observations, interviews and record reviews it was determined that Resident #3 was not able to be interviewed	C 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 415	Continued From page 29 Interview with the Resident Care Coordinator on 03/24/21 at 3:20pm revealed: -Two residents from their sister facility were transferred to this community recently. -She was unsure of the date of transfer. -She did not know residents transferring from a sister facility should have a new careplan, a new assessment, their Resident Register should reflect the new admission date and a progress note in the record. -She thought the record could be transferred with the resident from the sister facility with no additional information or documentation. Telephone interview with the Administrator on 03/24/21 at 6:45pm revealed: -He transferred 2 residents from a sister facility to this community due to renovations. -He did not know that would require a new careplan, a new assessment, the Resident Register should reflect the new admission date and a progress note in the record.	C 415		
C 443	10A NCAC 13G .1212 Record of Staff Qualifications 10A NCAC 13G .1212 RECORD OF STAFF QUALIFICATIONS A family care home shall maintain records of staff qulaifications required by the rules in Section .0400 of this Subchapter in the facility. When there is an approved cluster of licensed facilities, these records may be kept in one location among the clustered facilities.	C 443		

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C 443	Continued From page 30 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure records of staff qualifications were maintained in the facility for 3 of 3 sampled staff (Staff A, B and C). The findings are: 1. Review of Staff A's personnel file revealed: -She was hired on 10/30/14. -The Supervisor-in-Charge qualifications were transferred from her previous facility. -There was no documentation of continuing education courses (CEU) related to the management of domiciliary homes. Attempted interview with Staff A on 03/24/21 at 1:40pm was unsuccessful. 2. Review of Staff B's personnel record revealed: -Staff B was hired on 01/29/21. -There was no documentation Staff B had completed an application for Supervisor-in-Charge. -There was no documentation of at least three current reference letters. -There was no documentation Staff B was a High School graduate or certified under a general education development (GED) program. Interview with Staff B on 03/23/21 at 2:00pm revealed: -She had been working at the facility for about 6 or 7 weeks. -She worked fulltime from 7:00am through 7:00pm. -She was usually the only staff on the campus during her shift.	C 443		

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C 443	Continued From page 31	C 443		

-She did not think she was a supervisor, "but I guess if I'm the only person here then I am."
-She had not completed any documentation for Supervisor-in-Charge.
-She had not been offered any CEUs related to the management of domiciliary homes, since she was hired in January 2021.
-She did not remember being asked for a High School diploma or a GED certificate when she was hired.
-She did not recall providing her educational qualifications when she was hired.

3. Review of Staff C's personnel record revealed:
-Staff C was hired on 01/29/19.
-There was no documentation Staff C had completed an Application for Supervisor in Charge.
-There was no documentation of at least three current reference letters.
-There was no documentation of continuing education courses (CEU) related to the management of domiciliary homes.

Interview with Staff C on 03/24/21 at 3:20pm revealed:
-She had been hired as a medication aide (MA) in January of 2019.
-She thought she had completed the SIC application when she was originally hired.
-She did not know the completed SIC application was not in her personnel file.
-She could not remember completing CEUs related to the management of domiciliary homes, since she was hired in January 2021.

Interview with the Administrator on 03/24/21 at 6:45pm revealed:
-Since the shifts were covered by one staff, they should all have the SIC qualifications and

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C 443	Continued From page 32 documentation in their personnel file, before they begin to work alone. -The RCC was responsible for ensuring the staff had the proper qualifications and documentation for their position, and that it was kept in their personnel file.	C 443		