

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2022
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD	STREET ADDRESS, CITY, STATE, ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549
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C 000 Initial Comments

C 000

The Adult Care Licensure Section conducted an annual and follow-up survey on September 21, 2022.

C 231 10A NCAC 13G .0801(b) Resident Assessment

C 231

See Attached

10A NCAC 13G .0801 Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 2 of 3 sampled residents (#1 and #2) had an assessment and care plan updated annually.

The findings are:

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>F. Anderson</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10/26/2022</i>
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*Reviewed & Acknowledged - SS -
10/31/22*

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C 231	<p>Continued From page 1</p> <p>1. Review of Resident #1's current FL-2 dated 10/07/21 revealed diagnosis included unspecified schizophrenia, neurocognitive disorder, hyperlipidemia, seizure disorder, anxiety disorder, bilateral hearing loss, history of hypercalcemia, and history of hyponatremia.</p> <p>Review of Resident #1's record revealed there was a care plan dated 11/06/20 that was signed by Resident #1's Primary Care Provider (PCP).</p> <p>Attempted interview with Resident #1 on 09/21/22 at 4:00pm was unsuccessful.</p> <p>Refer to interview with the Administrator on 09/21/22 at 4:30pm.</p> <p>2. Review of Resident #2's current FL-2 dated 04/22/22 revealed diagnoses included stage 3 chronic kidney disease, anemia, hyperlipidemia, type 2 diabetes mellitus, hypertension, depression and anxiety.</p> <p>Review of Resident #2's record revealed there was a care plan dated 05/01/22 not signed by Resident #2's Primary Care Provider (PCP).</p> <p>Interview with Resident #2 on 09/21/22 at 5:44pm revealed: -He was admitted to the facility months ago. -He did not need a lot of assistance. -Staff prepared meals for him and administered medications to him.</p> <p>Refer to interview with the Administrator on 09/21/22 at 4:30pm.</p> <p>Interview with the Administrator on 09/21/22 at 4:30pm revealed:</p>	C 231	SEE ATTACHED

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C 231 Continued From page 2

- She thought all care plans were up to date for residents.
- She knew she was supposed to update residents' care plans annually.
- She had difficulty getting the care plans signed by residents' PCP and did not know that the care plans should be signed within 15 days of the assessment.
- She was responsible for ensuring resident care plans were updated annually and the physician signed the care plans.

C 231 *See Attached*

C 284 10A NCAC 13G .0904(e)(4) Nutrition and Food Service

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.

C 284 *See Attached*

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 2 of 3 sampled residents (#1 and #3) who had diet orders for a regular chopped diet (#1) and a diabetic diet (#3).

The findings are:

1. Review of Resident #1's current FL-2 dated 10/07/21 revealed:
-Diagnosis included unspecified schizophrenia, neurocognitive disorder, hyperlipidemia, seizure disorder, anxiety disorder, bilateral hearing loss, history of hypercalcemia, and history of hyponatremia.

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C 284	<p>Continued From page 3</p> <p>-There was an order for a regular chopped diet.</p> <p>Review of Resident #1'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 #1 at the dinner meal service on 09/21/22 at 5:00pm revealed:</p> <p>-Resident #1 ate a Salisbury steak cut in 8 pieces, green beans mashed potatoes, and sugar free soda.</p> <p>-Resident #1 ate 100% of his dinner meal.</p> <p>Review of the facility's menus revealed there was no menu for a chopped texture diet.</p> <p>Telephone interview with a representative at Resident #1's primary care provider's (PCP) office on 09/21/22 at 2:36pm revealed:</p> <p>-There was documentation under Resident #1's profile that his physician ordered diet was a regular chopped diet.</p> <p>-She could not locate documentation for the reason a regular chopped diet was ordered for Resident #1.</p> <p>Interview with the medication aide (MA) on 09/21/22 at 2:56pm revealed:</p> <p>-She worked at the facility for the past year.</p> <p>-She did not know Resident #1's physician ordered a regular chopped diet.</p> <p>-Many of the residents told her when they thought certain foods were too hard to chew and refused</p>	C 284	See Attached	
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C 284	<p>Continued From page 4</p> <p>to eat it. -She thought Resident #1 would tell her if he could not chew a food item she prepared.</p> <p>Interview with the Administrator on 09/21/22 at 4:30pm revealed: -She knew Resident #1 was on a regular chopped diet. -She told her staff to chop all of Resident #1's food. -She did not have a menu which provided guidance for a chopped diet.</p> <p>Attempted interview with Resident #1 on 09/21/22 at 5:35pm was unsuccessful.</p> <p>Refer to interview with the MA on 09/21/22 at 2:56pm.</p> <p>Refer to interview with the Administrator on 09/21/22 at 4:30pm.</p> <p>2. Review of Resident #3's current FL-2 dated 09/19/22 revealed. -Diagnoses included schizoaffective disorder bipolar type, diabetes mellitus, vitamin D deficiency, and constipation. -There was a diet order for a diabetic diet.</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>Review of the facility's menus revealed there was no menu for a diabetic diet.</p>	C 284	See Attached

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C 284	<p>Continued From page 5</p> <p>Observation of Resident #3 at the dinner meal service on 09/21/22 at 5:00pm revealed: -Resident #3 ate a Salisbury steak, green beans and mashed potatoes. -Resident #3 ate 100% of his dinner meal. -There was no dessert served at the dinner meal</p> <p>Interview with Resident #3 on 09/21/22 at 5:43pm revealed he did not have a special diet.</p> <p>Telephone interview with a representative at Resident #3's primary care provider's (PCP) office on 09/21/22 at 2:36pm revealed: -There was documentation under Resident #3's profile that he should have a diabetic diet. -Resident #3's last hemoglobin A1C (lab test to determine the level of glucose within the blood for three months) was 5.6.</p> <p>Interview with the medication aide (MA) on 09/21/22 at 2:56pm revealed she did not know Resident #3's diet.</p> <p>Interview with the Administrator on 09/21/22 at 4:30pm revealed: -She did not know Resident #3 had an order for a diabetic diet. -She had not reviewed Resident #3's current FL-2 from the hospital. -She did not have a diabetic menu available for a diabetic diet.</p> <p>Refer to interview with the MA on 09/21/22 at 2:56pm.</p> <p>Refer to interview with the Administrator on 09/21/22 at 4:30pm.</p> <p>Interview with the medication aide (MA) on 09/21/22 at 2:56pm revealed:</p>	C 284	See Attached

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C 284	<p>Continued From page 6</p> <ul style="list-style-type: none"> -She was oriented by a former staff over a year ago. -She was told that the menu hanging on the wall was the only menu available to use. -She served different items to the residents so that she was not serving the same items each week. -There were no other weeks available for the menu. -She did not know any of the residents' physician ordered diets. <p>Interview with the Administrator on 09/21/22 at 4:30pm revealed:</p> <ul style="list-style-type: none"> -She had obtained the one-week menu hanging on the wall as a result of purchasing the facility. -She had not obtained other weeks or cycles for the menu. -She depended on her staff to serve variations of the menu to residents. -She had not contacted the dietitian to obtain other therapeutic menus for diets ordered by residents' PCP. -She was responsible for ensuring residents were served therapeutic diets as ordered. 	C 284	See Attached
3 C 291	<p>10A NCAC 13G .0905 (c) Activities Program</p> <p>10A NCAC 13G .0905 Activities Program</p> <p>(c) The activity director, as required in Rule .0404 of this Subchapter, shall:</p> <p>(1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities and possible cultural differences of the residents;</p>	C 291	See Attached

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C 291	<p>Continued From page 7</p> <p>(2) prepare a monthly calendar of planned group activities which shall be easily readable with large print, posted in a prominent location by the first day of each month, and updated when there are any changes;</p> <p>(3) involve community resources, such as recreational, volunteer, religious, aging and developmentally disabled-associated agencies, to enhance the activities available to residents;</p> <p>(4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to determine what have been the most valued activities and to elicit suggestions of ways to enhance the program;</p> <p>(5) encourage residents to participate in activities; and</p> <p>(6) assure there are adequate supplies, supervision and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities.</p> <p>This Rule is not met as evidenced by: Based on observations, and interviews, the facility failed to prepare a monthly calendar of planned group activities for the residents to encourage participation, socialization, mental stimulation, physical exercise and creativity.</p> <p>The findings are:</p> <p>Observation of the facility on 09/21/22 from 8:30am to 6:15pm revealed there were no activities conducted with residents.</p> <p>Observation of the facility on 09/21/22 at 12:30pm revealed:</p>	C 291	See Attached	

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C 291	<p>Continued From page 8</p> <ul style="list-style-type: none"> -There was no activity calendar posted. -There were activity supplies, such as cards, games or crafts available in the facility. <p>Interview with a resident on 09/21/22 at 9:00am revealed:</p> <ul style="list-style-type: none"> -He recently moved into the facility. -He stayed to himself or went outside to sweep or perform yard work. -He did not go to the day program. <p>Interview with a second resident on 09/21/22 at 5:45pm revealed:</p> <ul style="list-style-type: none"> -They do not do any activities on the weekend, and he watched television in his room. -He went to the day program each day during the weekday. <p>Interview with a medication aide (MA) on 09/21/22 at 3:50pm revealed:</p> <ul style="list-style-type: none"> -She had not seen an activities calendar and she had not seen one since starting her employment at the facility in 12/2021. -She did activities with the residents on the weekend sometimes, such as playing a game or dancing to music. -The residents went to a day program during the weekday except for one resident who remained at the facility. -The other MA would take the resident who remained at the facility on the weekdays for a ride in the car . -She did not drive and was not able to take that resident out in the car. <p>Interview with the Administrator on 09/21/22 at 4:35 pm revealed:</p> <ul style="list-style-type: none"> -She prepared the activity calendar. -She was the Activities Director. -She made the monthly activity calendar and she 	C 291	See Attached	
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C 291	Continued From page 9 had an activity calendar for September at her other facilities. -She had not placed an activity calendar in the facility because the residents went to a day program on the weekdays. -She thought the day program provided an adequate amount of activity hours per week. -During the weekend, she thought staff did activities with the residents. -She was responsible for ensuring there was an activity calendar for staff to follow with planned activities for the residents.	C 291	See Attached	
4 C 330	10A NCAC 13G .1004(a) Medication Administration 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. 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 seizure disorder (#1). The findings are: Review of Resident #1's current FL-2 dated 10/07/21 revealed: -Diagnosis included neurocognitive disorder and	C 330		

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C 330	<p>Continued From page 10</p> <p>seizure disorder.</p> <p>-There was an order for phenobarbital 32.4mg (used to treat or prevent seizures) tablet take one tablet twice daily and two tablets at bedtime.</p> <p>Review of Resident #1's subsequent Primary Care Provider (PCP) orders revealed:</p> <p>-There was an order dated 03/03/22 for phenobarbital 32.4mg one tablet at 8:00am, 3:30pm and two tablets at bedtime.</p> <p>-There was an order dated 09/01/22 for phenobarbital 32.4mg tablet take one tablet at 8:00am, 3:30pm and two tablets at bedtime.</p> <p>Review of Resident #1's July 2022 and August 2022 printed medication administration records (MARs) revealed:</p> <p>-There was an entry for phenobarbital 32.4mg take one tablet twice daily, scheduled for 8:00am and 3:30pm.</p> <p>-There was documentation of administration of phenobarbital 32.4mg from 07/01/22 to 08/31/22 at 8:00am and 3:30pm.</p> <p>-There was another entry for phenobarbital 32.4mg take two tablets at bedtime, scheduled for 8:00pm.</p> <p>-There was documentation of administration of phenobarbital 32.4mg from 07/01/22 to 08/31/22 at 8:00pm.</p> <p>Review of Resident #1's September 2022 printed MAR revealed:</p> <p>-There was an entry for phenobarbital 32.4mg take one tablet twice daily, scheduled for 8:00am and 3:30pm.</p> <p>-Phenobarbital 32.4mg was not documented as administered from 09/01/22 to 09/06/22 at 8:00am and 3:30pm.</p> <p>-There was documentation of refusal of phenobarbital 32.4mg from 09/07/22 to 09/20/22.</p>	C 330		
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C 330	<p>Continued From page 11</p> <ul style="list-style-type: none"> -There was another entry for phenobarbital 32.4mg take two tablets at bedtime, scheduled for 8:00pm. -Phenobarbital 64.8mg was not documented as administered from 09/01/22 to 09/06/22 at 8:00am and 3:30pm. -There was documentation of refusal of phenobarbital 64.8mg from 09/07/22 to 09/20/22. <p>Observation of Resident #1's medications on hand on 09/21/22 at 1:09pm revealed:</p> <ul style="list-style-type: none"> -There were 23 of 23 tablets remaining in a bubble pack for phenobarbital 32.4mg dispensed on 09/07/22. -There were 23 of 23 tablets remaining in a second bubble pack for phenobarbital 32.4mg dispensed on 09/07/22. -There were 46 of 46 tablets remaining in a third bubble pack for phenobarbital 32.4mg dispensed on 09/07/22. <p>Telephone interview with a representative at the facility contracted pharmacy on 09/21/22 at 2:14pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 had an order dated 09/01/22 sent electronically for phenobarbital 32.4mg one tablet at 8:00am, 3:30pm and two tablets at bedtime. -A thirty-day supply of phenobarbital 32.4mg tablets was dispensed on 03/23/22, 04/20/22, 05/25/22, 06/27/22, 07/25/22 and 09/07/22. -Resident #1's neurologist prescribed the phenobarbital. -Each bubble package of Resident #1's phenobarbital would have lasted thirty days if administered as ordered. -The bubble packages of phenobarbital dispensed on 07/25/22 would have lasted until 08/25/22 if administered as ordered. -A new order was needed for Resident #1's phenobarbital after the 07/25/22 dispense date. 	C 330		
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C 330	<p>Continued From page 12</p> <p>-There was no phenobarbital dispensed for Resident #1 in August 2022.</p> <p>Interview with a medication aide (MA) on 09/21/22 at 2:56pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 did not have phenobarbital available to administer on 08/28/22 or 08/29/22. -She received the cycle delivery of medications from the pharmacy on 08/28/22 or 08/29/22. -She checked the medication delivery and realized Resident #1's phenobarbital was not delivered. -She called the pharmacy and was told Resident #1 needed a new order. -She called Resident #1's neurologist office and left a message with the front desk receptionist requesting a new order for Resident #1's phenobarbital. -She did not receive Resident #1's phenobarbital from the pharmacy until 09/07/22. -She called the pharmacy on 09/01/22 and 09/03/22 asking if the new order had arrived from Resident #1's neurologist. -She called Resident #1's neurologist office and was told the electronic prescription was sent to the pharmacy on 09/01/22. -She thought the pharmacy loss track of the prescription. <p>Interview with the Administrator on 09/21/22 at 4:30pm revealed:</p> <ul style="list-style-type: none"> -She and staff reviewed residents' FL-2s and ensured the medications were on the MARs. -She expected MAs to notify the pharmacy if there was a medication that was unavailable for administration. -She expected MAs to document on the MAR that the medication was not available. -She knew the MA called Resident #1's neurologist for a new order but she did not know 	C 330		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2022
NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD		STREET ADDRESS, CITY, STATE, ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549		
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C 330	Continued From page 13 Resident #1 did not have any phenobarbital available to administer from 08/29/22 to 09/06/22. -She was responsible for ensuring medications were administered as ordered by the prescribing practitioner. Attempted interview with Resident #1 on 09/21/22 at 5:35pm was unsuccessful. Attempted telephone interview with Resident #1's neurologist on 09/21/22 at 2:45pm was unsuccessful.	C 330	See Attached	
5 C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (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).	C 342	See Attached	

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C 342	<p>Continued From page 14</p> <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 2 of 3 sampled residents (#1 and #3), including a medication used for calcium deficiency (#1) and a medication used to reduce saliva production (#3).</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 02/26/21 revealed: -Diagnosis included unspecified schizophrenia, neurocognitive disorder, hyperlipidemia, seizure disorder, anxiety disorder, bilateral hearing loss, history of hypercalcemia, and history of hyponatremia. -There was a medication order for calcium carbonate (oyster shell calcium 500) (used to treat or prevent calcium deficiency) 500mg one tablet three times a day with meals.</p> <p>Review of Resident #1's July, August and September 2022 printed medication administration records (MAR) revealed: -There was an entry for oyster shell calcium 500 +D take one tablet three times daily, scheduled for 8:00am 12:00pm and 5:00pm. -Oyster shell calcium was documented of administered from 07/01/22 to 09/20/22 at 8:00am, 12:00pm and 5:00pm. -There were no exception notes documented concerning the oyster shell calcium.</p> <p>Observation of Resident #1's medications on hand on 09/21/22 at 1:09pm revealed: -A bubble package of 9 of 30 oyster shell tablets dispensed on 09/01/22. -There was a second bubble package of 13 of 30 oyster shell tablets dispensed on 09/01/22</p>	C 342	See Attached	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2022
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NAME OF PROVIDER OR SUPPLIER HOUSE OF BLESSINGS AT SUTTON RD	STREET ADDRESS CITY STATE ZIP CODE 1359 SUTTON ROAD LOUISBURG, NC 27549
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C 342	<p>Continued From page 15</p> <p>-A third bubble package of 15 of 30 oyster shell tablets dispensed on 09/01/22.</p> <p>Telephone interview with a representative with the facility contracted pharmacy on 09/21/22 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 had an order dated 06/03/22 for oyster shell calcium 500mg three times daily with meals. -The facility was on a cycle fill system and the last dispense date for Resident #1's oyster shell calcium was 09/01/22 -The pharmacy provided MARs for the facility and placed the time of administration on the MARs for medications. <p>Interview with a medication aide (MA) on 09/21/22 at 3:07pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 attended the day program each day from the morning to 3:30pm during the weekdays. -She administered Resident #1's oyster shell calcium scheduled for 12:00pm on the MAR at 3:30pm or 4:00pm. <p>Interview with the Administrator on 09/21/22 at 4:45pm revealed she did not know Resident #1's oyster shell calcium was scheduled for 12:00pm on the MAR, when Resident #1 was at the day program.</p> <p>Refer to the interview with a MA on 09/21/22 at 3:07pm.</p> <p>Refer to the interview with the Administrator on 09/21/22 at 4:45pm.</p> <p>2. Review of Resident #3's current FL-2 dated 09/19/22 revealed diagnoses included schizoaffective disorder bipolar type, diabetes mellitus, vitamin D deficiency, and constipation.</p>	C 342	See Attached	
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C 342	<p>Continued From page 16</p> <p>-Review of Resident #3's Primary Care Provider (PCP) orders revealed there was an order dated 12/22/21 for atropine (used to reduce the production of saliva) 1% eye drops 2 drops under tongue swish in mouth and then spit four times a day.</p> <p>Review of Resident #3's hospital discharge summary dated 09/19/22 revealed an order to discontinue atropine drops.</p> <p>Review of Resident #3's July, August and September 2022 printed medication administration records (MAR) revealed:</p> <ul style="list-style-type: none"> -There was an entry for atropine 1% eye drops 2 drops under tongue swish in mouth and then spit four times a day, scheduled for 8:00am 12:00pm, 4:00pm, and 8:00pm. -Atropine drops were documented of administered from 07/01/22 to 09/20/22 at 8:00am, 12:00pm, 4:00pm, and 8:00pm. -There was documentation that atropine was discontinued after 09/20/22. -There were no exception notes documented concerning the atropine drops. <p>Observation of Resident #3's medications on hand on 09/21/22 at 1:09pm revealed there was no atropine drops on the medication cart for Resident #3.</p> <p>Telephone interview with a representative with the facility contracted pharmacy on 09/21/22 at 2:40pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 had an order dated 04/01/22 for atropine 1% eye drops 2 drops under tongue swish in mouth and then spit four times a day. -The facility was on a cycle fill system and the last dispense date for Resident #3's atropine drops 	C 342	See Attached

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C 342	<p>Continued From page 17</p> <p>was 08/22/22</p> <p>-The pharmacy provided MARs for the facility and placed the time of administration on the MARs for medications.</p> <p>Interview with a medication aide (MA) on 09/21/22 at 3:07pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 attended the day program each day from the morning to 3:30pm during the weekdays. -She administered Resident #3's atropine drops scheduled for 12:00pm on the MAR at 4:00pm. -She administered Resident #3's atropine drops scheduled for 5:00pm on the MAR at 5:00pm. -She did not ask the pharmacy if she could administer the medication one hour apart. -She did not ask Resident #3's Primary Care Provider (PCP) if she could administer doses of atropine one hour apart. -She documented the atropine dose she administered at 4:00pm on the 12:00pm time on the MAR. -Resident #3's atropine drops were discontinued when he returned from the hospital. <p>Interview with the Administrator on 09/21/22 at 4:45pm revealed she knew Resident #3's atropine drops were scheduled for 12:00pm on the MAR, when Resident #3 was at the day program during that time.</p> <p>Refer to the interview with a MA on 09/21/22 at 3:07pm.</p> <p>Refer to the interview with the Administrator on 09/21/22 at 4:45pm.</p> <p>Interview with the medication aide (MA) on 09/21/22 at 3:07pm revealed:</p> <ul style="list-style-type: none"> -She received the new MARs from the pharmacy when the cycle fill medications were delivered 	C 342	<i>See Attached</i>

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C 342	Continued From page 18 near the end of the month. -She reviewed the new MARs and compared them to the medications she received from the pharmacy. -She never changed any of the scheduled times of administration for medications. -She did not know she could change the times of administration on the MARs. Interview with the Administrator on 09/21/22 at 4:45pm 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 change the times of administration on the MARs. -She did not know she could change the times of administration on the MAR to reflect the times residents were receiving their medications. -She and the MAs were responsible for ensuring residents' MARs were accurate.	C 342		
6 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	C 612	See Attached	

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C 612	<p>Continued From page 19</p> <p>emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, 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 to 6 residents during the global coronavirus (COVID-19) pandemic as related to the use of facemasks by staff.</p> <p>The findings are:</p> <p>Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic updated 02/02/22 revealed:</p> <ul style="list-style-type: none"> -Source control measures were to be implemented for HCP. -Source control referred to the use of well-fitting facemasks to cover a person's mouth and nose to prevent the spread of respiratory secretions when the person was breathing, talking, sneezing, or coughing. -Fully vaccinated HCP should wear source control 	C 612	See Attached	
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C 612	<p>Continued From page 20</p> <p>when they were in areas of the facility where they could encounter residents.</p> <p>Review of the NC DHHS COVID-19 Infection Prevention Guidance for Long-Term Care Facilities dated 02/10/22 revealed:</p> <ul style="list-style-type: none"> -Cloth masks were not considered personal protective equipment (PPE) and should not be worn by staff. -Visitors should wear face coverings or face masks when around other residents or healthcare personnel. -DHHS continued to recommend facilities, residents, families and visitors adhere to the core principles of COVID-19 infection prevention to mitigate risk associated with potential exposure. -Visitors who were unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. <p>Observation of the facility's front door on 09/21/22 at 8:30am revealed:</p> <ul style="list-style-type: none"> -Staff came to the door without a face mask. -There was signage on the walls near the entrance door indicating how to wear a face mask and to wear a face mask inside of the facility <p>Observation of the medication aide (MA) in the kitchen on 09/21/22 at 11:40am revealed:</p> <ul style="list-style-type: none"> -She came into the kitchen area without a face mask. -There was one resident eating his lunch meal at the dining room table. -The resident came into the kitchen and spoke face to face with the MA. -The MA did not don a face mask before her interaction with the resident. <p>Observation of a medication aide (MA) on</p>	C 612	See Attached	
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C 612	<p>Continued From page 21</p> <p>09/21/22 at 3:40pm revealed: -Five residents returned to the facility from a day program. -The MA interacted with the residents without a face mask.</p> <p>Interview with the MA on 09/21/22 at 3:07pm revealed: -She had worked as a MA for one year at the facility. -She wore a face mask in the vehicle when riding with residents to appointments. -She worked two weeks in a row and then was off for two weeks. -She thought staff should wear face masks when there were visitors in the facility. -The local health department (LHD) person came to the facility and provided her with training concerning COVID-19. -She was taught how to sanitize the facility, use of hand sanitizer, how to wear PPE when there was a positive case of COVID-19 in the facility. -She did not know the CDC guidelines for long term care related to staff wearing face masks. -She was not told by the Administrator to wear a face mask while in the facility in resident areas.</p> <p>Interview with the Administrator on 09/21/22 at 4:30pm revealed: -She thought the CDC guidelines were that staff should wear face masks while in the facility. -She had not read the most recent CDC guidelines related to staff wearing a face mask in long term care facilities. -She screened staff and visitors when they entered the facility. -She did receive the emailed COVID-19 updates. -All staff were expected to wear the surgical mask and to ensure their nose and mouth were covered.</p>	C 612		
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Americares Health Services LLC (DBA)
House of Blessings Family Cares Home at Sutton Road
1359 Sutton Road
Louisburg, NC 27549

License # FCL-035-034

October 26, 2022

RE: Plan of Corrections For 6 Deficiencies Cited

1. C 231: 10A NCAC 13G.0801(b) Resident Assessment:

This citation has been corrected on the 10/03/2022: We could not get the doctor to sign the Care Plan, and that the resident has an appointment with the doctor on the 10/03/22. The resident has kept his appointment and the Care Plan has been signed on the 10/03/2022.

Going forward, Administrator will make sure all Care Plans and all needed/necessary documents are signed by the doctor within 15 days.

To prevent this from happening again, all residents' charts will be review monthly by the administrator, make calls to doctor's offices, and explained the important of the doctors signing our documents.

2. C 284: 10A NCAC 13G. .0904(e)(4) (Nutrition and Food Service).

I trained all staffs the importance of following what the doctor order. In this case, there is no order for the chopped diet, it was only checked in the FL-2. On the 9/23/22, we contact the doctor office for clarification and request for a doctor's order for the chopped diet check on the FL-2. We were told that as long as we chopped his meats in small pieces that is all that is needed; and that we do not need a doctor order for this. This is what we have always do, we chopped all meats into small pieces.

Going forward, however, Administrator will check/Monitor all charts/FL-2 every month to make sure all doctors' orders are carried out and documented in all charts. Also, Administrator has hired a register dietitian that has helped put weekly menu together, including diabetic and chopped texture diet. This menu is now hanged on the wall within the kitchen area in the home. I have also had a meeting with all staffs and the new menu has now been followed.

To prevent this from happening again, all new staffs will be trained, administrator will check resident's menu, to make sure the right food is served. Also, A menu substitution form is now available for the staff to utilize when they are not serving what is on the menu for the day.

3. C 291: 10A NCAC 13G .0905(c) Activities Program.

This citation has been corrected immediately on the 9/22/2022. I do have a well prepared monthly calenda of group activities for my residents. My resident does engage in activities all the time, apart from the ones that refused to engage in activities and choose to stay in their room watching TV.

Going forward activity calenda will be posted on the wall for everyone to see, both the staff and the administrator will continue to encourage all residents to engaged in activities.

To prevent this from happening again, administrator will Check/Monitor all resident's, involvement in the activities and update the calenda per the president's request, administrator will also make sure staffs are following the planned activities for the residents.

4. C 330: 10A NCAC 13G .1004(a) Medication Administration.

This citation: Both the staff and the Administrator did what we could to get the doctor and the pharmacy to refill the resident medication, by calling the doctor office several time without respond. Also, it was also explained to the examiner that the resident start refusing this medication, the doctor was called about this with no respond several time. The staff did accurate documentation on this issue.

This Citation, however, was corrected on 9/23/22. The doctor finally responds to us, saying as long as the resident is not having any seizure, he is okay. The resident, however, has been taking this med again without any issues

Going forward, all doctor's order will be followed, thorough documentation of refuser by resident will be well documented, including all unsuccessful calls to the doctor.

To prevent this from happening again, Administration will follow-up with the staff, make sure all documentation was carried out. Administration will also make sure all residents are taking their medications as prescribed. This will be done monthly.

5. C342: 10A NCAC 13G .1004(j) Medication Administration.

Administrator contacted the PCP on the 9/23/22, explained that the medication Oyster shell calcium be change to 8:am 4:pm, and 8:pm if possible since the resident goes to day program, and he is not capable of taking his medication with him. Doctor agrees and this medication has been changed to 8am, 4pm, and 8pm. The doctor office has notified the pharmacy about this change.

The pharmacy was contacted on the 9/23/22 and the discontinue Atropine, as this medication has been discharged by the Hospital doctor during resident's #3 hospitalization, and it has been taken off his MAR.

Going forward on this citation, Administrator, and all staffs will ensure that all orders matched resident's FL-2, both staff and administrator will contact resident's PCP for verification and clarifications of any confusion of all doctor orders. All discontinued meds will be off MAR, this will be checked by Administrator monthly

To Prevent this from happening again, both the administrator will review all chart and FL-2 monthly.

6. 10A NCAC 13G .1701 (c) Infection Prevention & Control Program (Temp)

This citation was corrected immediately 9/22/22 The administrator provides training and invites the infection control nurse from the county to give all the staffs training on CDC guideline and Covid-19. All staff were trained to check resident's temperature every day, and they were also trained to wear their mask around the house until CDC says no more mask. We have done our best in following the CDC guideline against COVID-19. All residents were trained to wash hands frequently, wear mask, give distance to others.

This citation was corrected immediately, as I instructed the staff to put on her Mask. Why the staff was not wearing her mask was not clear to me because she received all the training concerning Covid 19.

Going forward and how to prevent this from happening again; all visitors, returning staffs, will continue fill out the form, their temperature will be taken, and it will be recorded. All staffs will adhere to all CDC's Guideline, and they must wear mask in the facility at all times, until further notice.